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ENVELOPE POSTWARK DATE

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2008 calendar year, or tax year beginning 2008, and ending July 31 20 09 August 1 Employer identification number C Name of organization Alpha Delta Management Please B Check if applicable Doing Business As Alpha Delta Management 1779397 Address change label or Telephone number print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite ☐ Name change PO Box 87 Initial return City or town, state or country, and ZIP + 4 ☐ Termination Instruc-Pullman, WA 99163 270,038 G Gross receipts \$ Amended return F Name and address of principal officer Michael Flood. H(a) Is this a group return for affiliates? ☐ Yes ☑ No Application pending 45722 SE 138th Court, North Bend, WA 98045 H(b) Are all affiliates included? ☐Yes ☐ No Tax-exempt status: √ 501(c) (7)

√ (insert no.)

4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ H(c) Group exemption number ▶ Type of organization. ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ 1997 M State of legal domicile WA L Year of formation: Summary Provide and maintain housing facility for Briefly describe the organization's mission or most significant activities: local chapter of fraternal organization on the campus of Washington State University. Governance Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . **Activities &** 0 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 8 5 Total number of employees (Part V, line 2a) 9 6 Total number of volunteers (estimate if necessary) 6 7a 54 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34 7h 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 271,670 269,984 Program service revenue (Part VIII, line 2g) . 54 Investment income (Part VIII, column (A), lines 3 Other revenue (Part VIII, column (A), lines 5 (60-80/9c, 100c, and 11e)
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11 271.870 270,038 12 Grants and similar amounts paid (Part IX, column (A), ines 1
Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 54,349 44,103 16a Professional fundraising fees (Part IX, cotunt A) [11e] b Total fundraising expenses (Part IX column D) une 25 182,682 182,563 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 237,031 226,666 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 18 from line 12 34,839 43,372 Beginning of Year End of Year 18,059 60,586 20 Total assets (Part X, line 16) . n 793 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 18.059 59,793 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 6 Januar Sign Signature of officer Here Robinson Type or print name and title Date Check If Preparer's identifying number Preparer's selfsignature employed ▶ □ Paid 12-7-09 P00850658 Preparer's Firm's name (or yours McEldowney & McEldowney, PS EIN ▶ 37 : 1461092 Use Only if self-employed), PO Box 87; 1230 SE Bishop Blvd, Pullman, WA 99163 332-6541 ► (509) Phone no discuss this return with the preparer shown above? (see instructions) Yes 🗌 Νo

Form 990 (2008)

Par	Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission: Provide housing, maintenance and other facilities for Phi Kappa Theta fraternity and other non-profit a	activities.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes ☑ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes ☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 226,666 including grants of \$) (Revenue \$ Maintain housing facility for chapter house; pay for upkeep, utilities, and other operating expenditures knowledgeable staff with commensurate salaries in order to operate and maintain facility.	s; maintain
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)

	· 	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ \$ 226,666 (Must equal Part IX, Line 25, column (B).)	

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		~
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		√
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		V
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III.	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	7
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Pa	rt IV Checklist of Required Schedules (continued)	·		
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		✓
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		✓
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			

Form **990** (2008)

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L GI	Statements Regarding Other IRS Filings and Tax Compliance			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		√
b	If "Yes," enter the name of the foreign country: ▶		*	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		\\$ 	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	6a	_	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than		-	
	\$75?	7a 7b		V
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	_	✓
	If "Yes," indicate the number of Forms 8282 filed during the year			
	benefit contract?	7e	!	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		1
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	-/9		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	- , ,, -	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. But the supporting organizations or a fund maintained by a sponsoring			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			,
a	Did the organization make any taxable distributions under section 4966?	9a		1
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	initiation loop and depital contributions included on tart vin, into val.			
D 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	1	:	
	Gross income from members or shareholders	1	:	l
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_	-	
		12a		✓

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	✓	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
-	of the governing body?	7a		✓
b		7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:		*	
а	The governing body?	8a	1	
b		8b	1	
9a		9a		1
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		✓
Sec	tion B. Policies			_
	·		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		/
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		1
14	Does the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			<u> </u>
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		1
ь ь	Other officers or key employees of the organization?	15b		1
S	Describe the process in Schedule O. (see instructions)			<u> </u>
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		1
L		100		i –
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	į		
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			<u> </u>
17 18	List the states with which a copy of this Form 990 is required to be filed None			
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	,)(J)S	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
4.0	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ot inti	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	t the	
	organization: ► Tim Gehring, CPA, PO Box 87, Pullman, WA 99163			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

VI Check this box if the organization did not co		any c	OIIIC		_	ector,	trus		ipioyee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week		_	Officer	Key employee	that ap Highest employ	ply) Former	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
		Individual trustee or director	Institutional trustee		ployee	Highest compensated employee		(W-2/1099-MISC)	(W-2/1033-WIGO)	organization and related organizations
Michael Flood North Bend, WA 98045		1		1						
Bert Kolde Bellevue, WA 98004		/		▼						
George Bettas Stevensville, MT 59870		1		1						
Allen D Israel				1						
Bob Cady Pullman, WA 99163				1						
Sean Kinney				√						
Kam Robinson Seattle, WA				▼						
Martha G Fuller				1						
William L McGrath				✓						

Pa	Section A. Unicers, Directors, Inc.	T	Emp	loy			a Hign	est	Compensated	Employees (co	ntinued)
	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							:				
	,										
1b	Total			<u> </u>			. •	-			
2	Total number of individuals (including thosorganization ► 0	e in 1a) wh	o rec	eive	ed r	nore	e than	\$10	00,000 in repo	rtable compens	
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							yee	e, or highest o	ompensated	Yes No
4	For any individual listed on line 1a, is the state organization and related organizations individual.	greater tha	ın \$15	50,0	00?	If "	'Yes," (con			4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com	en:	sati	on f	from a	กง	unrelated org person .	anization for	5 1
Se	ction B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	ере	nde	nt o	contrac	ctor	s that receive	d more than \$1	00,000 of
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
		· · · · · · · · · · · · · · · · · · ·									
2	Total number of independent contractors		hose	in	1) w	/ho	receive	ed	more than \$10	00,000 in	

Pari	t VIII	Statement of Re	Venue		 1	<u> </u>		
		Otatement of He	venue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	and similar amounts not inclu- Noncash contributions include	grants, ded above 1f					
e				Business Code				
Program Service Revenue	2a	Room & Board		900099	269,984	269,984		
æ	b							
Ş	С		• • • • • • • • • • • • • • • • • • • •					
Ser	d							
E S	е					. <u>-</u>		
G	f	All other program servi					· · · · · · · · · · · · · · · · · · ·	
	9	Total. Add lines 2a-2f		▶			 	
	3 4 5	Investment income (incother similar amounts) Income from investment of Royalties	 of tax-exempt bone	. ► d proceeds ►	54		54	
		Royalties	(i) Real	(ii) Personal				
	6a	Gross Rents						
	ь	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (lo	pss)	•			·	
	7a	Gross amount from sales of assets other than inventory	(i) Secunties	(ii) Other				
	b	Less: cost or other basis and sales expenses .						
		Gain or (loss) Net gain or (loss)		<u> ▶</u>				
Other Revenue	8a	Gross income from events (not including \$ of contributions reported See Part IV, line 18						
Ë		Less: direct expenses						
δ	C	Net income or (loss) from	om fundraising e	vents >				
	9a	Gross income from gam See Part IV, line 19	ning activities.					
		Less, direct expenses, Net income or (loss) fro						
		, ,						
		Gross sales of inverteurns and allowances Less: cost of goods so	i , , , a					
		Net income or (loss) from		ory >				
		Miscellaneous Rev	enue	Business Code				
	11a							
	b							
	C							
		All other revenue		L				ļ
		Total. Add lines 11a-1						
	12	Total Revenue. Add In 9c, 10c, and 11e			270,038	269,984	54	

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu	ımn (A) but are no	t required to com	plete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			· • • • • • • • • • • • • • • • • • • •	
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		11.100		
7	Other salaries and wages	44,103	44,103		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,827	7,827		
11	Fees for services (non-employees)				
а	Management				
b	Legal	23,287	23,287		
С	Accounting	6,390	6,390		
d	Lobbying				
	Professional fundraising services. See Part IV, line 17		<u> </u>	.*	
	Investment management fees				
	-				
12	Other	910	910		
13	Advertising and promotion				
	Office expenses				
14	Information technology				
15	Royalties	57,239	57.239		
16	Occupancy	37,239	37,235		
17	Travel				· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	2,078	2,078		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	4			
_	Food	66,511	66,511		
a		1,998	1,998		
b	Bank Charges Laundry	1,800	1,800		
C	Cumpling	10,977	1,800		
d	Refunds		2,617		
е		2,617			
	All other expenses Licenses/Subscriptions	929	929		
25 26	Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	226,666	226,666		

Pa	rt X	Balance Sheet					
			(A) Beginning of year		(B End of	i) f year	
	1	Cash—non-interest-bearing	5,796	1		37.	,505
	2	Savings and temporary cash investments	6,604	2		12	,596
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key		5			
	_	employees, or other related parties. Complete Part II of Schedule L		-3-		··	
Assets	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6			-
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use		8			
⋖	9	Prepaid expenses and deferred charges	655	9			0
	10a	Land, buildings, and equipment cost basis 10a 38,340	,				
	b	Less accumulated depreciation. Complete Part VI of Schedule D	5,004	10c		10	,485
	11	Investments—publicly traded securities		11			
	12	Investments—other securities. See Part IV, line 11		12			
	13	Investments—program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	·	15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	18,059		 	60	<u>,586</u>
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue		19			
/ 0	20	Tax-exempt bond liabilities		20			
ţį	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	***************************************	22	4		
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24	•		
	25	Other liabilities. Complete Part X of Schedule D		25			793
	26	Total liabilities. Add lines 17 through 25	0	26	_		793
alances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	ž Ž		,		
aŭ	27	Unrestricted net assets	No. 100 m	27			
Bal	28	Temporarily restricted net assets		28			
힏	29	Permanently restricted net assets		29			
Net Assets or Fund B		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.	*	,			
ध	30	Capital stock or trust principal, or current funds		30			-
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
Ä	32	Retained earnings, endowment, accumulated income, or other funds	18,059	32		59	,793
Š	33	Total net assets or fund balances	18,059	33		59	,793
	34	Total liabilities and net assets/fund balances	18,059	34		59	<u>,793</u>
Pa	rt XI	Financial Statements and Reporting					
1	Acc	ounting method used to prepare the Form 990: 🗹 Cash 🛛 Accrual	☐ Other			Yes	No
		e the organization's financial statements compiled or reviewed by an ind		?	2a	-	\
		e the organization's financial statements audited by an independent according to the control of			2b		√
c		es" to lines 2a or 2b, does the organization have a committee that assumes		sight of			
•		audit, review, or compilation of its financial statements and selection of an in		-	2c		
3 a		a result of a federal award, was the organization required to undergo an	•		n		
	the S	Single Audit Act and OMB Circular A-133?			3a		✓
_ b	If "Y	es," did the organization undergo the required audit or audits?			3b	1	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	of the organization			Employer identification number
Alp	ha Delta Management			91 1779397
Par	Organizations Maintaining Don the organization answered "Yes	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	r Fun	nds or Accounts. Complete if
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year) .		ļ	
4	Aggregate value at end of year			
5	Did the organization inform all donors and funds are the organization's property, subj			
6	Did the organization inform all grantees, dused only for charitable purposes and not impermissible private benefit?	onors, and donor advisors in writing that for the benefit of the donor or donor adv	isor o	or other
Pai		olete if the organization answered "Yes	" to F	Form 990 Part IV line 7
				i omi 330, i ait iv, iine i.
2	Purpose(s) of conservation easements held Preservation of land for public use (e g Protection of natural habitat Preservation of open space Complete lines 2a–2d if the organization held	., recreation or pleasure)	ion of tion o	f an historically important land area of certified historic structure on of a conservation easement
	on the last day of the tax year.			
				Held at the End of the Year
а	Total number of conservation easements .			
b	Total acreage restricted by conservation e			. 2b
С	Number of conservation easements on a c	• • • • • • • • • • • • • • • • • • • •	•	2c
d	Number of conservation easements includ	``		2d
3	Number of conservation easements modificate taxable year ▶			
4	Number of states where property subject t			
5	Does the organization have a written polic enforcement of the conservation easement	ts it holds?		Yes . No
6	Staff or volunteer hours devoted to monitor	· -		- ·
7	Amount of expenses incurred in monitoring		_	· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reporte $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)$?			
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, t the organization's accounting for conserva	he text of the footnote to the organizatio		
Pai	t III Organizations Maintaining Colle	ections of Art, Historical Treasures, vered "Yes" to Form 990, Part IV, line		ther Similar Assets.
1a	If the organization elected, as permitted ur			
	art, historical treasures, or other similar assi provide, in Part XIV, the text of the footnot			
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to t	held for public exhibition, education, or hese items:	resea	arch in furtherance of public service,
	(i) Revenues included in Form 990, Part \(\)(ii) Assets included in Form 990, Part \(X \)		•	
2	If the organization received or held works following amounts required to be reported	of art, historical treasures, or other simunder SFAS 116 relating to these items.	ılar as	ssets for financial gain, provide the
a b	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X			

Par	t III Organizations Maintaini	ng Collections	of Art, H	<u>istoric</u>	al Treasure	es, or (Other Simila	r As	sets (cor	ntinued)
3	Using the organization's accession items (check all that apply):	and other record	ls, check a	any of	the following	that a	are a significa	nt us	e of its o	collection
а	Public exhibition		d		Loan or exc	hange	programs			
b	Scholarly research		е				·			
c	Preservation for future generate	ons								
4										
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . Yes No									
Par	Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
								i 🗌 No		
b	If "Yes," explain the arrangement in	Part XIV and co	mplete the	e follow	ing table:		T			
	_							Am	ount	
	Beginning balance									
d	Additions during the year									
е	Distributions during the year									<u></u>
f	Ending balance	· · · · ·				. 11	<u> </u>			
	b If "Yes," explain the arrangement in Part XIV.							i ∐ No		
Par	t V Endowment Funds. Cor									
		(a) Current year	(b) Pric	or year	(c) Two yea	rs back	(d) Three years	back	(e) Four y	ears back
1a	Beginning of year balance		<u> </u>		*		*			
b	Contributions				4	·*	**		*,*	
С	Investment earnings or losses .						<u> </u>			
d	Grants or scholarships					7%				
е	Other expenditures for facilities and programs			\$	**	**	tw.		*	
f	Administrative expenses				ý	~				
g	End of year balance		*.		. %		~			
2	Provide the estimated percentage of	f the year end ba	alance hele	d as						
а	Board designated or quasi-endowm	-								
b	Permanent endowment ▶									
С	Term endowment ▶%									
За	Are there endowment funds not in the	e possession of t	he organiz	ation th	at are held a	and adr	ninistered for	the		
	organization by:	o podododion or c	no organiz		iai are noia i	a aa.	11111010100 101		Y	'es No
	Character of a constant								3a(i)	
	(ii) related organizations					• •		•	3a(ii)	
b	If "Yes" to 3a(II), are the related orga	anizations listed	as require	 d on S	chedule R?	: :			3b	
4	Describe in Part XIV the intended us								<u> </u>	
Par	t VI Investments - Land, Bu	ildings, and Ed	uipment	t. See I	Form 990, I	Part X,	line 10.			
	Description of investment	(a) Cost or o	ther basis	(b) C	ost or other sis (other)		Depreciation		(d) Book	value
1a	Land									
b	Durlatione	•								
	Leasehold improvements							\top		
	Equipment	38,3	40			·	27,855		10,48	35
	Other	:						\top		
	I. Add lines 1a-1e. (Column (d) should e	qual Form 990, Pa	art X, colun	nn (B), I	ine 10(c).) .	·	▶	1		10,485

Part VII Investments - Other Securities	s. See Form 990, Part X	(, line 12.			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma			
Financial derivatives and other financial products					
Closely-held equity interests					
Other	1				
	-				
		· · · · · · · · · · · · · · · · · · ·			
	·· 	1			
			 		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)					
Part VIII Investments—Program Relat	ed. See Form 990, Part >	(, line 13.			
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma			
***			•		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13)					
Part IX Other Assets. See Form 990, P	art X, line 15.				
	(a) Description		(b) Book value		
			_		
		· · · · ·			
		· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) should equal Form 990, Part X, c	ol. (B) line 15.)				
Part X Other Liabilities. See Form 990), Part X, line 25.		· · · · · · · · · · · · · · · · · · ·		
(a) Description of liability	(b) Amount		· · · · · · · · · · · · · · · · · · ·		
Federal income taxes					
Payroll Tax Liabilities	7:	93			
		_			
-					
		_			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶	70	93			
(~~ I			

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	. 4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior penod adjustments	7	
8	Other (Describe in Part XIV)	. 8	
9	Total adjustments (net). Add lines 4–8	9 10	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 rt XII Reconciliation of Revenue per Audited Financial Statements With R		
		1	
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12	•	
_	1001		
a b	The difficulties gains on investments		
_	Donated services and use of facilities		
c d	necoveries of prior year grants		
e	Citic (Besonie in Lat XIV)	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	42		
b		·	
c	`		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With	Expenses per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а			
b			
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u>,</u>	
а			
b			
c		4c	
2	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) rt XIV Supplemental Information	3	
Cor	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d;		lb

SCHEDULE O (Form 990)

Supplemental Information to Form 990

provide

91

20**08**

OMB No 1545-0047

Open to Public Inspection

1779397

Department of the Treasury Internal Revenue Service Name of the organization

Alpha Delta Managment

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Employer identification number

Part VI, Section A, Line 10
CPA performs monthly bookkeeping, including writing checks, performing payroll calculations, and reconciling bank
accounts. CPA confirms asset purchases and updates depreciation schedule periodically throughout year. CPA prepares
quarterly payroll reports and keeps corporation up-to-date on all tax liabilities.
After all account balances have been confirmed, with outside independent third parties, the CPA prepares the Forms 990
and 990T. The returns are reviewed by the CPA again before they are copied for the taxpayer and IRS. The corporation's
board is given a copy to review before an officer signs and submits the final copy to the local IRS Service Center.
Part VI, Section B, Line 15b
Key Employees (Salaried employees) include the Chapter House Director and Cook. These contract positions are
reviewed annually to determine if their responsibilities are being met. Rates or salaries from comparable positions in the
area are analyzed when calculating the employee's pay rate, in order to remain competitive.
All officers are volunteers and do not receive compensation for their services.
Part VI, Section C, Line 19
The organization has its governing documents and tax returns available upon request. They are not available via any
other outlet. The corporation does not posess a written conflict of interest policy.
Financial statements are not prepared primarily because: (1) there cost outweighs the benefit provided, and (2) financial
information is readily available to the board members throughout the year. With no outstanding debts, and no bankers
involved, having financial statements prepared is not a necessity.

Department of the Treasury

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Interna	Revenue Service (99)	► See	separate instructions.	➤ Attach	to your tax	return.		Sequence No 67
Name	ne(s) shown on return Business or activity to which this form relates				Identifying number			
Alp	Alpha Delta Management Form 990, Part IX, Line 22						91-1779397	
Par			ertain Property Ur					
	Note: If you	ı have any lıs	sted property, comp	olete Part V b	efore yo	u complete Par	<u>† 1.</u>	·
1	Maximum amount. 9	See the instruct	tions for a higher limit	for certain bus	sinesses		1	\$250,000
2			placed in service (se				2	
3			perty before reduction			uctions)	3	\$800,000
4			ne 3 from line 2. If ze				4	
5	separately, see inst	ructions	ract line 4 from line 1.		<u> </u>	<u>, , , , , . </u>	5	
	(a)	Description of pro	perty	(b) Cost (busines	s use only)	(c) Elected cos	it	
6								Į
				J				
7			from line 29					
8			property. Add amour					
9			naller of line 5 or line				9	
10			from line 13 of your				10	
11 12			maller of business incom Add lines 9 and 10, b				11 12	
13			2009. Add lines 9 and			arrille II	1 12	
	····		w for listed property.					J
Par						include listed o	roper	ty.) (See instructions)
-		•			_	•	T	y., (dee mandenons)
14			qualified property (ot			placed in service	14	
15	during the tax year						15	
16						16		
_			(Do not include list				1 10	
	· · · · · · · · · · · · · · · · · · ·	0,000,000		Section A	(0000			··
17	MACRS deductions	for accete nis			na before	2008	17	1,538
18	If you are electing	RS deductions for assets placed in service in tax years beginning before 2008			-			
-	Section B—	-Assets Place	d in Service During	2008 Tax Yea	r Usina tl	ne General Dep	reciat	ion System
(a)	Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)		(e) Conve			(g) Depreciation deduction
19a	3-year property	*						
b	5-year property							
С	7-year property		7,558	7 yrs	HY	S/L		540
d	10-year property]						
e	15-year property							
f	20-year property]			<u> </u>			
g	25-year property			25 yrs.	ļ	5/L		
h	Residential rental			27.5 yrs	MM	S/L		
	property			275 yrs	MM	5/L		
i	Nonresidential real			39 yrs.	MM	5/L		
	property		L	<u> </u>	ММ	5/L		<u> L</u>
		Assets Placed	in Service During 2	008 Tax Year	Using the			ation System
	Class life					5/L		
	12-year	ļ		12 yrs.	<u> </u>	5/L		
	40-year		<u> </u>	40 yrs.	MM	5/L		<u> </u>
Pa	t IV Summary	<u>(See instructi</u>	ons.)				T = -	
21	Listed property. En						. 21	
22	Total Add amounts	from line 12	lines 14 through 17. li	ines 19 and 20	in columi	(a), and line 21.	.1	

2,078

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.