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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning AUGUST 01, 2009, and ending JULY 31, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization ALPHA DELTA PI FOUNDATION		<b>D</b> Employer identification number
		Doing Business As		58-1507941
		Number and street (or P.O. box if mail is not delivered to street address)		<b>E</b> Telephone number
		1386 PONCE DE LEON AVENUE		(404) 378-3164
City or town, state or country, and ZIP + 4		<b>G</b> Gross receipts \$		1,353,118
ATLANTA GA 30306		<b>F</b> Name and address of principal officer		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: WWW.ALPHADELTAPI.ORG		<b>H(c)</b> Group exemption number
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1983	<b>M</b> State of legal domicile GA	

<b>Part I Summary</b>			
1 Briefly describe the organization's mission or most significant activities SEE ATTACHMENT #1			
ACTIVITIES & GOVERNANCE	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7
	5	Total number of employees (Part V, line 2a)	4
	6	Total number of volunteers (estimate if necessary)	23
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0
REVENUE	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 510,415 Current Year: 534,831
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-17,770 -70,798
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	492,645 464,033
EXPENSES	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	197,566 522,337
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	208,472 206,086
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25)	110,005
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-11j)	201,809 190,906
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	607,847 919,329
ASSETS, LIABILITIES, & FUND BALANCES	19	Revenue less expenses. Subtract line 18 from line 12	-115,202 -455,296
	20	Total assets (Part X, line 16)	Beginning of Current Year: 3,626,638 End of Year: 3,619,394
	21	Total liabilities (Part X, line 26)	492 6,440
	22	Net assets or fund balances. Subtract line 21 from line 20	3,626,146 3,612,954

<b>Part II Signature Block</b>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer <i>Tracy L. Gardner</i>		Date 12/13/2010
	Type or print name and title: TRACY L. GARDNER, TREASURER		
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Date 12/8/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), MCKELVEY & RUSSELL LLC CPAS	EIN	Preparer's identifying number (see instr.)
	address, and ZIP + 4, PO BOX 1026, DECATUR, GA 30031	Phone no (404) 378-9077	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Form 990 (2009)

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**Part III** Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

SEE ATTACHMENT #2

**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

If "Yes," describe these new services on Schedule O.

**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 by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code \_\_\_\_\_) (Expenses \$ 86,196 including grants of \$ 70,480) (Revenue \$ \_\_\_\_\_)  
SEE ATTACHMENT #3**4b** (Code \_\_\_\_\_) (Expenses \$ 468,167 including grants of \$ 382,804) (Revenue \$ \_\_\_\_\_)**4c** (Code \_\_\_\_\_) (Expenses \$ 59,992 including grants of \$ 49,053) (Revenue \$ \_\_\_\_\_)**4d** Other program services. (Describe in Schedule O )(Expenses \$ 24,460 including grants of \$ 20,000) (Revenue \$ \_\_\_\_\_)**4e** Total program service expenses ► \$ 638,815

**Part 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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	No
	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
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		X
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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .		X
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . N/A		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . . N/A		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . N/A		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
<b>26</b> 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 . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
<b>33</b> 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 . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

**Note:** All Form 990 filers are required to complete Schedule O . . . . .

**Part V** 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 . . . . .		
1a	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . .		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	
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		
2a	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
3b	N/A		
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)? . . . . .		X
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		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
5c	N/A		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
6b	N/A		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
7b	N/A		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		X
7h			
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		X
8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . .		X
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders . . . . .	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	

**Part VI** **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

### Section A. Governing Body and Management

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body. . . . .	<b>1a</b> 7	
<b>b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b> 7	
<b>2</b> 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? . . . . .	<b>2</b>	X
<b>3</b> 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? . . . . .	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X
<b>9</b> Is there any officer, director, 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 . . . . .	<b>9a</b>	X

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X
<b>b</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? . . . N/A	<b>10b</b>	
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b> X	
<b>11a</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b> X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b> X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b> X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b> X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b> X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b> X	
<b>b</b> Other officers or key employees of the organization? . . . . .	<b>15b</b> X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</b> 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 the organization's exempt status with respect to such arrangements? . . . . . N/A	<b>16b</b>	

### Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed ► GA

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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 records of the organization ► SEE ATTACHMENT #4

**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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• 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.

☒ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL OR	DIRECTOR	INSTITUTIONAL	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED			
ANNE VEALE POGSON PRESIDENT	4.00	X				X			0	0	0
KATHRYN PEDDY GODDARD SECRETARY	4.00	X				X			0	0	0
JO ELLEN KARR CAMPBELL VP OF PHILANTHROPY	2.00	X				X			0	0	0
DAWN VICTOR-HERRING VP OF SCHOLARSHIPS AND GRANTS	2.00	X				X			0	0	0
PEGGY BORT JONES TRUSTEE	2.00	X							0	0	0
PAM ZIMMERMAN TRUSTEE	2.00	X							0	0	0
TRACY L. GARNER TREASURER	2.00	X				X			0	0	0



(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)								(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	INSTITUTIONAL	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHLY COMPENSATED	FORMER			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	5		X

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►		

<b>Part VIII</b>		<b>Statement of Revenue</b>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>OTHER CONTRIBUTIONS SIMILAR GRANTS UNITS INCOME</b>	<b>1a</b> Federated campaigns	<b>1a</b>		534831			
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, & similar amounts not included above	<b>1f</b>	534831				
	<b>g</b> Noncash contributions included in lines 1a-1f		\$				
	<b>h</b> Total. Add lines 1a-1f						
<b>PROGRAM SERVICE REVENUE</b>			<b>Business Code</b>				
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g</b> Total. Add lines 2a-2f							
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			86728			86728
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
		(i) Real	(ii) Personal				
	<b>6a</b> Gross Rents						
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory	731559					
	<b>b</b> Less: cost or other basis and sales expenses	889085					
	<b>c</b> Gain or (loss)	-157526					
	<b>d</b> Net gain or (loss)			-157526			-157526
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e</b> Total. Add lines 11a-11d							
<b>12</b> Total revenue. See instructions			464033			-70798	

**Part IX** Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	382804	382804		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22	139533	139533		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	91671	49067	25286	17318
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	85336	45676	23539	16121
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits	14399	7707	3972	2720
<b>10</b> Payroll taxes	14680	7857	4049	2774
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	5035		5035	
<b>c</b> Accounting	14000		8749	5251
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	27540		27540	
<b>g</b> Other	19968		12478	7490
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	10533	28	10505	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	7767		7573	194
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1084		1084	
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> PRINTING AND PUBLICATIONS	30154		4178	25976
<b>b</b> POSTAGE AND SHIPPING	12221	1135	1263	9823
<b>c</b> PHONATHON	7798			7798
<b>d</b> MISCELLANEOUS EXPENSES	7767	2270	3900	1597
<b>e</b> UNFULFILLED PLEDGES	6970		6970	
<b>f</b> All other expenses #5	40069	2738	24388	12943
<b>25</b> Total functional expenses. Add lines 1 through 24f	919329	638815	170509	110005
<b>26</b> Joint costs. Check here <input type="checkbox"/> 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.				

**Part X** Balance Sheet

		(A) Beginning of year		(B) End of year
<b>A S S E T S</b>	1 Cash -- non-interest bearing .....	50,832	1	69,570
	2 Savings and temporary cash investments .....	557,704	2	304,198
	3 Pledges and grants receivable, net .....	211,585	3	143,459
	4 Accounts receivable, net .....		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	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 .....	7,352	9	2,816
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. ....	10a 9,480		
	b Less: accumulated depreciation .....	10b 5,111		
		3,609	10c	4,369
	11 Investments -- publicly traded securities .....	2,793,084	11	3,092,482
	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 .....	2,472	15	2,500	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,626,638	16	3,619,394	
<b>L I A B I L I T I E S</b>	17 Accounts payable and accrued expenses .....	492	17	6,440
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D. ....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. ....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties. ....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	492	26	6,440
<b>N E T A S S E T B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	576,770	27	610,685
	28 Temporarily restricted net assets .....	1,122,973	28	1,107,547
	29 Permanently restricted net assets .....	1,926,403	29	1,894,722
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	3,626,146	33	3,612,954
	34 <b>Total liabilities and net assets/fund balances</b> .....	3,626,638	34	3,619,394

**Part XI** Financial Statements and Reporting

**1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . . N/A

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .	679316	779891	601896	510415	534831	3106349
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	679316	779891	601896	510415	534831	3106349
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						3106349

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .	679316	779891	601896	510415	534831	3106349
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	79962	130403	119162	124334	86728	540589
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	79962	130403	119162	124334	86728	540589
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	759278	910294	721058	634749	621559	3646938
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	85.18 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	85.79 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	14.82 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	14.00 %

**19a 33 1/3 % support tests -- 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☒

**b 33 1/3 % support tests -- 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ☐

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► **Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

► **Attach to Form 990. ► See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

**Name of the organization**

ALPHA DELTA PI FOUNDATION

**Employer identification number**

58-1507941

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if  
the organization answered "Yes" to Form 990, Part IV, line 6.

	(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)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition  
☐ b Scholarly research  
☐ c Preservation for future generations  
☐ d Loan or exchange programs  
☐ e Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,926,403	2,005,977			
b Contributions	51,918	4,583			
c Net investment earnings, gains, and losses	-83,599	-84,157			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,894,722	1,926,403			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ☐ \_\_\_\_\_ %  
 b Permanent endowment ☒ 100 %  
 c Term endowment ☐ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations ☐ 3a(i) ☒ Yes ☒ No  
 (ii) related organizations ☐ 3a(ii) ☒ Yes ☒ No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ N/A ☐ 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments -- Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	9,480		5,111	4,369
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				4,369

**Part VII** Investments -- Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII** Investments -- Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX** Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
LIFE INSURANCE - CASH SURRENDER VALUE	2,500
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,500

**Part X** Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	464,033
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	919,329
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-455,296
4	Net unrealized gains (losses) on investments	4	442,104
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	442,104
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-13,192

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	906,137
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	442,104
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	442,104
3	Subtract line 2e from line 1	3	464,033
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	464,033

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	919,329
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	919,329
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	919,329

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**ENDOWMENT FUNDS ARE HELD TO SUPPORT FUTURE SCHOLARSHIPS AND ASSISTANCE TO THE NEEDY.**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ALPHA DELTA PI FOUNDATION

Employer identification number

58-1507941

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPHA DELTA PI SORORITY 1386 PONCE DE LEON AVE, NE ATLANTA, GA 30306 FLORIDA ATLANTIC UNIVERSITY FOUNDATION 777 GLADES ROAD	58-0638489		379,716				SUPPORT THE EDUCATIONAL PROGRAMS
BOCA RATON FL 33431 QUINNIPAC UNIVERSITY 275 MT CARMEL AVENUE HAMDEN CT 06518 BUCKNELL UNIVERSITY	59-0917284 06-0646701		500 500				SUPPORT THE EDUCATIONAL PROGRAMS SUPPORT THE EDUCATIONAL PROGRAMS
LEWISBURG PA 17837	24-0772407		500				SUPPORT THE EDUCATIONAL PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations **3**

3 Enter total number of other organizations **1**

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I (Form 990) 2009**

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ABIGAIL DAVIS GRANT	27	49,053			
CLASPED HANDS FUND	7	20,000			
EDUCATION SCHOLARSHIPS	55	70,480			
KAY WEED GRANTS	2	1,588			
<b>Part IV</b> <b>Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, and any other additional information.					

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ALPHA DELTA PI FOUNDATION

Employer identification number

58-1507941

**PART VI SECTION B #11**

FORM 990 IS REVIEWED AND THEN SUBMITTED TO THE BOARD FOR APPROVAL.

**PART VI SECTION B #12 C**

THE BOARD OF TRUSTEES IS VERY AWARE OF CONFLICT OF INTEREST AS IT HELPS MAINTAIN THE REPUTATION OF EXCELLENCE AND HIGH STANDARDS THAT IS INSTILLED IN ITS MEMBERS. BOARD MEMBERS ARE WELL VERSED IN POLICY PROTOCOL, AND ARE CONSCIENTIOUS IN BRINGING THE SUBJECT UP AT MEETINGS.

**PART VI SECTION B #15**

THE BOARD MUST APPROVE AND VOTE ON THE SALARIES OF ALL OFFICERS AND KEY EMPLOYEES WHO RECEIVE A SALARY.

**PART VI SECTION C #19**

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

ALPHA DELTA PI FOUNDATION

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

**Employer identification number**

58-1507941

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33 )

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year )

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ALPHA DELTA PI SORORITY 1386 PONCE DE LEON AVE., NE ATLANTA, GA 30306 58-0638489	SOCIAL ORG TO PROMOTE EDUCATION ACHIEVEMENT AND LEADERSHIP TRAINING	GA	501 (C) 7		

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule R (Form 990) 2009**

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro- portionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to other organization(s)	<input checked="" type="checkbox"/>	
<b>c</b> Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
<b>f</b> Sales of assets to other organization(s)		<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets		<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)	<input checked="" type="checkbox"/>	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	
<b>n</b> Sharing of paid employees	<input checked="" type="checkbox"/>	
<b>o</b> Reimbursement paid to other organization for expenses	<input checked="" type="checkbox"/>	
<b>p</b> Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
<b>q</b> Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) ALPHA DELTA PI SORORITY	B	382,804
(2) ALPHA DELTA PI SORORITY	J	3,600
(3) ALPHA DELTA PI SORORITY	M	
(4) ALPHA DELTA PI SORORITY	N	5,844
(5) ALPHA DELTA PI SORORITY	O	25,177

## PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: FORM 990 PAGE 1, PART I

OPEN TO PUBLIC

INSPECTION

For calendar year 2009 or tax period beginning 08-01, and ending 07-31-2010.

Name of Organization

ALPHA DELTA PI FOUNDATION

Employer Identification Number

58-1507941

### Primary Purpose

THE TRUSTEES APPROVE DISBURSEMENTS TO ORGANIZATIONS HAVING PUBLIC CHARITY STATUS AS WELL AS AWARDING GRANTS AND SCHOLARSHIPS TO QUALIFYING INDIVIDUALS PURSUANT TO AN OBJECTIVE PROCEDURE AND SPONSORING LEADERSHIP TRAINING WORKSHOPS AND OTHER EDUCATIONAL PROGRAMS PURSUANT TO GRANT AGREEMENTS.

## PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2009 or tax period beginning

08-01

, and ending

07-31-2010.

Name of Organization

ALPHA DELTA PI FOUNDATION

Employer Identification Number

58-1507941

### Primary Purpose

THE TRUSTEES APPROVE DISBURSEMENTS TO ORGANIZATIONS HAVING PUBLIC CHARITY STATUS AS WELL AS AWARDING GRANTS AND SCHOLARSHIPS TO QUALIFYING INDIVIDUALS PURSUANT TO AN OBJECTIVE PROCEDURE AND SPONSORING LEADERSHIP TRAINING WORKSHOPS AND OTHER EDUCATIONAL PROGRAMS PURSUANT TO GRANT AGREEMENTS.

## PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2009, or tax period beginning 08-01-2009, and ending 07-31-2010.

Name of Organization

ALPHA DELTA PI FOUNDATION

Employer Identification Number

58-1507941

Part III - Statement of Program Service Accomplishments

Code Expenses 86,196 including Grants of 70,480 Revenue:

Exempt Purpose Achievements

THE FOUNDATION GRANTED 55 SCHOLARSHIPS FOR UNIVERSITY STUDY.

## PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2009, or tax period beginning 08-01-2009, and ending 07-31-2010.

Name of Organization

ALPHA DELTA PI FOUNDATION

Employer Identification Number

58-1507941

Part III - Statement of Program Service Accomplishments

Code	Expenses	468,167	including Grants of	382,804	Revenue
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Exempt Purpose Achievements

THE FOUNDATION GRANTED FUNDS TO SUPPORT THE EDUCATIONAL PROGRAMS OF ALPHA DELTA PI SORORITY.

### PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2009, or tax period beginning 08-01-2009, and ending 07-31-2010.

Name of Organization

ALPHA DELTA PI FOUNDATION

Employer Identification Number

58-1507941

Part III - Statement of Program Service Accomplishments

Code Expenses: 59,992 including Grants of 49,053 Revenue

Exempt Purpose Achievements

THE FOUNDATION PROVIDED 27 ONE TIME EMERGENCY GRANTS TO UNDERGRADUATES IN FINANCIAL NEED TO ENABLE THEM TO STAY IN SCHOOL.

### PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 08-01-2009, and ending 07-31-2010.
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Name of Organization ALPHA DELTA PI FOUNDATION	Employer Identification Number 58-1507941
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Part III - Statement of Program Service Accomplishments

Code:	Expenses	24,460	including Grants of.	20,000	Revenue
Exempt Purpose Achievements					

THE FOUNDATION GRANTED FUNDS TO 7 INDIVIDUALS ON THE BASIS OF AID TO THE NEEDY FOR EMERGENCY ASSISTANCE.

BOOKS ARE IN CARE OF

ATTACHMENT 4: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC

INSPECTION

For calendar year 2009 or tax period beginning 08-01, and ending 07-31-2010.

Name of Organization

ALPHA DELTA PI FOUNDATION

Employer Identification Number

58-1507941

Part VI - Line 91a

Individual Name

JENNIFER WEBB

or

Business Name:

Street Address

1386 PONCE DE LEON AVE, ATLANTA

U.S. Address:

Zip code 30306

City ATLANTA

State GA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(404) 378-3164

Fax Number



**SCHEDULE OF OTHER EXPENSES**

ATTACHMENT 5: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

OPEN TO PUBLIC

INSPECTION

For calendar year 2009 or tax period beginning 08-01-2009, and ending 07-31-2010.

Name of Organization

ALPHA DELTA PI FOUNDATION

Employer Identification Number

58-1507941

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
SORORITY PERSONNEL REIMBURS	6,331		6,331	
LOYALLY YOURS	5,950	2,725		3,225
BANK FEES	5,518	13	5,505	
UNDERGRADUATE GIVING	4,143			4,143
COMPUTER LEASE	3,600		3,600	
SUPPLIES	3,337		3,337	
WESLEYAN SOCIETY	3,084			3,084
REPAIRS & MAINTENANCE	2,523		2,523	
DONOR CULTIVATION	2,491			2,491
BOARD AND EMPLOYEE TRAINING	1,608		1,608	
TELEPHONE	1,484		1,484	
Total	40,069	2,738	24,388	12,943

# Depreciation and Amortization

## (Including Information on Listed Property)

OMB No. 1545-0172

2009

Attachment  
Sequence No 67Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

ALPHA DELTA PI FOUNDATION

Business or activity to which this form relates

FOR FORM 990

Identifying number

58-1507941

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$250,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions). . . . .	3	\$800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	250,000
6	(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	250,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 . . . . .	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .	17	982
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .		

**Section B -- Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C -- Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life		1,844	3	HY	S/L	102
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions . . . . .	22	1,084
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

## 2009 Federal Depreciation Schedule

ALPHA DELTA PI FOUNDATION  
58-1507941

10-13-2010

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
<b>Form 990</b>										
PRINTER	08-01-03	S/LHY	3	1,076	0	0	0	1,076	1,076	0
COMPUTER	03-01-04	S/LHY	3	3,655	0	0	0	3,655	3,655	0
HP PENTIUM 4	09-01-05	S/L	3	1,376	0	0	0	1,376	1,377	0
OFFICE CABINETS	11-01-06	S/L	7	3,920	0	0	0	3,920	1,540	560
HP WORKSTATION	07-01-09	S/L	3	748	0	0	0	748	21	249
HP COLOR LASER JET	07-01-09	S/L	3	516	0	0	0	516	14	173
HP WORKSTATION	06-01-10	S/L	3	1,844	0	0	0	1,844	0	102
7 Assets			Totals	13,135	0	0	0	13,135	7,683	1,084
7 Assets			Grand Totals	13,135	0	0	0	13,135	7,683	1,084

\* Asset disposed this year  
~C Carryover basis in like-kind exchange transaction  
~B Excess basis in like-kind exchange transaction