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EBANNED WAY 0 9 2013

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

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

A F	or the	2011 calendar year, or tax year beginning JUN 1, 2011 and	enaing M	AY 31, 2012			
3 C	heck if pplicable	C Name of organization		D Employer identific	cation number		
	Addres	S ALABAMA ALPHA INC					
	Name change	Doing Business As		63-1	053272		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•		
	Termin ated	PO BOX 1880		(205)3 <u>48-7177</u>		
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	500441.		
	Application	[103CADOOSA, AD _33403-1000		H(a) Is this a group re	turn		
	pendin	F Name and address of principal officer DAVID WRIGHT		for affiliates?	Yes X No		
		2690 BEACON HILL PARKWAY, TUSCALOOSA,	AL 35	H(b) Are all affiliates inc	luded? Yes No		
1 T	ax-exe	mpt status 501(c)(3) 501(c)(7) ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)		
J V	Vebsit	e: ▶ N/A		H(c) Group exemption	number 🕨		
		organization: X Corporation Trust Association Other ▶	L Year	of formation: 1992 N	State of legal domicile: AL		
Pa	rt I	Summary					
O	1	Briefly describe the organization's mission or most significant activities SOCI.	AL FRA	TERNITY			
Activities & Governance		······································					
֟֝֟֝֟֟֝֟֝֟	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets		
ð	3	Number of voting members of the governing body (Part VI, line 1a)		3	3		
න ග	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0		
es	5	Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0		
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	0		
\cti	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12		7a	622.		
_	b_	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
				Prior Year	Current Year		
დ :	8	Contributions and grants (Part VIII, line 1h)		0.	100800.		
E .	9	Program service revenue (Part VIII, line 2g)	<u> </u>	361154.	<u>399019.</u>		
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		6095.	622.		
<u></u>	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	<u> </u>		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		367249.	500441.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column A), lines 5-10)		94864.	<u>74328.</u>		
Expenses	16a	Professional fundraising fees (Part IX, column (A), time-11a)		6695.	4635.		
×	b ·	Fotal fundraising expenses (Part IX, column;(D), line 25)	0.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).		303221.	319744.		
	18	total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) — (404780.	<u>398707.</u>		
	19	Revenue less expenses Subtract line 18 from line 12		<u>-37531.</u>	101734.		
Fund Balances		Revenue less expenses Subtract line 18 from line 12	Be	ginning of Current Year	End of Year		
320		Total assets (Part X, line 16)		410891.	530978.		
55	ì	Total liabilities (Part X, line 26)	<u> </u>	2650.	21003.		
		Net assets or fund balances. Subtract line 21 from line 20		408241.	<u>509975.</u>		
	rt II	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedule		-	y knowledge and belief, it is		
rue,	correc	, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer				
	ļ	Signature of officer		14/2 \ } Date			
Sigr				Dake			
ler	lere DAVID WRIGHT, TREASURER Type or print name and title						
			<u></u>	Date Check	PTIN		
اد! د ۱	.	Print/Type preparer's name Deparer's signature	'	4 12 · 12 if	 ')		
aid		JOHN T. MURDOCK		- sen-employe			
•	arer	Firm's name GREEK RESOURCE SÉRVICES INC.		Firm's EIN	63-1044993		
156	Only	Firm's address P.O. BOX 1880			005) 750 7754		
_		TUSCALOOSA, AL 35403-1880		Phone no. (205) 758-7754		
		S discuss this return with the preparer shown above? (see instructions)		·	Yes No		
320	01-01-2	-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2011)		

Form 990 (2011) ALABAMA ALPHA INC Part IV Checklist of Required Schedules

	•		res	_I40
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	lf "Yes," complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	İ		
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	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	11b		X
С	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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, Parts II and IV	15		_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, Parts III and IV	16		<u>X</u>
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	17		<u>X</u>
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	18		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	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	·	Form	99 0 (2	2011)

Form 990 (2011) ALABAMA ALPHA INC Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	}		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	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	22		X
23	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	23		X
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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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? If "Yes," complete Schedule L, Part I	25a		
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	1		
	Schedule L, Part I	25b		
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		·	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			7.7
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00-		v
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b	-	
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	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	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2	2011)

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Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			ugo e			
	Check if Schedule O contains a response to any question in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	1				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c		X			
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	0					
b	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	3 3 y -	_3a		X			
b	of "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		X			
b	of If "Yes," enter the name of the foreign country						
	See instructions for 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?	5a		X			
b	, , , , , , , , , , , , , , , , , , , ,	5b_		X			
С	, , , , , , , , , , , , , , , , , , , ,	<u>5c</u>					
6a	5	at					
	any contributions that were not tax deductible?	6a	<u> </u>	X			
b	and the second of the second o						
_	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	payor? 7a					
a	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?						
C	b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization cell evidence or otherwise disease of teaching a variety found to be a second of the control of						
·	to the Form proper						
d		7c	 				
e		7e	ŀ				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6	1				
g							
h			h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting						
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year	ear? 8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?	9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter.						
а	Initiation fees and capital contributions included on Part VIII, line 12	300.	1				
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0.					
11	Section 501(c)(12) organizations. Enter						
а	110						
b	part of the control and the control and the control against						
40	amounts due or received from them)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	5 The same state of the same s	<u>13a</u>	\vdash				
L	Note. See the instructions for additional information the organization must report on Schedule O						
b							
С	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 136						
_	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	 	\vdash	v			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	\vdash	<u>X</u>			
~		. 14b	1				

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Form **990** (2011)

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

	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3	-		
	If there are material differences in voting rights among members of the governing body, or if the governing	}		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0	}		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		j	
_	officer, director, trustee, or key employee?	2_		<u> X</u>
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<u>5</u>		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-6		
/ a	more members of the governing body?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	/a		
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
-	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b		x
9	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	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
_			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		<u> X</u>
15	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?			
_	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	120		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finar	icial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion.		
	DAVID WRIGHT - (205) 344-5196			
13200	2690 BEACON HILL PARKWAY, TUSCALOOSA, AL 35406	<u> </u>	000	
01-23-	12	Form	990	(2011)

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any. 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.

(A) Name and Title	(B) Average hours per week	rage Position (do not check more than one box, unless person is both an Co		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) FRANK MORRIS		ŀ								
PRESIDENT - HOUSE CORPORAT	5.00	<u> </u>	<u> </u>		_	<u> </u>		0.	0.	0
(2) DAVID WRIGHT										
TREASURER - HOUSE CORPORAT	5.00	├	\vdash	<u> </u>	_	₩	 	0.	0.	0
(3) CARY THOMAS	F 00									•
CHAPTER ADVISOR	5.00	├-		_		_		0.	0.	0
(4) BLAINE SALEM	1.00	-	ļ	ļ		ļ	}	0.	0.	0
CHAPTER PRESIDENT	1.00			-						<u> </u>
		_								
	-	-								
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		_								<u>. </u>
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300000		_		-					_	
		_				-		-		
		-	_	L		_		-		

132007 01-23-12

(A) Name and title	(B) Average hours per week	box	not c , unle	Posi heck i ss per	rtion more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	on amount of			of	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mis	s	other compensation from the organization and related organizations		ation e cion ced	
					-				-					
											_			
											_			
						_				_			-	
1b Sub-total c Total from continuation sheets to Part VI	I, Section A	L	l		<u> </u>	>		0.		0.	0.		0.	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100	0,000 of reportab	0 . le		_	0.	
3 Did the organization list any former officer,		uste	e, ke	y en	nplo	yee	, or	highest compensated e	mployee on			Yes	No	
Inne 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab								the organization		<u>3</u> 4		X	
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," communication?	accrue comper	nsati	on f	rom	any	unr			idual for services		5		Х	
1 Complete this table for your five highest co										npens	ation 1	from		
the organization. Report compensation for (A) Name and business			ONE		vitir	OI W	11111	(B) Description of s		C	(C) Compensation			
		_												
		_		_										
				_	_									
					_									
Total number of independent contractors (i \$100,000 of compensation from the organi		ot lii	mite	d to		se li:)	sted	l above) who received m	nore than			990 (

Statement of Revenue (D) Revenue (A) (B) (C) Related or Total revenue Unrelated excluded from exempt function business tax under sections 512. revenue revenue 513, or 514 Gifts, Grants illar Amounts 1 a Federated campaigns 1a 98000. 1b Membership dues Fundraising events 1c 1d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and 2800 similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ 100800. h Total. Add lines 1a-1f **Business Code** Program Service 2 a MEALS 900099 251175. 251175 PARLOR FEES 900099 49000. 49000 900099 43532 c MISCELLANEOUS 43532 721310 28630. 28630. d ROOM RENT 900099 RECOVERY OF BAD DEBT 26682. 26682. All other program service revenue 399019. Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 622 622. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 622 399019. Total revenue. See instructions. 500441. 132009 01-23-12 Form **990** (2011)

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).

	Check if Schedule O contains a response to any question in this Part IX							
	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 United States. See Part IV, line 21							
2	Grants and other assistance to individuals in							
	the United States. See Part IV, line 22							
3	Grants and other assistance to governments,							
	organizations, and individuals outside the							
	United States See Part IV, lines 15 and 16	· · · · · · · · · · · · · · · · · · ·						
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees		<u>. </u>					
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and			1				
	persons described in section 4958(c)(3)(B)		<u></u>					
7	Other salaries and wages	66408.						
8	Pension plan accruals and contributions (include							
	section 401(k) and section 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes	7920.						
11	Fees for services (non-employees)							
а	Management .				-			
þ	Legal				<u> </u>			
С	Accounting	20580.		 _				
d	Lobbying Conference Conference 47	4635.		<u> </u>				
e	Professional fundraising services. See Part IV, line 17	4033.						
f 	Investment management fees Other							
g 10	Advertising and promotion				<u> </u>			
12 13	Office expenses							
14	Information technology							
15	Royalties		 ·					
16	Occupancy	36419.			-			
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	13981.						
23	Insurance	19857.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)							
	amount, list line 24e expenses on Schedule 0.)							
а	FEDERAL INCOME TAX	776.			<u> </u>			
Ь	FOOD	128465.						
C	BAD DEBT EXPENSE	42475.						
d	TRANSFER TO CHAPTER	<u>25000.</u>						
_	All other expenses	32191.						
<u>25</u>	Total functional expenses. Add lines 1 through 24e	398707.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here Inf following SOP 98-2 (ASC 958-720)							
	11 10110MIUG 201- 89-5 (W2C 828-150)			<u> </u>	<u> </u>			

Form 990 (2011)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
	•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			93729.	1	
	2	Savings and temporary cash investments	L		2	32517.	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		15084.	4	22974.	
	5	Receivables from current and former officers, di	rectors	, trustees, key			
		employees, and highest compensated employee	es. Coi	mplete Part II		! }	
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
		employees' beneficiary organizations (see instru				6	
əts	7	Notes and loans receivable, net		· [7	
Assets	8	Inventories for sale or use			.	8	
Q.	9	Prepaid expenses and deferred charges			4700.	9	5464.
	1	Land, buildings, and equipment cost or other	1			<u> </u>	
	100	basis. Complete Part VI of Schedule D	10a	574701.			
	Ь	Less: accumulated depreciation	10b	104678.	297378.	10c	470023.
	11	Investments - publicly traded securities	100	104070.	237370.	11	470025
	12	Investments - other securities See Part IV, line 1	11	-		12	
	13	Investments - program-related See Part IV, line		-		13	
	14	Intangible assets	' '	-		14	
	1	-		15			
	15	Other assets See Part IV, line 11	24)	410891.	16	530978	
	16	Total assets. Add lines 1 through 15 (must equ		900.	17	6103	
	17	Accounts payable and accrued expenses	<u> </u>		18	0103.	
	18	Grants payable		-	1750.	19	14900.
	19	Deferred revenue		<u> </u>	1/50.		14900
	20	Tax-exempt bond liabilities	D4 1) (20	
ies	21	Escrow or custodial account liability Complete				21	
	22	Payables to current and former officers, director					
Liabilities		highest compensated employees, and disqualifi	ea per	sons Complete Part II			
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela		· ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	3 17-24) Complete Part X of			
		Schedule D		-	2650	25	21002
	26_	Total liabilities. Add lines 17 through 25			2650.	26	21003.
		Organizations that follow SFAS 117, check he	ere 🗩	and complete			
Ses		lines 27 through 29, and lines 33 and 34.					
ğ	27	Unrestricted net assets		-		27	
Ba	28	Temporarily restricted net assets		-		28	
<u> </u>	29	Permanently restricted net assets		· • • -	· <u>-</u> · <u>-</u>	29	
Ī		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🛣 and			
õ		complete lines 30 through 34.			•		•
set	30	Capital stock or trust principal, or current funds		.; . · -	0.	30	
Ä	31	Paid-in or capital surplus, or land, building, or ed			0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds	408241.	32	509975
_	33	Total net assets or fund balances		-	408241.	33	509975
	34_	Total liabilities and net assets/fund balances			<u>410891.</u>	34	530978.

Form 990 (2011)

Form 990 (2011)

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

Employer identification number

	ALABAMA ALPHA INC					<u>3-10532</u>	
Pai	t I Organizations Maintaining Donor Advisor	ed Funds o	r Other Similar Fu	inds or A	ccounts.	Complete if t	he
	organization answered "Yes" to Form 990, Part IV, Iir	ne 6.					
		(a) Do	onor advised funds	(b) Funds and	other accou	ints
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	wating that th	e assets held in donor	advised fun		<u> </u>	
3	are the organization's property, subject to the organization's	-		advisca idir	(Yes	□ No
6	Did the organization inform all grantees, donors, and donor	_		n housed c	nnly.	163	
0	for charitable purposes and not for the benefit of the donor				-		
	impermissible private benefit?	or donor advis	or, or for any other purp	pose comen	riiig [Yes	□ No
Par		roanization and	ewered "Vee" to Form C	ION Part IV	line 7	res	1 110
	Purpose(s) of conservation easements held by the organization			SU, Fait IV,	1116 7.		
1	Preservation of land for public use (e.g., recreation or	•		n biotomooll	h		
	Protection of natural habitat	education	Preservation of a				
			Preservation of a	a cerunea m	Storic Structur	i C	
_	Preservation of open space	lufu and and and and and					
2	Complete lines 2a through 2d if the organization held a qual	med conserva	tion contribution in the	torm of a co	inservation ea	isement on t	ne iast
	day of the tax year.				10.14.4	16 - F - 4 - 6 15	. T
	7 del m. m.h. a. af					the End of th	e lax Year
a	Total number of conservation easements				2a	.	
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic st		` '		2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06,	and not on a historic s	tructure			
_	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, re	neased, exting	juisned, or terminated b	by the organ	lization during	tne tax	
_	year ▶Number of states where property subject to conservation ea	accoment in lea	atad N				
4 5	Does the organization have a written policy regarding the pe						
5	violations, and enforcement of the conservation easements		ing, inspection, nandin	ig oi	۱	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting		n consenvation easeme	nte durina ti	he vear	163	110
7	Amount of expenses incurred in monitoring, inspecting, and		_	_	_		
8	Does each conservation easement reported on line 2(d) abo	_					-
	and section 170(h)(4)(B)(ii)?	vo satisfy the	requirements of section	1 17 0(1)(4)(1	,,,,,	Yes	□ No
9	In Part XIV, describe how the organization reports conservation	tion easement	s in its revenue and exr	nense stater	ment and hal:		
•	include, if applicable, the text of the footnote to the organiza		·			-	
	conservation easements				,		
Par	t III Organizations Maintaining Collections o	of Art, Histo	orical Treasures,	or Other S	Similar Ass	sets.	
	Complete if the organization answered "Yes" to Form	1 990, Part IV,	line 8.				
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to	o report in its revenue s	tatement ar	nd balance sh	eet works o	f art,
	historical treasures, or other similar assets held for public ex	chibition, educ	ation, or research in fur	therance of	public service	e, provide, in	Part XIV,
	the text of the footnote to its financial statements that descri						
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to re	port in its revenue state	ment and b	alance sheet	works of art	, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or re	esearch in furtherance (of public sei	rvice, provide	the following	g 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 tre	asures, or oth	ier similar assets for fin	ancıal gaın,			
	the following amounts required to be reported under SFAS:	116 (ASC 958)	relating to these items				
а	Revenues included in Form 990, Part VIII, line 1				> \$		
b	Assets included in Form 990, Part X				> \$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

132053 01-23-12

Schedule D (Form 990) 2011

_	dule D (Form 990) 2011 ALABAMA ALPHA INC			<u> 63-</u>	<u>1053272</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to A	udited Finan	cial State	emen	ts	
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 period adjustments	_	7			
8	Other (Describe in Part XIV)		8		-	
9	Total adjustments (net). Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	9	10			
Pai	t XII Reconciliation of Revenue per Audited Financial Statement		nue per F	Returr	1	
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					-
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b		1		
С	Recovenes of pnor year grants	2c		1 !		
d	Other (Describe in Part XIV.)	2d	_	1 }		
e	Add lines 2a through 2d			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	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		1 !		
	Add lines 4a and 4b	40		ا ۵۰ ا		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			4c 5		
	t XIII Reconciliation of Expenses per Audited Financial Statemen	ts With Exne	nses ner		rn	
1	Total expenses and losses per audited financial statements	ito With Expo	noco per			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			-1-		
a	Donated services and use of facilities	ا ء				
a 	Prior year adjustments	2a		1 1		
D	Other losses	2b		-		
C	 -	2c		1 1		
d	Other (Describe in Part XIV)	_2d		┨╻┠		
e	Add lines 2a through 2d Subtract line 2e from line 1			2e		
3				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	. 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
b	Other (Describe in Part XIV)	4b		-		
_	Add lines 4a and 4b			4c		
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIV Supplemental Information			5		
				_		
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, II					4, Part
X, line	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complet	e this part to pro	viđe any ad	ditional	information	
					_	
	<u> </u>					
			_			
				_		
				Sched	ule D (Form 96	2011

132054 01-23-12

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

ALABAMA ALPHA INC

Employer identification number 63-1053272

FORM 990, PART VI, SECTION A, LINE 8B: COMMITTEE DOCUMENTATIONS ARE MADE
DURING CHAPTER MEETINGS.
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S EXECUTIVE
OFFICERS REVIEW THE FORM 990 WHEN IT IS COMPLETED AND IF ANY PART OF THE
FORM IS IN QUESTION, THE EXECUTIVE OFFICERS CONTACT THE PREPARER TO ADDRESS
THOSE QUESTIONS. SHOULD ANY CHANGES NEED TO BE MADE ON THE FORM, THOSE
CHANGES ARE PROMPTLY MADE AND THE FORM IS REPRINTED FOR THE EXECUTIVE
OFFICERS TO REVIEW. AFTER THE FORM IS REVIEWED AND APPROVED, THE EXECUTIVE OFFICER SIGNS THE RETURN AND IT IS MAILED TO THE IRS.
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE TO THE
PUBLIC UPON THE APPROVAL OF THE EXECUTIVE OFFICERS OF THE ORGANIZATION.