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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

OMB No 1545-0047

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

Open to Public Inspection

<u> A F</u>	or the	= 2011 calendar year, or tax year beginning $$	ding J	<u>UN 30, 201</u>	. 2
B c	heck if pplicable	C Name of organization		D Employer iden	tification number
	Addres	ALPHA DELTA PI BUILDING CORPORATION			
	Name change			23-	7176700
	Initial return	,	om/suite	E Telephone num	
느	Termin ated	FO BOX 1880		(20	
<u> </u>	Ameno return Applica	City or town, state or country, and ZiP + 4		G Gross receipts \$	1224027.
L_	_tion pendin	103CALOOSA, AL _33403-1000		H(a) Is this a group	return Yes X No
		F Name and address of principal officer BETTY YEAGER 4001 OLD LEEDS LANE, BIRMINGHAM, AL 352	113	for affiliates? H(b) Are all affiliates	
	20.000	empt status: 501(c)(3) X 501(c) (2) ◄ (insert no.) 4947(a)(1) or	527		n a list. (see instructions)
		te: \triangleright N/A		H(c) Group exemp	
		organization: X Corporation	L Year		M State of legal domicile: AI
	ırt I	Summary			
& Governance	1	Briefly describe the organization's mission or most significant activities HOUSIN	IG FO	R SOCIAL S	SORORITY
Lua	2	Check this box If the organization discontinued its operations or disposed	of more	than 25% of its net	assets.
ove		Number of voting members of the governing body (Part VI, line 1a)			з
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 0
es 8	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			5 16
ऽ⊍।∉ Activities	6	Total number of volunteers (estimate if necessary)			6 10
∠U li⊈	7 a '	Total unrelated business revenue from Part VIII, column (C), line 12		<u> 7</u>	7a 12354.
9 —	b	Net unrelated business taxable income from Form 990-T, line 34	-		7b 0.
8	_			Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)	-	18800	
s Revenue		Program service revenue (Part VIII, line 2g)		1038826	
a a	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3602	12354.
Ĭ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1061228	
<u> </u>		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1500	
3		Benefits paid to or for members (Part IX, Column (A), line 4).			0.
<i>y</i>		Salaries, other compensation, employee benefits (Ran IX Column (A) lines 5-10)		139687	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		6663	
Ď		Total fundraising expenses (Part IX, columि(P)), நுறி25) ஜ 💺 2012 🧖 🕻	<u>. </u>		
Ű	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		587427	590934.
	18	Total expenses. Add lines 13-17 (must equal Part IX column (A), line 25)		735277	
	19	Revenue less expenses Subtract line 18 from line 12 DEN UT		325951	
Assets or Balances			Be	ginning of Current Yes	
sset Bala	20	Total assets (Part X, line 16)		1896568	
Net A Fund	21	Total liabilities (Part X, line 26)	-	27079	
		Net assets or fund balances Subtract line 21 from line 20 Signature Block		1869489	2304049.
		lities of perjury, I declare that I have examined this return, including accompanying schedules at	nd etatem	ente and to the heet o	f my knowledge and helief it is
	•	it, and complete. Declaration of preparer (other than officer) is based on all information of which		•	i my knowiedyc and belief, it is
<u>uo,</u>	001100	Isabel OCoshue	propuro	T 1.	1-12-
Sigi	n	Signature of officer	_	Date	
Her		ISABEL OLDSHUE, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	TIN PTIN
Paid		JOHN T. MURDOCK		11/6/2012 sett-em	
•	arer	Firm's name GREEK RESOURCE SERVICES, INC.		Firm's EIN	63-1044933
Use	Only	Firm's address P.O. BOX 1880			/00E\ EE0 EE5
-		TUSCALOOSA, AL 35403-1880		Phone no.	(205) 758-7754
		RS discuss this return with the preparer shown above? (see instructions)			Yes No
1320	01 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instructions	3.		Form 990 (2011)

	n 990 (2011) ALPHA DELTA PI BUILDING CORPORATION 23-717670	0 Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
•	PROVIDE MEALS AND HOUSING FOR UNDERGRADUATE CHAPTER OF NATIONAL	
	COLLEGIATE SOCIAL SORORITY.	
	COUDEGIALE SOCIAL SOKOKIII:	-
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 X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe	neoe
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation	
	•	ons to
_	others, the total expenses, and revenue, if any, for each program service reported	
4a)
	HOUSE MANAGEMENT - PROVIDED MEALS AND HOUSING FOR APPROXIMATELY 2	14
	MEMBERS OF UNDERGRADUATE CHAPTER OF NATIONAL COLLEGIATE SOCIAL	
	SORORITY.	
	1.10	
	· - , »- ·	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code) (Expenses \$) (Revenue \$)	,
		
		· -
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	<u>_</u>
		
		
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses	
		m 990 (2011)

02-09-12

	•		Yes	_No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		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			l
	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	ļ	<u> </u>
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		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	7	ļ <u>.</u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		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	9_		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	X	L
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		X
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				
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	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
	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			٠,
	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			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	_16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		
40	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,"	40		.
^	complete Schedule G, Part III	19	 	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990 (2011
		LOHU	330 (ZUII)

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ALPHA DELTA PI BUILDING CORPORATION

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	1		l
	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		
d		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		
Ь	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	051		
	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	00		.
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	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			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
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		_X
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		Х
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	

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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			\mathbf{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 7			
	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 O.			
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			
	officer, director, trustee, or key employee?	2		X
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?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	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		Х
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		Х
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	х	
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	1	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a	ĺ	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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	1	X
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		
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) a	vailab	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, and	i finan	cıal	
	statements available to the public during the tax year	!(4) !	J-1041	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion: 🖿		
	GREEK RESOURCE SERVICES INC - (205) 758-7754			
	2118 8TH STREET TUSCALOOSA AL 35401			
132000		_	000	

01-23-12

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

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.
- 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

X Check this box if neither the organization n	or any related	orga	anıza	ition	cor	npei	nsat	ed any current officer, o	director, or trustee	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(da		Position check more than one				Reportable	Reportable	Estimated
•	hours per	box	, unle	ss pe	rson	is bot	han	compensation	compensation	amount of
	week	-	l a		l	17003	100,	from	from related	other
	(describe hours for	1 tect				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	i e	stee			nsate		(W-2/1099-MISC)	(** 2/ 1000 111100)	organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	ad mc		(** =* * * * * * * * * * * * * * * * * *		and related
	in Schedule	nd ual	tutou	a	ja ma	esto	Jer			organizations
	O)	횰	Instr	Officer	Key	Highest compensated employee	Forn			
(1) BETTY YEAGER								_	_	_
PRESIDENT	2.00			X				0.	0.	0.
(2) ISABEL OLDSHUE									_	_
TREASURER	2.00			Х		┞-		0.	0.	0.
(3) APRIL CLOUSER										
VICE PRESIDENT	2.00		ļ	Х		┝	_	0.	0.	0.
(4) JUDY ANDERSON										•
RECORDING SECRETARY	2.00			Х	_	-		0.	0.	0.
(5) JOYCE ANDREWS										0
CHAIRPERSON - MAINT, EQPMIN, LNDSCPN	2.00		\vdash	X		-		0.	0.	0.
(6) KEMPER FRANKLIN			1					•		0
CHAIRPERSON - EMPLOYEES & HSE DIRECT	2.00			X	-	╁		0.	0.	0.
	•									
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									-	Form 990 (2011)

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Unrelated Total revenue Related or excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 18000. 1b **b** Membership dues Fundraising events 1c d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and 20509 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 38509 h Total. Add lines 1a-1f Business Code 900099 712954 712954 Program Service 2 a MEALS 205411 900099 205411 ь PARLOR FEES & BUILDING 900099 193542 193542 c ROOM RENT 900099 40032. 40032 d MISCELLAEOUS TRANSFER FROM CHAPTER 900099 21225 21225 900099 f All other program service revenue 1173164 q Total, Add lines 2a-2f Investment income (including dividends, interest, and 12354 12354 other similar amounts) 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) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 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 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 Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d 1224027 1173164 12354 Total revenue. See instructions.

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	2702.					
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 .						
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	121051.					
8	Pension plan accruals and contributions (include						
	section 401(k) and section 403(b) employer contributions)	4 4 9 9 4					
9	Other employee benefits	14224.					
10	Payroll taxes	13117.					
11	Fees for services (non-employees)						
а	Management	5000					
Ь	Legal	5988.					
C	Accounting	49664.			· -		
d	Lobbying	47439.					
e	Professional fundraising services. See Part IV, line 17	4/439.					
f	Investment management fees	33030.					
g	Other	33030.					
12	Advertising and promotion	1511.					
13	Office expenses Information technology	13110			-		
14	Royalties						
15 16	Occupancy	137495.					
16 17	Travel	13/475.					
18	Payments of travel or entertainment expenses						
.0	for any federal, state, or local public officials			1			
19	Conferences, conventions, and meetings	383.					
20	Interest				,		
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	128466.			,		
23	Insurance	9109.					
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 O.)						
а	INCOME TAX	274.					
b	FOOD	167771.					
С	DISCOUNTS	23555.					
d	BAD DEBTS	21981.					
е	All other expenses	11707.					
25	Total functional expenses. Add lines 1 through 24e	789467.					
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 if following SOP 98-2 (ASC 958-720)						

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments	717013.	2	1297336.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	759.	4	3338.	
	5	Receivables from current and former officers, di				
		employees, and highest compensated employe	es Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c				
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	·
	9	Prepaid expenses and deferred charges		16887.	9	13568.
	10a	Land, buildings, and equipment, cost or other				
		basis. Complete Part VI of Schedule D	10a 2556379.			
	b	Less. accumulated depreciation	10b 1513857.	1161909.	10c	1042522.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line	11		12	
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	1896568.	16	2356764.	
	17	Accounts payable and accrued expenses	27079.	17	38483.	
	18	Grants payable			18	
	19	Deferred revenue			19	14232.
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	s, trustees, key employees,			
iab	1	highest compensated employees, and disqualifi	ed persons Complete Part II			
_		of Schedule L		22		
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	•			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		27079.	26	52715.
		Organizations that follow SFAS 117, check he	ere and complete			
Ses		lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets			27	
Bal	28	Temporarily restricted net assets			28	
2	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117, c	heck here 🕨 🔼 and			
S O		complete lines 30 through 34.				•
set	30	Capital stock or trust principal, or current funds		0.	30	0.
As	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	1869489.	32	2304049.
_	33	Total net assets or fund balances		1869489.	33	2304049.
	34	Total liabilities and net assets/fund balances		1896568.	34	2356764.

<u>For</u> m	990 (2011) ALPHA DELTA PI BUILDING CORPORATION	23-	7176700	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	122	240	27.
2	Total expenses (must equal Part IX, column (A), line 25)	2	78	394	67.
3	Revenue less expenses Subtract line 2 from line 1	3	43	345	60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	186	594	89.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	230	40	49.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a_		_X_
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Aud	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	lit		
	or guides, explain why in Schedule O and describe any steps taken to undergo such guides		26		

132012 01-23-12

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

_	ALPHA DELTA PI BUILDING CORPORATION	23-7176700
Pai		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 fu	nds
	are the organization's property, subject to the organization's exclusive legal control?	└ Yes
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 confe	erring
	impermissible private benefit?	Yes No
Pai	rt 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).	
	Preservation of land for public use (e.g., recreation or education)	ally important land area
	Protection of natural habitat Preservation of a certified h	nistoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contri	conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	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, and not on a historic structure	
	fisted in the National Register .	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	inization 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 y	rear > \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)((B)(ı)
	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 state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	rganization's accounting for
	conservation easements	
Pa	rt 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 (ASC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items	
b		
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, 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	
	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.

Schedule D (Form 990) 2011

		LTA PI BU						23-71			
Par		•									
3	Using the organization's acquisition, accession	i, and other record	ís, check	any of the	following tha	it are a sig	gnificant	use of its	collection	ı item:	S
	(check all that apply):										
a	Public exhibition	C			nange progra	ams					
b	Scholarly research	е		Other							
C	Preservation for future generations										
4	Provide a description of the organization's colle	= = = = = = = = = = = = = = = = = = =		•	-			ose in Par	t XIV.		
5	During the year, did the organization solicit or r					er sımılar	assets		- 1	_	1
-	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrange		ete if the	organizatio	n answered	"Yes" to F	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part 2										
1a	Is the organization an agent, trustee, custodiar	n or other intermed	liary for c	contribution	s or other as	sets not i	ncluded	_	_		7
	on Form 990, Part X?								」Yes	L	No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the fo	llowing ta	able.			[· · · · · · · · · · · · · · · · · · ·				
									Amount		
С	Beginning balance						1c				
d	Additions during the year						<u>1d</u>				
е	Distributions during the year .						1e	_			
f	Ending balance						1f		_		
2 a	Did the organization include an amount on Fore	m 990, Part X, line	21?						Yes	L	No
	If "Yes," explain the arrangement in Part XIV.										
Par	t V Endowment Funds. Complete if the	he organization an	swered "	Yes" to For	m 990, Part	IV, line 10)				
		(a) Current year	(b) Pr	ior year	(c) Two year	rs back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions								<u> </u>		
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	_									
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the currer	nt year end baland	e (line 1g	, column (a)) held as						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	— %									
	The percentages in lines 2a, 2b, and 2c should	egual 100%									
За	Are there endowment funds not in the possess	=	ation that	are held ar	nd administe	red for th	e organiz	ation			
	by.	_					•		Γ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)	\Box	
b	If "Yes" to 3a(ii), are the related organizations li	sted as required o	n Sched	ule R?					3b		
4	Describe in Part XIV the intended uses of the o										
	t VI Land, Buildings, and Equipme										
	Description of property	(a) Cost or o		(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value	
	Description of property	basis (investr		basis (• •	reciation		(=, ===		•
1a	Land	 				•					
-	Buildings			20	17027.	1	0294	78.	9,9	3754	49.
	Leasehold improvements						-				<u> •</u>
	Equipment			5	39352.		4843	79.		549	73.
	Other							· - •	·	. <u></u>	<i></i>
	Add lines 1a through 1e (Column (d) must ear	ial Form 000 Part	Y colum	n (P) line 1	0(c))				10/	1251	22

Schedule D (Form 990) 2011

_	dule D (Form 990) 2011 ALPHA DELTA PI BUILDING CORPORATION		23-717670	0 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Fina	incial Sta	atements	
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	10	5.	
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Rev	enue per	r Keturn	
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.			
a	Net unrealized gains on investments 2a		_	
b	Donated services and use of facilities 2b		-	
С	Recoveries of prior year grants 2c		-	
d	Other (Describe in Part XIV)		-	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIV)	-	\dashv , \mid	
c	Add lines 4a and 4b Table several Add lines 2 and 4 a (This revet accord Farms 800, Part I (and 10))		4c 5	
Pa	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) T XIII Reconciliation of Expenses per Audited Financial Statements With Expenses.	nenses n		
1	Total expenses and losses per audited financial statements	эснэсэ р	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		•	
- a	Donated services and use of facilities 2a			
h	Prior year adjustments 2b			
c	Other losses 2c			
d	Other (Describe in Part XIV.)	•		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			-
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to p			•
				
			 -	
			Sahadula D (Farr	- 000\ 0044

SCHEDULE G (Form 990 or 990-EZ)

•
Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2011

Open To Public Inspection

Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number 23-7176700 DELTA PI BUILDING CORPORATION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? __ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (iv) Gross receipts (or retained by) (i) Name and address of individual (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col (i) No THE LAURUS GROUP - PO BOX Yes 80828 ATLANTA GA 30366 X 47439 -47439. **Total** 47439 -47439 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990 or 990-EZ) 2011

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	rt I	Fundraising Events. Complete if the of fundraising event contributions and great process.	e organization answered	l "Yes" to Form 990, Par	t IV, line 18, or reported		
	-	<u>g</u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through	
<u>e</u>			(event type)	(event type)	(total number)	col. (c))	
Revenue					•		
Re	1	Gross receipts				 	
	2	Less: Charitable contributions					
	3	Gross income (line 1 minus line 2)					
		Cook prizes					
	4	Cash prizes					
Se	5	Noncash prizes					
Direct Expenses	_	Rent/facility costs					
t Exp	6	Herioracinty costs					
)Irec	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses					
		Direct expense summary Add lines 4 through	• • •				
Da	rt l	Net income summary. Combine line 3, column Gaming. Complete if the organization a		990 Part IV line 19 or r	roported more than		
		\$15,000 on Form 990-EZ, line 6a.	answered les to lonn	330, 1 att 14, 1116 13, 011	eported more triais		
		ψ10,000 0111 0111 000 E2, iiile 0a.	_	(b) Pull tabs/instant	_	(d) Total gaming (add	
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col. (c)	
e e							
ď	1	Gross revenue					
					· · · · · · · · · · · · · · · · · · ·		
S	2	Cash prizes					
use							
edx:	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
_	_	Other direct evenness					
_	5	Other direct expenses	Yes %	Yes %	Yes %		
	6	Volunteer labor	No No	No No	No No		
	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. Combine line 1	I, column d, and line 7				
_	C	towally state(s) in which the symmetries are such	too				
		ter the state(s) in which the organization opera the organization licensed to operate gaming ac	_ · · · -	etatos?		Yes No	
		res No					
Ų		No," explain	 . 				
	_						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax	year?	Yes No	
b	lf "	Yes," explain.					
				- ,			
320	32 O	1-23-12			Schedule G (Fo	orm 990 or 990-EZ) 201	

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2011 ALPHA DELTA PI BUILDING CORPORATION 23-	<u>7176700</u>	Page 3					
11	Does the organization operate gaming activities with nonmembers?	Yes	L No					
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed							
	to administer charitable gaming?	Yes	☐ No					
13	Indicate the percentage of gaming activity operated in.							
а	The organization's facility	13a	%					
b	An outside facility	13b	 %					
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:							
	Name							
	Address >							
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No					
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount							
	gaming revenue retained by the third party \$ "Yes," enter name and address of the third party							
С								
	·····							
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation ▶ \$							
	Description of services provided							
	☐ Director/officer ☐ Employee ☐ Independent contractor							
17	Mandatory distributions.							
	Is the organization required under state law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license?	Yes	No					
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the							
	organization's own exempt activities during the tax year > \$							
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii) and (v), and	Part III					
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information							
			<u></u>					
			-					
—								

132083 01-23-12

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to 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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

ALPHA DELTA PI BUILDING CORPORATION	23-7176700					
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION CO	NSISTS OF ALUMNI					
MEMBERS WHO BELONG TO A NATIONAL COLLEGIATE SORORITY.						
FORM 990, PART VI, SECTION A, LINE 7A: EACH MEMBER OF THE ORGANIZATION MAY						
ELECT MEMBERS WHO WILL THEN SERVE OVER THE ORGANIZATION AS THE GOVERNING						
BODY.						
FORM 990, PART VI, SECTION A, LINE 7B: ANY DECISION THAT	THE GOVERNING					
BODY WANTS TO PUT INTO ACTION MUST MEET THE APPROVAL OF THE ENTIRE						
ORGANIZATION.						
1						
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 P	REPARER TO ADDRESS					
THOSE QUESTIONS. SHOULD ANY CHANGES NEED TO BE MADE ON T	HE FORM, THOSE					
CHANGES ARE PROMPTLY MADE AND THE FORM IS REPRINTED FOR T	HE EXECUTIVE					
OFFICERS TO REVIEW. AFTER THE FROM IS REVIEWED AND APPRO	VED, 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 BETWEEN REGULAR BUSINESS HOURS UPON REQUEST TO THE	PRESIDENT OR					
TREASURER OF THE ORGANIZATION.						

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

APRIL CLOUSER - 1121 ASHFORD LANE, BIRMINGHAM, AL 35242

KEMPER FRANKLIN - 6484 HALCYON DRIVE, MONTGOMERY, AL 36117

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

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