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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)

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

OMB No 1545-0047

Open to Public Inspection

A	For th	e 2012 calendar year, or tax year beginning JUL 1, 2012 and ending	JUN 30, 20	13
В	Check if applicab	C Name of organization	D Employer ide	ntification number
	Addre	ALPHA DELTA PHI AT CORNELL, INC.		
	Name	Daniel Branch A.	16	-6050652
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Termi	C/O SCIARABBA_WALKER, P.O. BOX 788	60	<u>7-272-5550</u>
	Amen return	City, town, or post office, state, and ZIP code	G Gross receipts \$	253,543.
	Application	TIMACA, NI 14651	H(a) Is this a grou	up return
	pendi	F Name and address of principal officer PATRICK KAVANAGH	for affiliates?	? Yes X No
	_	SAME AS C ABOVE	H(b) Are all affiliate	s included? Yes No
_	_		527 If "No," attac	ch a list (see instructions)
		te: ► HTTP://WWW.ADPHICORNELL.ORG/	H(c) Group exem	
			<u>ear of formation: 197</u>	8 M State of legal domicile: NY
P	art I	Summary	DD D001/ D0	100 1100
ë	1	Briefly describe the organization's mission or most significant activities: TO PROVI		ARD, AND
Governance	_	FELLOWSHIP TO MEMBERS OF A COLLEGE FRATERNIT		<u> </u>
ē	_	Check this box I if the organization discontinued its operations or disposed of n	nore than 25% of its ne	
ွှ်	1	Number of voting members of the governing body (Part VI, line 1a)		3 16
9	1	Number of independent voting members of the governing body (Part VI, line 1b)		4 16
ijes	1	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5 0
Activities &	i	Total number of volunteers (estimate if necessary)		6 16
Ac	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a 0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b 0.
	_	PECEN 4	Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)  RECEIVED	38,25	
Revenue		Program service revenue (Part VIII, line 2g)	209,57	
Æ	10	Investment income (Part VIII, column (A), lines 3.2, and 70)		0. 0.
	11	Other revenue (Part VIII, column (A), lines 3,4, land 100 100 100 100 100 100 100 100 100 10		0. 0.
	2	Total revenue - add lines of through 11 (must equal F and yat, column (A), lines 25 g	247,82	
	1	Grants and similar amounts paid (Part IX, column:(A) Tines 1:3 N, UT	1,75	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0. 0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
쭚	b	Total fundraising expenses (Part IX, column (D), line 25)	1.61 0.6	0 174 150
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	161,26	
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	163,01	
	19	Revenue less expenses Subtract line 18 from line 12	84,81	
ts o			Beginning of Current Ye	
SSE	20	Total assets (Part X, line 16)	1,406,87	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	82	
	22 art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	1,406,05	2. 1,485,436.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the heat	of my knowledge and helief it is
	•		•	of thy knowledge and belief, it is
true	, correc	et, and complete. Declaration of preparer (other than officer) is based on all information of which prep		4-2013
0:		Signature of officer	Date	7-2013
Sig		PATRICK KAVANAGH, TREASURER	24.4	
Hei	re	Type or print name and title		
_			Date Check	k PTIN
Paid	d	Print/Type preparer's name  CAROLYN AUSTIN  Preparer's signature  CAROLYN AUSTIN	أأ مميماً	mployed P01433679
_	parer	Firm's name SCIARABBA WALKER & CO., LLP	Firm's EIN	
	Only	Firm's address 200 E BUFFALO ST, SUITE 402	I IIIII 3 EIIV	P 10 10/10/4
J06	Jy	ITHACA, NY 14850	Phone no.	607-272-5550
Mar	v the II	RS discuss this return with the preparer shown above? (see instructions)	I Hone no.	X Yes No
	y trie ii 001 12-1		MZ.,	Form <b>990</b> (2012)
2321	, u , , LZ"	, ,	( ( ( ) ) ( )	. U.I.I (-U.L.)

_	n 990 (2012) ALPHA DELTA PHI AT CORNELL, INC.	16-6050 <u>6</u> 52 P	age 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Bnefly describe the organization's mission:		
	TO PROVIDE ROOM, BOARD, AND FELLOWSHIP TO MEMBERS OF A	COLLEGE	
	FRATERNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on		
2		Yes X	7 No
	the prior Form 990 or 990-EZ?	. L_Tes La	Z NO
•	If "Yes," describe these new services on Schedule O	yes 🔀	7 N.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	′ LItes L∆	NO L
	If "Yes," describe these changes on Schedule O	a manageral by avanage	
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		•
	revenue, if any, for each program service reported.	iers, trie total expenses, and	ı
40			
4a	(Code) (Expenses \$		— '
	FRATERNITY.	COLDEGE	
	FRAIEMIII.		
		<del>-</del>	
		<del></del>	
4b	(Code) (Expenses \$		
70	(Code / (Expenses \$ ) (Never	1ue \$	<u> </u>
		<del></del>	
	· · · · · · · · · · · · · · · · · · ·	<del></del>	
4c	(Code) (Expenses \$		
	/ (LAponsos v / (Never		— ′
		·	
		<del></del>	
		<del></del>	
		·	
4d	Other program services (Describe in Schedule O)		
-	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ▶		

Form **990** (2012)

	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
5	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
6	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
7	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
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

1c and 8a? If "Yes," complete Schedule G, Part II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

16

17

18

20a

X

Х

X

X

Form 990 (2012) ALPHA DELTA PHI AT CORNELL, 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		<u> </u>
24a				
	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		<u> </u>
	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			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26_		<u> </u>
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	07		v
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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	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
	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		X
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		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		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, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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		
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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (	2012)

Form 990 (2012) ALPHA DELTA PHI AT CORNELL, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	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 1a 7			ĺ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			ł
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			1
	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	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	_6b	_X_	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		-	
а	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?	7a_		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	<u>9a</u> 9b		
10	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	90	-	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  0 •			
11	Section 501(c)(12) organizations. Enter		İ	
	Gross income from members or shareholders		ŀ	
	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		j	
	Is the organization licensed to issue qualified health plans in more than one state?	13a	i	
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		Į	
	organization is licensed to issue qualified health plans		İ	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	2012)

Form 990 (2012) 16-6050652

ı aı	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.	NO I	espon	se				
	Check-if Schedule O contains a response to any question in this Part VI			$\mathbf{x}$				
Sec	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 16							
	If there are material differences in voting rights among members of the governing body, or if the governing			1				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
h	Enter the number of voting members included in line 1a, above, who are independent 1b 16		•					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ĺ				
-	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		$\mathbf{x}_{-}$				
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	X					
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
'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_						
U	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:							
_	The governing body?	8a	X					
a	Each committee with authority to act on behalf of the governing body?	8b	X					
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	- 11					
9	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)	3						
	tion Di i onolog (mis dection d'requests information about policies not required by the internal revenue code)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X				
	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?								
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	122						
Ĭ	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		X				
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		X				
	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		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 Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	i finan	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.	ion. 🕨	·					
	SCIARABBA WALKER & CO., LLP - 607-272-5550							
	200 E. BUFFALO ST., ITHACA, NY 14850							

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### ALPHA DELTA PHI AT CORNELL, INC.

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(do	not c	Pos heck	C) itior more		one han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	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) HOWARD SCHAFFER	1.00				ŀ					
PRESIDENT	1 00	X		X		<u> </u>	ļ	0.	0.	0.
(2) JOHN TUTTLE	1.00					1			0	_
VICE PRESIDENT	1 00	X	-	X		├	-	0.	0.	0.
(3) RUDY KOCH	1.00								_	_
SECRETARY	1 00	X		Х	-	<del> </del>		0.	0.	0.
(4) PATRICK KAVANAGH	1.00	X		x	ļ			0.	0.	_
TREASURER	1 00	<u> </u>	-	Λ	-		<u> </u>	U •	U•	0.
(5) PHILIP BALLARD	1.00	x			i			0.	0.	0.
DIRECTOR	1.00	^	-	$\vdash$	$\vdash$	├		0.	0.	0.
(6) ANTHONY BIDDLE	1.00	x						0.	0.	0.
DIRECTOR	1.00	₽	-		-	1		0.	0.	
(7) W. DOUGLAS BOND	1.00	X	1		ŀ			0.	0.	0.
DIRECTOR	1.00	^				<u> </u>		<del></del>		<u></u>
(8) DREW BUTLER	1.00	X					}	0.	0.	0.
DIRECTOR	1.00	^		_		<u> </u>		- 0.	<u> </u>	<u> </u>
(9) RYAN COLBERT	1.00	X						0.	0.	0.
DIRECTOR (10) MICHAEL ELLIOTT	1.00	^	-	-	-	<del> </del>	-	· ·	•	•
DIRECTOR	1.00	x		ŀ				0.	0.	0.
(11) KENNETH GROWNEY	1.00									
DIRECTOR	2103	X						o.	0.	0.
(12) JIM MCCORMICK	1.00							-		-
DIRECTOR		x						0.	0.	0.
(13) PHILIP REILLY	1.00							-		
DIRECTOR		X			ļ	ļ		0.	0.	0.
(14) THOMAS ROTHFELS	1.00	T								
DIRECTOR		X						0.	0.	0.
(15) RICHARD SEESTEDT	1.00									
DIRECTOR		X						0.	0.	0.
(16) JOSEPH TUCCERI JR	1.00									
DIRECTOR		X			<u></u>	<u> </u>	<u> </u>	0.	0.	0.
					<u> </u>	L		L		

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)	l	(C)					(D)	(E)			(F)	
	Name and title	Average	(do	Position (do not check more than one box, unless person is both an				one	Reportable	Reportable		E	stimate	ed
		hours per	box				is bot	h an	compensation	compensation	1	a	mount	
	•	(list any	week officer and a director/trustee)			166)	from	from related			other			
	_	hours for	director						the organization	organizations			npensa from th	
	•	related	60.0	e e			satec		(W-2/1099-MISC)	(W-2/1099-MIS	<b>U)</b>		ganızat	
		organizations	trustee or	E E		l ag	шрег		(** 27 1000 141100)			1 7	nd relat	
		below	Individual	Institutional trustee	_	Key employee	est co	ᡖ					anızatı	
		line)	in di	Insti	Officer	Keye	Highest compensated employee	Former						
					_									
					_	L.	<u> </u>	_				<u> </u>		
			<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>				<u> </u>		
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												ĺ		
1h	Sub-total	1				1	<b></b>		0.		0.			0.
	Total from continuation sheets to Part VI	II. Section A							0.		0.			0.
	Total (add lines 1b and 1c)	, 000					•		0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	<u> </u>			
	compensation from the organization									· •				C
	<del></del>												Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	у еп	nplo	yee,	or I	highest compensated ei	mployee on		l		
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su	ım of reportabl	le co	omp	ensa	ation	and	d oth	ner compensation from t	the organization			,	
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		Х
5	Did any person listed on line 1a receive or a					_		elat	ed organization or indivi	dual for services				
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or st	ıch	pers	son					5_		X
	tion B. Independent Contractors													
1	Complete this table for your five highest co										ens	ation 1	trom	
	the organization. Report compensation for	the calendar y	ear e	endi	ng w	vith	or w	<u>ithir</u>		/ear.				
	(A) Name and business	address	BT/	\\TT	7				( <b>B)</b> Description of s	ervices	С		C) ensatio	n
			TAC	ONE	<u>.                                    </u>					-				·
								$\dashv$						
										•				
								$\dashv$						
								$\dashv$						
					_			_			_	_		
								$\exists$		_				
			_											
2	Total number of independent contractors (i	ncluding but n	ot lir	mrte	d to	tho	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organization	zation 🕨	_			(	0							

Statement of Revenue

Part VIII

Check if Schedule O contains a response to any question in this Part VIII (C) (D) Revenue excluded Related or Total revenue Unrelated from tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and 83,119 similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 83,119 h Total. Add lines 1a-1f **Business Code** 140,000. 140,000 2 a RENT 900099 Program Service Revenue **b ALUMNI DUES** 900099 18,365. 18,365. c BRICKS & MORTAR REVENU 5,850 5,850. 900099 d INSURANCE CLAIMS 900099 5,327. 5,327 900099 732. e PRIOR YEAR DAMAGES-REL 732. f All other program service revenue 900099 150. 150. 170,424 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) Income from investment of tax-exempt bond proceeds Rovalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c 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 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 Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 253,543. Total revenue See instructions. 170,424 0 0.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon		Is Part IX	(C)	<u></u>
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				<del>-</del>
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)				<del></del>
7	Other salaries and wages		-		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,863.			
C	Accounting	4,010.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,			1	
	column (A) amount, list line 11g expenses on Sch 0.)	411.			
12	Advertising and promotion	14,104.			
13	Office expenses	96.			<del></del>
14	Information technology				
15	Royalties				
16	Occupancy	86,313.	<del></del>		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,000.			
20	Interest				<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,450.			
23	Insurance				
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	MAINTENANCE EXPENSES	35,682.			
b	OUTSIDE LABOR	18,152.			
С	FUNDRAISING EXPENSES	2,574.			
d	ASSOCIATION DUES	775.	<u> </u>		
е	All other expenses	2,729.		_	
25	Total functional expenses. Add lines 1 through 24e	174,159.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Chack here			l İ	

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) (A) End of year Beginning of year 183,908. 70,993. Cash - non-interest-bearing 12,263. Savings and temporary cash investments 25,063. 2 2 3 3 Pledges and grants receivable, net 5,327. 38,126. Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 8 Inventones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 1,325,791. basis. Complete Part VI of Schedule D 10a 1,269,783. 1,287,310. 10b 38,481. 10c b Less: accumulated depreciation 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 2,908. 2,658. 15 15 Other assets See Part IV, line 11 1,406,873. ,491,466. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 821. 6,030. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 821 6,030. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0. 30 0. 0. 31 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 1,406,052. 1,485,436. Retained earnings, endowment, accumulated income, or other funds 32 1,406,052. 1,485,436. 33 33 Total net assets or fund balances 1,406,873. 1,491,466. Total liabilities and net assets/fund balances

	990 (2012) ALPHA DELTA PHI AT CORNELL, INC.	16-60	50652	Pa	ge <b>12</b>
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	•	1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>43.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>59.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>84.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,406	<u>5,0</u>	<u>52.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,485	5,4	<u> 36.</u>
Pai	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 Schedu	le O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_ X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ	ate basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	ļ	
	If the organization changed either its oversight process or selection process during the tax year, explain in So	hedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	Single Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the rec	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2012)

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ 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.

2012
Open to Public Inspection

Name of the organization

Employer identification number

144711	ALPHA DELTA PHI AT CO	ORNELL, INC.	16-6050652				
Pa	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or A					
	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	o that the assets held in donor advised ful	nds				
_	are the organization's property, subject to the organization's excli		Yes No				
6	Did the organization inform all grantees, donors, and donor advise	_	<del></del> ::: :				
-	for charitable purposes and not for the benefit of the donor or do	• •	•				
	impermissible private benefit?		Yes No				
Pa		ation answered "Yes" to Form 990, Part IV	<del></del>				
1	Purpose(s) of conservation easements held by the organization (c	***	<del>/</del>				
•	Preservation of land for public use (e.g., recreation or education of land for public use)		iliv important land area				
	Protection of natural habitat	Preservation of a certified h					
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified of	onservation contribution in the form of a c	onservation 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				
C	Number of conservation easements on a certified historic structure	re included in (a)	2c				
d	Number of conservation easements included in (c) acquired after						
	listed in the National Register	•	2d				
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the orga	nization during the tax				
	year >						
4	Number of states where property subject to conservation easeme	ent 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 hold	is?	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 enfor	cing conservation easements during the ye	ear <b>&gt;</b> \$				
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170(h)(4)(l	B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation ea	asements in its revenue and expense state	ment, and balance sheet, and				
	include, if applicable, the text of the footnote to the organization's	financial statements that describes the or	ganization's accounting for				
	conservation easements		···				
Pai	t III Organizations Maintaining Collections of Ar		Similar Assets.				
	Complete if the organization answered "Yes" to Form 990,						
1a	If the organization elected, as permitted under SFAS 116 (ASC 95						
	historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherance of	f public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that describes t	hese items					
b	If the organization elected, as permitted under SFAS 116 (ASC 95	8), to report in its revenue statement and t	balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount						
	relating to these items						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>\$</b>				
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$				
2	If the organization received or held works of art, historical treasure	_					
	the following amounts required to be reported under SFAS 116 (A	SC 958) relating to these items:					
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$				
þ	Assets included in Form 990, Part X		<b>&gt;</b> \$				

	rt III Organizations Maintaining C	ELTA PHI A				or Otho			50652		
3	Using the organization's acquisition, access	ion, and other record	as, cned	ck any of the	tollowing th	at are a sig	Infficant u	ISE OT ITS	collection	tems	
	(check all that apply):		. —								
a	Public exhibition		╸├┤		change progr	rams					
b	Scholarly research	•	e	Other							
C	Preservation for future generations	-114		L 6					van		
4	Provide a description of the organization's c			-	_			se in Pari	XIII		
5	During the year, did the organization solicit of					ner sımılar i	assets		1.,	┌┐	
Da	to be sold to raise funds rather than to be m					"V" "	000	<u></u>	Yes	<u>No</u>	
Га	reported an amount on Form 990, Pa		ete ii tri	e organizatio	on answered	res to F	orm 990,	Part IV, I	ne 9, or		
	<del></del>		dian (fai			acata nat w					
та	Is the organization an agent, trustee, custod	ian or other intermed	diary ioi	contribution	ns or other a	ssets not ii	iciuaea		] v		
	on Form 990, Part X?			Anhla.			•		Yes	∟ No	
D	<b>b</b> If "Yes," explain the arrangement in Part XIII and complete the following table:								A		
_	Paganaga balanga						1	-	Amount		
C	Beginning balance Additions during the year						1c		··		
d	Distributions during the year						1d				
e f	Ending balance						1e				
		orm 990 Part Y line	212				[ 11 ]		Yes	☐ No	
	If "Yes," explain the arrangement in Part XIII.	·		on has been	nrovided in	Dort YIII			res		
Pai										<u> </u>	
		(a) Current year		Prior year	(c) Two year		1) Three ye	ars hack	(e) Four ye	ears hack	
1a	Beginning of year balance	(a) current your	(2)	nor your	10/11/03/00	ilo odok   K	aj iliiou yo	ura buok	ter i oui ye	ars baok	
b	Contributions								<del>-</del>		
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
Ŭ	and programs							•			
f	Administrative expenses		<del></del>								
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end baland	e (line 1	la. column (a	a)) held as:			ı			
a	Board designated or quasi-endowment		%	. g, (-	-,,						
b	Permanent endowment ▶	%									
	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	ind administe	ered for the	organiza	ition			
	by:	· ·					Ū		Y	es No	
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Pai	t VI Land, Buildings, and Equipm	nent. See Form 990	), Part X	, line 10.	_						
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	1	(d) Book v	alue	
		basis (investr	nent)	basis	(other)	depr	eciation				
1a	Land			1,11	1,111.				L,111,	111.	
b	Buildings			20	0,780.		24,58	1.	176	199.	
С	Leasehold improvements										
d	Equipment										
<u>        e                            </u>	Other			1	3,900.		<u>13,90</u>			0.	
Total	l. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	10(c).)			<b>)</b> :	L, 287	310.	

Schedule D (Form 990) 2012 ALPHA DELTA Part VII Investments - Other Securities. See	PHI AT COF	RNELL, INC.	16-6050652	2 Page <b>3</b>
(a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end-of-year market	t value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)	<del></del>			
(E)	<del></del>		<del></del>	
(F)				<del> </del>
(G)				
(H) (l)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		-		
Part VIII Investments - Program Related. Se	e Form 990. Part X. li	ne 13		
(a) Description of investment type	(b) Book value		aluation Cost or end-of-year market	value
(1)				
(2)		•		
(3)				
(4)				
(5)				
(6)	<del></del> .			
(7)				
(8)				
(9)				
(10)				<del></del>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line	45		<del></del>	
	15. Description		(b) Book v	/alue
			(B) Book (	
(1) (2)				
(3)			-	
(4)				
(5)	<del>-</del>			
(6)				
(7)				
(8)		-		
(9)				
(10)	·			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		<b></b>	
Part X Other Liabilities. See Form 990, Part X, II	ne 25	<u> </u>	Γ.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)	-			
(4)	-	<del></del> -		
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	_		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex		e organization's financia	statements that reports the organization	zation's
liability for uncertain tax positions under FIN 48 (ASC 7			_	

		(Form 990) 2012				T CORNELL			<u> 16-</u>	6050652	Page 4
Par	t XI	Reconciliation of	Revenue	per Aud	ited Fina	incial Stateme	ents W	ith Revenue per F	leturr	n	
1	Total r	evenue, gains, and oth	er support p	er audited f	nancial stat	tements			1	_	
2	Amou	nts included on line 1 b	ut not on Fo	rm 990, Par	t VIII, line 12	2:					
а		realized gains on inves					2a		]		
b	Donat	ed services and use of	facilities				2b		]		
C	Recov	renes of prior year grant	s				2c		]		
d	Other	(Describe in Part XIII )					2d		]		
e	Add III	nes 2a through 2d							2e		
3	Subtra	act line 2e from line 1							3		
4	Amou	nts included on Form 9	90, Part VIII,	line 12, but	not on line	1		1			
а	Invest	ment expenses not incl	uded on For	m 990, Part	VIII, line 7b		4a		] ]		
b	Other	(Describe in Part XIII.)					4b		<u> </u>		
С	Add lir	nes 4a and 4b							4c		
5		evenue Add lines 3 and							5		
Par	t XII	Reconciliation of	Expense	s per Au	dited Fina	ancial Statem	ents V	Vith Expenses per	Retu	ırn	
1	Total e	expenses and losses pe	r audited fin	ancıal state	ments				1_	_	
2	Amou	nts included on line 1 b	ut not on Fo	rm 990, Par	t IX, line 25 <sup>.</sup>						
а	Donate	ed services and use of	facilities				2a				
b	Prior y	ear adjustments					2b				
С	Other	losses					2c				
d	Other	(Describe in Part XIII)					2d		]		
е		nes 2a through 2d				_			2e		
3	Subtra	act line 2e from line 1				-			3		
4	Amour	nts included on Form 99	0, Part IX, li	ne 25, but n	ot on line 1						
а		ment expenses not incl					4a				
		(Describe in Part XIII)		,	,		4b		1 [		
		nes 4a and 4b						<u> </u>	4c		
		expenses. Add lines 3 a	nd 4c. (This	must equal	Form 990. F	Part I. line 18 )			5		
		Supplemental inf				,				· · ·	
				=				1a and 4, Part IV, lines 1 any additional informat		2b; Part V, line	4, Part
						_				<u> </u>	
										· <u>· · ·</u>	
				<u>-</u>		_					

Schedule D (Form 990) 2012

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## 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.

2012
Open to Public Inspection

Name of the organization **Employer identification number** INC ALPHA DELTA PHI AT CORNELL, 16-6050652 FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS MEMBERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: GOVERNANCE DECISIONS ARE SUBJECT TO APPROVAL BY MEMBERS. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PROVIDED TO THE ORGANIZATION'S TREASURER WHO REVIEWS BEFORE SIGNING. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE B STATEMENT 1

THE GIFT IS A REIMBURSEMENT OF EXPENSES FOR THE EDUCATIONAL PORTION OF THE HOUSE (30%).