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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

2014

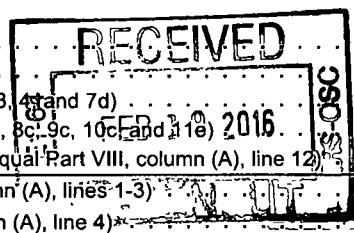


Department of the Treasury
Internal Revenue Service

Header section A-M containing organization details: Alpha Delta House Association, 2014, ending Jun 30, 2015. Includes address, EIN, and officer information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows 1-22 detailing mission, revenue, and expenses.



Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for Andrew Schultz Jr., dated 2/11/16.

Paid Preparer Use Only section for Thompson Harner, EA60225, dated 02/09/16.

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

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

Promote Brotherhood
Provide housing for 40-50 member fraternity

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

Fraternity promotes brotherhood, leadership, scholarship, community service social skills

4 b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4 c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4 d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4 e Total program service expenses

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A. . . . .  |     | X  |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. . . . .   |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II . . . . .   |     |    |
| 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 . . . . .   |     | 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 . . . . .  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II . . . . .  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. . . . .  |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV . . . . .            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V . . . . .   |     | X  |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable   |     |    |
| a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. . . . .   | X   |    |
| 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. . . . .  |     | X  |
| c 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 . . . . .   |     | 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 . . . . .  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . .  |     | 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 . . . . .  |     | X  |
| 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII. . . . .   |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . .   |     | X  |
| 14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 . . . . . |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV . . . . .   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV . . . . .   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) . . . . .  | X   |    |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . . . . .   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. . . . .  |     | X  |
| 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . .  |     | X  |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |

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

|  | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II . . . . .   |     | X  |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III . . . . .   |     | 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 . . . . .  |     | X  |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a . . . . .                           |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   |     |    |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . .  |     |    |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I . . . . .   |     |    |
| 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 . . . . .  |     |    |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II . . . . .                                 | X   |    |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III . . . . . |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |     |    |
| a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . .  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . .   | X   |    |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV . . . . .   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . .  |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M . . . . .  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . .  |     | 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 . . . . .  |     | 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 . . . . .  |     | 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 . . . . .  |     | X  |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  |     | 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 . . . . .  |     |    |
| 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 . . . . .  |     |    |
| 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 . . . . .   |     | 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 . . . . .  | X   |    |

BAA

Part VII Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1041, and Form 720.

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 or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-9. Includes questions about voting members, family relationships, management duties, and documentation.

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

Table with 3 columns: Question, Yes, No. Rows 10a-16b. Includes questions about local chapters, conflict of interest policies, whistleblower policy, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

Check if Schedule O contains a response or note to any line in this Part VII

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

**1 a** 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Richard Konzmann<br>President 06/15             | 5.00   |   |                       | X       |              |                              |        |  |   |   |
| (2) Mike Dellavalle<br>Vice-president 06/15         | 2.00   |   |                       | X       |              |                              |        |  |   |   |
| (3) Andrew Schultz Jr.<br>Treasurer/Secretary 06/15 | 3.00   |   |                       | X       |              |                              |        |  |   |   |
| (4) Michael Krone<br>Director                       | 1.00   | X   |                       |         |              |                              |        |  |   |   |
| (5) David Harris<br>Director                        | 1.00   | X   |                       |         |              |                              |        |  |   |   |
| (6) Robert Berg<br>Director                         | 3.00   | X   |                       |         |              |                              |        |  |   |   |
| (7) Rishi Mittal<br>Director                        | 1.00   | X   |                       |         |              |                              |        |  |   |   |
| (8) Lawrence Maiello<br>Director                    | 1.00   | X   |                       |         |              |                              |        |  |   |   |
| (9) _____   | _____  |   |                       |         |              |                              |        |  |   |   |
| (10) _____  | _____  |   |                       |         |              |                              |        |  |   |   |
| (11) _____  | _____  |   |                       |         |              |                              |        |  |   |   |
| (12) _____  | _____  |   |                       |         |              |                              |        |  |   |   |
| (13) _____  | _____  |   |                       |         |              |                              |        |  |   |   |
| (14) _____  | _____  |   |                       |         |              |                              |        |  |   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (16) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (17) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (18) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (19) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (20) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (21) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (22) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (23) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (24) -----   |  |   |                       |         |              |                              |        |  |   |   |
| (25) -----   |  |   |                       |         |              |                              |        |  |   |   |
| <b>1 b Sub-total</b> . . . . .   |  |   |                       |         |              |                              | ▶      |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              | ▶      |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              | ▶      |  |   |   |

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

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i> . . . . .                                      |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i> . . . . . |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i> . . . . .                      |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** 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**

Check if Schedule O contains a response or note to any line in this Part VIII

|   |   | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |    |
|---|---|--|--|---|--|----|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                         | <b>1 a</b> Federated campaigns . . . . .  | <b>1 a</b>   |  |   |  |    |
|   | <b>b</b> Membership dues . . . . .  | <b>1 b</b> 241,860.  |  |   |  |    |
|   | <b>c</b> Fundraising events . . . . .   | <b>1 c</b>   |  |   |  |    |
|   | <b>d</b> Related organizations . . . . .  | <b>1 d</b>   |  |   |  |    |
|   | <b>e</b> Government grants (contributions) . .  | <b>1 e</b>   |  |   |  |    |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above . .  | <b>1 f</b> 69,014.   |  |   |  |    |
|   | <b>g</b> Noncash contributions included in lines 1a-1f \$   |  |  |   |  |    |
| <b>h Total.</b> Add lines 1a-1f . . . . . ▶   |   | 310,874.   |  |   |  |    |
| <b>Program Service Revenue</b>  | <b>2 a</b> Business Code  |  |  |   |  |    |
|   | <b>b</b> -----  |  |  |   |  |    |
|   | <b>c</b> -----  |  |  |   |  |    |
|   | <b>d</b> -----  |  |  |   |  |    |
|   | <b>e</b> -----  |  |  |   |  |    |
|   | <b>f</b> All other program service revenue . . .  |  |  |   |  |    |
|   | <b>g Total.</b> Add lines 2a-2f . . . . . ▶   |  |  |   |  |    |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest and<br>other similar amounts) . . . . . ▶   |  | 151.   | 0.                                      | 151.   | 0. |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . ▶   |  |  |   |  |    |
|   | <b>5</b> Royalties . . . . . ▶  |  |  |   |  |    |
|   | <b>6 a</b> Gross rents . . . . .  | (i) Real   |  |   |  |    |
|   |   | (ii) Personal  |  |   |  |    |
|   |   | <b>b</b> Less: rental expenses                                     |  |   |  |    |
|   |   | <b>c</b> Rental income or (loss) . . . . .                         |  |   |  |    |
|   | <b>d</b> Net rental income or (loss) . . . . . ▶  |  |  |   |  |    |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities   |  |   |  |    |
|   |   | (ii) Other   |  |   |  |    |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |  |   |  |    |
|   |   | <b>c</b> Gain or (loss) . . . . .                                  |  |   |  |    |
|   | <b>d</b> Net gain or (loss) . . . . . ▶   |  |  |   |  |    |
|   | <b>8 a</b> Gross income from fundraising events<br>(not including . . \$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18. . . . . <b>a</b> |  |  |   |  |    |
|   | <b>b</b> Less: direct expenses . . . . . <b>b</b>   |  |  |   |  |    |
| <b>c</b> Net income or (loss) from fundraising events . . . . . ▶                         |   |  |  |   |  |    |
| <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19. . . . . <b>a</b> |   |  |  |   |  |    |
| <b>b</b> Less: direct expenses . . . . . <b>b</b>   |   |  |  |   |  |    |
| <b>c</b> Net income or (loss) from gaming activities . . . . . ▶                          |   |  |  |   |  |    |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances . . . . . <b>a</b>   |   |  |  |   |  |    |
| <b>b</b> Less: cost of goods sold . . . . . <b>b</b>                                      |   |  |  |   |  |    |
| <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶                         |   |  |  |   |  |    |
| <b>Miscellaneous Revenue</b>  |   | <b>Business Code</b>   |  |   |  |    |
| <b>11 a</b> -----   |   |  |  |   |  |    |
| <b>b</b> -----  |   |  |  |   |  |    |
| <b>c</b> -----  |   |  |  |   |  |    |
| <b>d</b> All other revenue . . . . .  |   |  |  |   |  |    |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶   |   |  |  |   |  |    |
| <b>12 Total revenue.</b> See instructions . . . . . ▶                                     |   | 311,025.   | 0.   | 151.                                    | 0.   |    |

**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).

Check if Schedule O contains a response or note to any line in this Part IX . . . . .

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .   |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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 . . . . .  |                       |                                 |  |                             |
| 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)  |                       |                                 |  |                             |
| a Management . . . . .  |                       |                                 |  |                             |
| b Legal . . . . .   |                       |                                 |  |                             |
| c Accounting . . . . .  | 5,341.                | 5,341.                          |  |                             |
| d Lobbying . . . . .  |                       |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17 . . . . .  | 7,480.                |                                 |  | 7,480.                      |
| f Investment management fees . . . . .  |                       |                                 |  |                             |
| g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .  |                       |                                 |  |                             |
| 12 Advertising and promotion . . . . .  |                       |                                 |  |                             |
| 13 Office expenses . . . . .  |                       |                                 |  |                             |
| 14 Information technology . . . . .   |                       |                                 |  |                             |
| 15 Royalties . . . . .  |                       |                                 |  |                             |
| 16 Occupancy . . . . .  | 158,709.              | 158,709.                        |  |                             |
| 17 Travel . . . . .   |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .   |                       |                                 |  |                             |
| 20 Interest . . . . .   | 62,508.               | 62,508.                         |  |                             |
| 21 Payments to affiliates . . . . .   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .  | 52,664.               |                                 |  |                             |
| 23 Insurance . . . . .  | 9,406.                | 9,406.                          |  |                             |
| 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.) . . . . .  |                       |                                 |  |                             |
| a Real Estate Taxes . . . . .   | 13,664.               | 13,664.                         |  |                             |
| b National Expenses . . . . .   | 19,419.               | 19,419.                         |  |                             |
| c PSU Related Expenses . . . . .  | 20,855.               | 20,855.                         |  |                             |
| d Misc Expenses . . . . .   | 386.                  | 386.                            |  |                             |
| e All other expenses . . . . .  |                       |                                 |  |                             |
| 25 Total functional expenses. Add lines 1 through 24e . . . . .   | 350,432.              | 290,288.                        |  | 7,480.                      |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|                                    |  | (A)<br>Beginning of year  |            | (B)<br>End of year |            |            |
|------------------------------------|--|---|------------|--------------------|------------|------------|
| <b>Assets</b>                      | 1  | Cash — non-interest-bearing . . . . .   | 24,609.    | 1                  | 42,457.    |            |
|                                    | 2  | Savings and temporary cash investments . . . . .  | 60,265.    | 2                  | 60,408.    |            |
|                                    | 3  | Pledges and grants receivable, net . . . . .  |            | 3                  |            |            |
|                                    | 4  | Accounts receivable, net . . . . .  |            | 4                  | 8,265.     |            |
|                                    | 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 instructions). Complete Part II of Schedule L . . . . . |            | 6                  |            |            |
|                                    | 7  | Notes and loans receivable, net . . . . .   |            | 7                  |            |            |
|                                    | 8  | Inventories for sale or use . . . . .   |            | 8                  |            |            |
|                                    | 9  | Prepaid expenses and deferred charges . . . . .   |            | 9                  |            |            |
|                                    | 10a  | Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .  | 10a        | 1,822,839.         |            |            |
|                                    | b  | Less: accumulated depreciation . . . . .  | 10b        | 91,295.            | 10c        | 1,731,544. |
|                                    | 11   | Investments — publicly traded securities . . . . .  | 1,763,754. | 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                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .   | 1,848,628.  | 16         | 1,842,674.         |            |            |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses . . . . .   | 327.       | 17                 | 2,204.     |            |
|                                    | 18   | Grants payable . . . . .  |            | 18                 |            |            |
|                                    | 19   | Deferred revenue . . . . .  |            | 19                 |            |            |
|                                    | 20   | Tax-exempt bond liabilities . . . . .   |            | 20                 |            |            |
|                                    | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .   |            | 21                 |            |            |
|                                    | 22   | 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 . . . . .  | 152,188.   | 22                 | 315,313.   |            |
|                                    | 23   | Secured mortgages and notes payable to unrelated third parties . . . . .  | 1,012,017. | 23                 | 880,253.   |            |
|                                    | 24   | Unsecured notes and loans payable to unrelated third parties . . . . .  |            | 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                 |            |            |
|                                    | 26   | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   | 1,164,532. | 26                 | 1,197,770. |            |
| <b>Net Assets or Fund Balances</b> | Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |            |                    |            |            |
|                                    | 27   | Unrestricted net assets . . . . .   |            | 27                 |            |            |
|                                    | 28   | Temporarily restricted net assets . . . . .   |            | 28                 |            |            |
|                                    | 29   | Permanently restricted net assets . . . . .   |            | 29                 |            |            |
|                                    | Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.    |   |            |                    |            |            |
|                                    | 30   | Capital stock or trust principal, or current funds . . . . .  |            | 30                 |            |            |
|                                    | 31   | Paid-in or capital surplus, or land, building, or equipment fund . . . . .  |            | 31                 |            |            |
|                                    | 32   | Retained earnings, endowment, accumulated income, or other funds . . . . .  | 684,096.   | 32                 | 644,904.   |            |
| 33                                 | <b>Total net assets or fund balances.</b> . . . . .  | 684,096.  | 33         | 644,904.           |            |            |
| 34                                 | <b>Total liabilities and net assets/fund balances.</b> . . . . .   | 1,848,628.  | 34         | 1,842,674.         |            |            |

BAA

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

|    |  |    |          |
|----|--|----|----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 311,025. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 350,432. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -39,407. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 684,096. |
| 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  | 215.     |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  |          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 644,904. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

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

2 a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?  Yes  No

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

c 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?  Yes  No

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

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  Yes  No

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  Yes  No

|     | Yes | No |
|-----|-----|----|
| 1   |     |    |
| 2 a |     | X  |
| 2 b |     | X  |
| 2 c |     | X  |
| 3 a |     | X  |
| 3 b |     |    |

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Financial Statements**

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Employer identification number

Alpha Delta House Association

25-6067474

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

|   | (a) Donor advised funds      | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year . . . . .   |                              |                              |
| 2 Aggregate value of contributions to (during year) . . . . .   |                              |                              |
| 3 Aggregate value of grants from (during year) . . . . .  |                              |                              |
| 4 Aggregate value at end of year . . . . .  |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

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

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

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements . . . . .   | 2 a                             |
| b Total acreage restricted by conservation easements . . . . .   | 2 b                             |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | 2 c                             |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . | 2 d                             |

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

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

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

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

|   |            |
|---|------------|
| (i) Revenue included in Form 990, Part VIII, line 1 . . . . . | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X . . . . .            | ▶ \$ _____ |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

|   |            |
|---|------------|
| a Revenue included in Form 990, Part VIII, line 1 . . . . . | ▶ \$ _____ |
| b Assets included in Form 990, Part X . . . . .             | ▶ \$ _____ |

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

b If 'Yes,' explain the arrangement in Part XIII and complete the following table

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

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance                    |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

|   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value    |
|--|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1 a Land   | 250,000.                             |                                 |                              | 250,000.          |
| b Buildings  | 1,476,857.                           |                                 | 50,411.                      | 1,426,446.        |
| c Leasehold improvements   |                                      |                                 |                              |                   |
| d Equipment  | 95,982.                              |                                 | 40,884.                      | 55,098.           |
| e Other  |                                      |                                 |                              |                   |
| <b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)</b> |                                      |                                 |                              | <b>1,731,544.</b> |

**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)        | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives . . . . .   |                |   |
| (2) Closely-held equity interests . . . . .                                 |                |   |
| (3) Other   |                |   |
| (A) -----   |                |   |
| (B) -----   |                |   |
| (C) -----   |                |   |
| (D) -----   |                |   |
| (E) -----   |                |   |
| (F) -----   |                |   |
| (G) -----   |                |   |
| (H) -----   |                |   |
| (I) -----   |                |   |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12) . . . ▶ |                |   |

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment type  | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13) . . . ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

| (a) Description of liability   | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| (11)   |                |
| Total (Column (b) must equal Form 990, Part X, column (B) line 25) . . . ▶ |                |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII . . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information.**

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



**Part III Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1   | (b) Event #2 | (c) Other events | (d) Total events                    |
|-----------------|----|--|--------------|------------------|-------------------------------------|
|                 |    | (event type)   | (event type) | (total number)   | (add column (a) through column (c)) |
| REVENUE         | 1  | Gross receipts . . . . .   |              |                  |                                     |
|                 | 2  | Less: Contributions . . . . .  |              |                  |                                     |
|                 | 3  | Gross income (line 1 minus line 2). . . . .                              |              |                  |                                     |
| DIRECT EXPENSES | 4  | Cash prizes . . . . .  |              |                  |                                     |
|                 | 5  | Noncash prizes . . . . .   |              |                  |                                     |
|                 | 6  | Rent/facility costs . . . . .  |              |                  |                                     |
|                 | 7  | Food and beverages . . . . .   |              |                  |                                     |
|                 | 8  | Entertainment . . . . .  |              |                  |                                     |
|                 | 9  | Other direct expenses . . . . .  |              |                  |                                     |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |              |                  |                                     |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |              |                  |                                     |

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|          |   | (a) Bingo  | (b) Pull tabs/Instant bingo/progressive bingo                               | (c) Other gaming  | (d) Total gaming  |
|----------|---|--|---|---|---|
|          |   |  |   |   | (add column (a) through column (c))   |
| REVENUE  | 1 | Gross revenue . . . . .  |   |   |   |
|          | 2 | Cash prizes . . . . .  |   |   |   |
| EXPENSES | 3 | Noncash prizes . . . . .   |   |   |   |
|          | 4 | Rent/facility costs . . . . .  |   |   |   |
|          | 5 | Other direct expenses . . . . .  |   |   |   |
|          | 6 | Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No _____ % | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No _____ % | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No _____ % |
|          | 7 | Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |
|          | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If 'No,' explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If 'Yes,' explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  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 conducted in:

|   |      |   |
|---|------|---|
| a The organization's facility . . . . . | 13 a | % |
| b An outside facility . . . . .         | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contact 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 of gaming revenue retained by the third party ▶ \$ -----
- c If 'Yes,' enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions
- a 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 ▶ \$ -----

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

Alpha Delta House Association

Employer identification number

25-6067474

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---|--------------------------------|----------------|----|
|     |                                 |   |                                | Yes            | No |
| (1) |                                 |   |                                |                |    |
| (2) |                                 |   |                                |                |    |
| (3) |                                 |   |                                |                |    |
| (4) |                                 |   |                                |                |    |
| (5) |                                 |   |                                |                |    |
| (6) |                                 |   |                                |                |    |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1) Andrew Schultz Sr.        | Father of Officer                  | Construction        | X                                     |      | 152,188.                      | 152,188.        |                 | X  | X                                   |    | X                      |    |
| (2)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                          |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b> . . . . . ▶ \$   |                                    |                     |                                       |      |                               | 152,188.        |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of Assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)                           |   |                          |                        |                           |
| (2)                           |   |                          |                        |                           |
| (3)                           |   |                          |                        |                           |
| (4)                           |   |                          |                        |                           |
| (5)                           |   |                          |                        |                           |
| (6)                           |   |                          |                        |                           |
| (7)                           |   |                          |                        |                           |
| (8)                           |   |                          |                        |                           |
| (9)                           |   |                          |                        |                           |
| (10)                          |   |                          |                        |                           |

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

Schedule L (Form 990 or 990-EZ) 2014

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) Andrew Shultz Sr.         | Father of Board Member  | 315,313.                  | Loan to Fraternity             |   | X  |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

Alpha Delta House Association

25-6067474

Pt VI, Line 6      Fraternity has members in good standing  
Pt VI, Line 7a     Members in good standing elect governing body  
Pt VI, Line 7b     Members in good standing may override governing body decisions  
Pt VI, Line 11b    Treasurer reviews Form 990, makes available upon request