

Form **990**  
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 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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 08-01-2017, and ending 07-31-2018**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: Delta Tau Delta Fraternity  
% JACK C KREMAN  
Doing business as:  
Number and street (or P O box if mail is not delivered to street address): 10000 ALLISONVILLE ROAD Room/suite:  
City or town, state or province, country, and ZIP or foreign postal code: FISHERS, IN 46038

**D** Employer identification number: 35-0267650  
**E** Telephone number: (317) 284-0203  
**G** Gross receipts \$ 5,262,929

**F** Name and address of principal officer: JACK C KREMAN, 10000 ALLISONVILLE ROAD, FISHERS, IN 46038

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶ 0124

**I** Tax-exempt status:  501(c)(3)  501(c) ( 7 ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶ WWW DELTS ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation 1911

**M** State of legal domicile NY

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
THE MEMBERS OF DELTA TAU DELTA FRATERNITY ARE COMMITTED TO LIVES OF EXCELLENCE AND BELIEVE IN THE FRATERNITY FOR THE EDUCATION OF YOUTH AND INSPIRATION OF MATURITY

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	5
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	5
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	37
<b>6</b> Total number of volunteers (estimate if necessary)	1,186
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	367,335
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	258,620	239,778
<b>9</b> Program service revenue (Part VIII, line 2g)	4,303,375	4,019,835
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	290,952	272,905
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,058	51,019
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,897,005	4,583,537
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,764,740	1,922,834
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,987,457	2,488,455
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,752,197	4,411,289
<b>19</b> Revenue less expenses Subtract line 18 from line 12	144,808	172,248

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	13,353,797	13,828,066
<b>21</b> Total liabilities (Part X, line 26)	1,648,903	1,887,890
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	11,704,894	11,940,176

**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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2019-06-15  
Type or print name and title: JACK C KREMAN CEO

**Paid Preparer Use Only**  
Print/Type preparer's name: NICOLE B FISHBACK  
Preparer's signature: NICOLE B FISHBACK  
Date: 2019-06-15  
Check  if self-employed  
PTIN: P01279475  
Firm's name: ▶ BKD LLP  
Firm's address: ▶ 201 N Illinois Street  
Indianapolis, IN 46204  
Firm's EIN: ▶  
Phone no: (317) 383-4000

**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

THE MEMBERS OF DELTA TAU DELTA FRATERNITY ARE COMMITTED TO LIVES OF EXCELLENCE AND BELIEVE IN THE FRATERNITY FOR THE EDUCATION OF YOUTH AND THE INSPIRATION OF MATURITY, SEEKING TO INSTILL IN ALL MEMBERS RESPECT FOR HIGHER EDUCATION (CONT SCH O)

**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

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data















**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 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? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> 		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> 	Yes	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> 		No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> 		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> 		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 26, 27, 28a, 28b, 28c, 29, 30, 31, 32, 33, 34, 35a, 35b, 36, 37, 38.

Part V 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 question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 include: 1a (Voting members), 1b (Independent members), 2 (Family relationships), 3 (Management delegation), 4-6 (Governing documents, assets, members), 7a-7b (Governance decisions), 8 (Meetings), 9 (Officer contact).

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 include: 10a-10b (Local chapters), 11a-11b (Form 990 distribution), 12a-12c (Conflict of interest), 13 (Whistleblower), 14 (Document retention), 15a-15b (Compensation), 16a-16b (Joint ventures).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (States), 18 (Public inspection), 19 (Governing documents), 20 (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**

**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, or 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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES GARBODEN ..... PRESIDENT	20 0 ..... 1 0	X		X				0	0	0
(2) STEVEN PAQUETTE ..... VICE PRESIDENT	10 0 ..... 1 0	X		X				0	0	0
(3) JOHN HANCOCK ..... SECOND VICE PRESIDENT	10 0 ..... 1 0	X		X				0	0	0
(4) BRUCE PETERSON ..... TREASURER	10 0 ..... 1 0	X		X				0	0	0
(5) ROSARIO PALMIERI ..... SECRETARY	10 0 ..... 1 0	X		X				0	0	0
(6) JAMES RUSSELL ..... EXECUTIVE VICE PRESIDENT	45 0 ..... 1 0			X				211,234	0	17,229
(7) ALAN SELKING ..... DIRECTOR OF BUSINESS AFFAIRS	45 0 ..... 1 0			X				154,782	0	15,011

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>							366,016	0	32,240	

**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 ▶ 2

<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>3</b>		No
<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? If "Yes," complete Schedule J for such individual	<b>4</b>	Yes	
<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? If "Yes," complete Schedule J for such person	<b>5</b>		No

**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) Name and business address	(B) Description of services	(C) Compensation
DELTA TAU DELTA EDUCATIONAL FDN I, 10000 ALLISONVILLE ROAD FISHERS, IN 46038	RENT	136,064

**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 ▶ 1



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	239,778			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		239,778			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> MEMBERSHIP DUES . . . . .	900099	2,106,735	2,106,735		
	<b>b</b> RISK MANAGEMENT PROGRAM . . . . .	900099	1,543,050	1,543,050		
	<b>c</b> INTEREST ON LOANS . . . . .	900099	339,580	339,580		
	<b>d</b> OTHER INCOME . . . . .	900099	30,470	30,470		
	<b>e</b> _____ . . . . .					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .		4,019,835				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		104,509		104,509	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		96,977		96,977	
	<b>6a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses . . . . .				
		<b>c</b> Rental income or (loss) . . . . .	0	0		
	<b>d</b> Net rental income or (loss) . . . . .		0			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	773,972	20,316		
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses . . . . .	608,123	17,769		
		<b>c</b> Gain or (loss) . . . . .	165,849	2,547		
	<b>d</b> Net gain or (loss) . . . . .		168,396		165,849	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		0		
	<b>b</b> Less direct expenses . . . . .	<b>b</b>		0		
<b>c</b> Net income or (loss) from fundraising events . . . . .			0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>		0			
<b>b</b> Less direct expenses . . . . .	<b>b</b>		0			
<b>c</b> Net income or (loss) from gaming activities . . . . .			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		7,542			
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	53,500			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		-45,958	-45,958		
Miscellaneous Revenue . . . . .	Business Code					
<b>11a</b> _____ . . . . .						
<b>b</b> _____ . . . . .						
<b>c</b> _____ . . . . .						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .			0			
<b>12 Total revenue.</b> See Instructions . . . . .		4,583,537	3,973,877	367,335	2,547	

**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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	360,481			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	1,212,131			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	107,784			
<b>9</b> Other employee benefits.	129,529			
<b>10</b> Payroll taxes.	112,909			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	0			
<b>b</b> Legal.	5,538			
<b>c</b> Accounting.	37,652			
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	10,191			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	30,624			
<b>12</b> Advertising and promotion.	20			
<b>13</b> Office expenses.	150,487			
<b>14</b> Information technology.	46,636			
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	136,064			
<b>17</b> Travel.	272,525			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	337,101			
<b>20</b> Interest.	0			
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	56,608			
<b>23</b> Insurance.	1,079,871			
<b>24</b> 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.)				
<b>a</b> EDUCATION PROGRAMS	132,182			
<b>b</b> MAGAZINE PRODUCTION	110,150			
<b>c</b> EXPANSION AND INSTALLATION	53,978			
<b>d</b> MISCELLANEOUS EXPENSE	28,828			
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	4,411,289			
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	-56,650	<b>1</b>	2,018,038
	<b>2</b> Savings and temporary cash investments . . . . .	2,653,720	<b>2</b>	339,691
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	101,200	<b>4</b>	85,942
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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 . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	5,861,726	<b>7</b>	5,461,079
	<b>8</b> Inventories for sale or use . . . . .	65,586	<b>8</b>	40,104
	<b>9</b> Prepaid expenses and deferred charges . . . . .	481,644	<b>9</b>	680,155
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	580,335		
	<b>b</b> Less accumulated depreciation	464,240		
	<b>11</b> Investments—publicly traded securities . . . . .	3,673,389	<b>11</b>	4,711,822
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	113,698	<b>12</b>	86,611
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	169,658	<b>13</b>	169,658
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	119,270	<b>15</b>	118,871
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	13,353,797	<b>16</b>	13,828,066	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	268,906	<b>17</b>	256,546
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	497,887	<b>19</b>	710,596
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	304,587	<b>21</b>	330,619
	<b>22</b> 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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	577,523	<b>25</b>	590,129
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,648,903	<b>26</b>	1,887,890
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	11,614,894	<b>27</b>	11,848,676
	<b>28</b> Temporarily restricted net assets . . . . .	90,000	<b>28</b>	91,500
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	11,704,894	<b>33</b>	11,940,176	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	13,353,797	<b>34</b>	13,828,066	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	4,583,537
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	4,411,289
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	172,248
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	11,704,894
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	61,534
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	1,500
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	11,940,176

**Part XII Financial Statements and Reporting**

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

		<b>Yes</b>	<b>No</b>
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	Yes	
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<b>2c</b>	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>3a</b>		No
<b>b</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	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 35-0267650

**Name:** Delta Tau Delta Fraternity

Form 990 (2017)

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**Form 990, Part III, Line 4a:**

LEADERSHIP EDUCATION THE ORGANIZATION PROVIDED EDUCATIONAL OPPORTUNITIES FOR 214 UNDERGRADUATE MEMBERS AT 8 DELTA TAU DELTA FRATERNITY-FACILITATED LEADERSHIP ACADEMIES, 7 IGNITES AND THE CHARGE, DURING THE FISCAL YEAR ENDED JULY 31, 2018 IGNITE IS A WEEKEND EXPERIENCE IN A CAMP SETTING FOR MEMBERS WHO HAVE JOINED DELTA TAU DELTA WITHIN THE PAST 12 MONTHS THE GOAL OF IGNITE IS TO HELP PARTICIPANTS IDENTIFY WHAT THEY WANT TO ACCOMPLISH IN THEIR TIME AS AN UNDERGRADUATE MEMBER, CONNECT WITH OTHER UNDERGRADUATE BROTHERS AND VOLUNTEERS AND EXAMINE THE FRATERNITY'S VALUES AND HOW THEY CAN BE USED AS A LEADERSHIP TOOL (CONT SCH O)

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**Form 990, Part III, Line 4b:**

TRAINING 7 EDUCATIONAL LEADERSHIP CONSULTANTS VISITED THE FRATERNITY'S 137 CHAPTERS AND COLONIES IN 39 STATES AND THE DISTRICT OF COLUMBIA PROVIDING VALUES-BASED LEADERSHIP TRAINING AND RETREATS 9,658 UNDERGRADUATE MEMBERS AND THE VOLUNTEERS WHO SERVE THEM HAD THE OPPORTUNITY TO PARTICIPATE IN THESE TRAINING SESSIONS DURING THE FISCAL YEAR ENDED JULY 31, 2018

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**Form 990, Part III, Line 4c:**

CONFERENCE PROGRAMMING DURING THE FISCAL YEAR THE ORGANIZATION CREATED, PLANNED AND FACILITATED EDUCATIONAL BREAKOUT SESSIONS AT EACH OF THE FRATERNITY'S FIVE ANNUAL DIVISION CONFERENCES THE CONFERENCES PROVIDED EDUCATIONAL MATERIALS TO ITS HIGHEST RANKING CHAPTER OFFICERS TO TAKE BACK TO THEIR CHAPTER THE CONFERENCES WERE ATTENDED BY 787 UNDERGRADUATE MEMBERS AND 143 ALUMNI DIVISION CONFERENCES WERE THE FIRST NATIONAL PROGRAM FOR 67 PERCENT OF UNDERGRADUATE PARTICIPANTS FRATERNITY STAFF MEMBERS ALSO ATTENDED AND/OR FACILITATED SESSIONS AT NUMEROUS INDUSTRY LEADERSHIP EDUCATIONAL CONFERENCES AROUND THE UNITED STATES

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**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 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  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
Delta Tau Delta Fraternity

**Employer identification number**  
35-0267650

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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	
<b>6</b> 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" on Form 990, Part IV, line 7.

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

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

**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, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement 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 on 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 on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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" on 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		580,335	464,240	116,095
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				116,095

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered "Yes" on 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DEPOSITS	305,629
SELF-INSURANCE RESERVE	284,500
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	590,129

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' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	4,700,071
<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>2a</b>	61,534
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	55,000
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	116,534
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,583,537
<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>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	4,583,537

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	4,464,789
<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>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	53,500
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	53,500
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,411,289
<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>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	4,411,289

**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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 35-0267650

**Name:** Delta Tau Delta Fraternity

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART IV, LINE 2B	TRUST, ESCROW AND CUSTODIAL ARRANGEMENTS THE ORGANIZATION HOLDS FUNDS FOR CHAPTER HOUSE CORPORATIONS

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V	ENDOWMENT FUNDS DELTA TAU DELTA FRATERNITY HAS THE ANNUAL OPPORTUNITY TO RECEIVE GRANT FUNDS FROM AN ENDOWMENT HELD BY A FOUNDATION THAT IS NO LONGER RELATED TO THE FRATERNITY SINCE THERE IS NO GUARANTEE THAT THESE FUNDS WILL BE USED EXCLUSIVELY TO BENEFIT THE FRATERNITY SCHEDULE D, PART V HAS NOT BEEN COMPLETED

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	ASC 740 DISCLOSURE MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UN CERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	OTHER REVENUE INCLUDED ON BOOKS NOT ON FORM 990 CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST \$ 1,500 COST OF GOODS SOLD \$ 53,500 TOTAL \$ 55,000



## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	OTHER EXPENSES INCLUDED ON BOOKS NOT ON FORM 990 COST OF GOODS SOLD \$ 53,500

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**

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

OMB No 1545-0047

# 2017

**Open to Public Inspection**

Name of the organization  
Delta Tau Delta Fraternity

Employer identification number  
35-0267650

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input checked="" type="checkbox"/> Travel for companions  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>		No		
	<b>4b</b>		No		
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>				
	<b>5b</b>				
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>				
	<b>6b</b>				
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>				
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>				
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES RUSSELL EXECUTIVE VICE PRESIDENT	(i)	163,644	27,885	19,705	15,080	2,149	228,463	0
	(ii)	0	0	0	0	0	0	0
2 ALAN SELKING DIRECTOR OF BUSINESS AFFAIRS	(i)	139,921	14,500	361	13,216	1,795	169,793	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	TRAVEL FOR COMPANIONS THE EXECUTIVE VICE PRESIDENT'S SPOUSE OCCASIONALLY ACCOMPANIES HIM TO INDUSTRY CONFERENCES AND THE BIENNIAL CONVENTION REGISTRATION, AIRFARE AND MEAL COSTS ARE PAID BY THE FRATERNITY THE COSTS ARE TREATED AS TAXABLE COMPENSATION AND THE VALUE IS GROSSED-UP TO COVER THE APPLICABLE FEDERAL, STATE AND LOCAL TAXES TAX INDEMNIFICATION AND GROSS UP THE VALUE OF TRAVEL FOR COMPANIONS IS GROSSED UP TO COVER THE APPLICABLE FEDERAL, STATE AND LOCAL TAXES A PENSION REPLACEMENT BONUS CHECK IS GROSSED UP TO COVER THE APPLICABLE FEDERAL, STATE AND LOCAL TAXES

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

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

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 Delta Tau Delta Fraternity

Name of the organization  
 Delta Tau Delta Fraternity

**Employer identification number**

35-0267650

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
form 990, part iv, line 34	<p>RELATIONSHIPS TO OTHER ORGANIZATIONS DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC (FOUNDATION) IS A LEGALLY SEPARATE ENTITY ORGANIZED TO SOLICIT CONTRIBUTIONS AND DISBURSE SUCH FUNDS IN THE FORM OF EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS SOLICITATIONS ARE MADE IN ITS NAME AND ALL FUNDS ARE USED BY THE FOUNDATION IN FULFILLING ITS EDUCATIONAL OBJECTIVES ALTHOUGH THE FRATERNITY AND THE FOUNDATION ARE SEPARATE LEGAL ENTITIES, THEY DO HAVE A COUPLE OF COMMON BOARD MEMBERS THE FRATERNITY AND FOUNDATION WERE SHOWN AS RELATED ORGANIZATIONS ON PRIOR RETURNS AMENDED BYLAWS WERE FILED BY THE FOUNDATION NOVEMBER 10, 2012 TO LIMIT THE NUMBER OF BOARD MEMBERS SERVING FROM THE FRATERNITY FROM FIVE TO TWO THIS CHANGE MEANS THE TWO ORGANIZATIONS ARE NO LONGER CONSIDERED RELATED BY THE DEFINITIONS USED BY FORM 990, SCHEDULE R THE FRATERNITY SIGNED A RENEWABLE, TEN-YEAR NONCANCELABLE OPERATING LEASE THROUGH JULY 31, 2027 TO OCCUPY SPACE WITHIN AN OFFICE BUILDING THE FOUNDATION OWNS THE FRATERNITY PROVIDES SERVICES SUCH AS PERSONNEL AND RELATED BENEFITS, OFFICE EQUIPMENT AND SUPPLIES TO THE FOUNDATION, AND THE FOUNDATION REIMBURSES THE FRATERNITY FOR ITS ALLOCABLE SHARE OF THESE COSTS THE FRATERNITY PROVIDES A BROAD SPECTRUM OF EDUCATIONAL PROGRAMMING INCLUDING LEADERSHIP DEVELOPMENT AND ALCOHOL ABUSE PREVENTION THE COST OF THESE PROGRAMS IS PRIMARILY FUNDED BY THE FRATERNITY, HOWEVER, THE FOUNDATION MAKES QUALIFIED CONTRIBUTIONS TO THE FRATERNITY THAT ARE USED TO FUND A PORTION OF THE COST OF THESE EDUCATIONAL PROGRAMS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
form 990, part vi, section a, line 6, 7a & 7b	<p>CLASSES OF MEMBERS OR STOCKHOLDERS THE FRATERNITY IS COMPOSED OF MEMBERS IN GOOD STANDING WHO HAVE BEEN DULY INITIATED INTO UNDERGRADUATE CHAPTERS ESTABLISHED AT VARIOUS COLLEGES AND UNIVERSITIES IN THE UNITED STATES AND CANADA A BIENNIAL GENERAL CONVENTION OF MEMBERS AND DELEGATES (KARNEA) IS THE LEGISLATIVE SESSION OF THE FRATERNITY THE KARNEA DELEGATE BODY IS FORMED OF 2 UNDERGRADUATE VOTING DELEGATES ELECTED FROM EACH UNDERGRADUATE CHAPTER , 1 VOTING ALUMNUS OR MEMBER OF EACH CHAPTER'S ALUMNI ADVISING TEAM, AND 1-2 VOTING DELEGATES ELECTED FROM EACH CHARTERED AND OPERATING ALUMNI CHAPTER (DEPENDS ON CHAPTER SIZE) KARNEA DELEGATES (1) ELECT THE FRATERNITY'S BOARD OF DIRECTORS (PRESIDENT, VICE PRESIDENT, SECOND VICE PRESIDENT, TREASURER, AND SECRETARY) WHICH IS THE PRINCIPAL ADMINISTRATIVE BODY OF THE FRATERNITY AS TO ALL ITS CORPORATE AFFAIRS AND THE DIRECTOR OF ACADEMIC AFFAIRS, (2) HAVE THE POWER TO LEVY TAXES AND ASSESSMENTS, AND (3) MAKE ALL LAWS NECESSARY AND PROPER FOR CARRYING INTO EXECUTION THE MISSION AND VALUES AND GENERAL WELFARE OF THE FRATERNITY , AS WELL AS THE POWERS ESTABLISHED BY THE FRATERNITY'S CONSTITUTION WITH RESPECT TO THE GOVERNANCE OF THE FRATERNITY KARNEA DELEGATES MAY WITH A TWO-THIRDS (2/3) VOTE OF THE CONVENTION BODY EITHER REPEAL OR AMEND THE FRATERNITY'S CONSTITUTION ONLY UPON THE SUBSEQUENT APPROVAL OF TWO-THIRDS (2/3) OF THE UNDERGRADUATE CHAPTERS IF THE KARNEA ACTION IS APPROVED BY THE PRESIDENT, OR REPEAL OR AMEND THE FRATERNITY'S CONSTITUTION ONLY UPON THE SUBSEQUENT APPROVAL OF FOUR-FIFTHS (4/5) OF THE UNDERGRADUATE CHAPTERS IF THE KARNEA ACTION IS DISAPPROVED BY THE PRESIDENT</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
form 990, part vi, section b, line 11b	PROCESS TO REVIEW THE FORM 990 THE FORM 990 IS DISTRIBUTED TO THE EXECUTIVE VICE PRESIDENT, ALL AUDIT COMMITTEE MEMBERS AND ALL BOARD MEMBERS VIA EMAIL AND THEN REVIEWED JOINTLY VIA A CONFERENCE CALL WITH THE FRATERNITY'S EXTERNAL AUDIT FIRM'S TAX PROFESSIONALS PRIOR TO ITS ELECTRONIC FILING WITH THE IRS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
form 990, part vi, section b, line 12c	PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY A CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE ARE DISTRIBUTED TO ALL INTERESTED PERSONS ALL NEW INTERESTED PERSONS COMPLETE THE DISCLOSURE STATEMENT WITHIN SIXTY DAYS OF THEIR ELECTION, APPOINTMENT OR EMPLOYMENT THE CONFLICT OF INTEREST COMMITTEE REVIEWS THE QUESTIONNAIRES AND RECOMMENDS WHICH MATTERS INTERESTED PERSONS SHOULD RECUSE THEMSELVES FROM AS WELL AS DETERMINES THAT ANY ASSOCIATED TRANSACTION OR ARRANGEMENT IS IN THE FRATERNITY'S BEST INTEREST AND FOR ITS BENEFIT, THAT THE TERMS OF THE TRANSACTION OR ARRANGEMENT ARE FAIR AND REASONABLE TO THE FRATERNITY, AND AFTER THE EXERCISE OF DUE DILIGENCE, THAT THE FRATERNITY CANNOT OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES AN INTERESTED PERSON ABSTAINS FROM TAKING PART IN OR BEING PRESENT AT ANY COMMITTEE OR BOARD MEETING DETERMINING THE IMPACT OF THAT PARTICULAR INTERESTED PERSON'S CONFLICT OF INTEREST EXCEPT TO PROVIDE SUCH INFORMATION AS THE COMMITTEE OR BOARD MAY REQUEST FOR CONSIDERATION IF NECESSARY, THE BOARD MAY APPOINT A DISINTERESTED PERSON TO INVESTIGATE ANY ALTERNATIVES TO THE PROPOSED TRANSACTIONS OR ARRANGEMENT



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
form 990, part vi, section b, line 15a	REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION ANNUALLY AND PRIOR TO CONSIDERING ANY CHANGE IN THE EXECUTIVE VICE PRESIDENT'S COMPENSATION, THE BOARD RECEIVES A REPORT THAT LISTS ALL COMPENSATION AWARDED TO THE EXECUTIVE VICE PRESIDENT AND RESPECTIVE VALUES THE BOARD RECEIVES ONE OR MORE COMPENSATION SURVEYS CONTAINING MARKET-BASED COMPENSATION INFORMATION FOR SIMILARLY-SITUATED INDIVIDUALS TO THE EXECUTIVE VICE PRESIDENT IN SIMILARLY-SITUATED ORGANIZATIONS TO THE FRATERNITY A REVIEW OF THE EXECUTIVE VICE PRESIDENT'S COMPENSATION PROGRAM AND RESPECTIVE MARKET-BASED INFORMATION IS CONDUCTED BY THE BOARD PRIOR TO IMPLEMENTATION OF ANY CHANGES TO THE EXECUTIVE VICE PRESIDENT'S COMPENSATION THE BOARD IS ASSISTED WITH THIS REVIEW BY A QUALIFIED COMPENSATION CONSULTANT THE BOARD ENSURES THAT NO DIRECTOR PARTICIPATING IN THE REVIEW AND SUBSEQUENT COMPENSATION DECISIONS HAS A CONFLICT OF INTEREST THE BOARD WILL RELY ON THE CONFLICT OF INTEREST COMMITTEE FOR THIS DETERMINATION WRITTEN MINUTES OF THE BOARD'S DELIBERATION AND ASSOCIATED ACTIONS TAKEN APPROVING THE EXECUTIVE VICE PRESIDENT'S COMPENSATION ARE KEPT THE BOARD ANNUALLY REVIEWS THE FRATERNITY'S TAX RETURN (FORM 990) PRIOR TO ITS FILING TO ENSURE THAT THE EXECUTIVE VICE PRESIDENT'S COMPENSATION IS ACCURATELY AND COMPLETELY DISCLOSED PER THE IRS REQUIREMENTS THE ABOVE DESCRIBED PROCESS WAS LAST UNDERTAKEN IN 2018

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
form 990, part vi, section b, line 15b	REVIEW OF OTHER OFFICER OR KEY EMPLOYEES COMPENSATION THE EXECUTIVE VICE PRESIDENT REVIEWS THE SALARY OF OTHER OFFICERS AND KEY EMPLOYEES ANNUALLY OFFICERS ARE EVALUATED ON THE ACCOMPLISHMENT OF OBJECTIVE GOALS SET AT THE BEGINNING OF THE FISCAL YEAR THE REVIEW FOR THE YEAR ENDED JULY 31, 2018 OCCURRED IN AUGUST & SEPTEMBER 2018

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
form 990, part vi, section c, line 19	GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 THESE DOCUMENTS ARE NOT MADE PUBLIC AT THIS TIME

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
form 990, part xi, line 9	OTHER CHANGES TO NET ASSETS CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST \$1,500

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
form 990, part iii, line 1	ORGANIZATION'S MISSION - CONT FROM PAGE 2 LOYALTY TO OUR BROTHERHOOD OF HONOR, OUR HOST I NSTITUTIONS AND OUR COUNTRY, INTELLECTUAL INTEGRITY, AND RESPONSIBILITY TO THOSE WHO FOLLO W

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
form 990, part III - program service, line 4a	<p>LEADERSHIP EDUCATION - CONT FROM PAGE 2 AFTER ATTENDING IGNITE, 91 PERCENT OF ATTENDEES WERE ABLE TO IDENTIFY THEIR PRIMARY LEADERSHIP STYLE AND 99 PERCENT AGREED OR STRONGLY AGREED THEY BELIEVED THEY COULD BE A LEADER IN THE CHAPTER NOW THE CHARGE IS A CAPSTONE PROGRAM FOR UPPERCLASSMEN THIS ACADEMY FOCUSES ON HELPING PARTICIPANTS IDENTIFY A FIVE-YEAR PERSONAL STRATEGIC PLAN THE OBJECTIVE IS FOR EACH MAN TO IDENTIFY GOALS FOR HIS PROFESSIONAL AND PERSONAL LIFE AND ANALYZE THE ROLE HE WANTS TO HAVE IN HIS COMMUNITY 94 PERCENT OF ATTENDEES AGREED OR STRONGLY AGREED THAT THE CHARGE WAS THE DEFINING EXPERIENCE FOR THEM AS AN UNDERGRADUATE MEMBER OF DELTA TAU DELTA FRATERNITY 100 PERCENT AGREED OR STRONGLY AGREED THAT THEY NOW HAVE AN ACTION PLAN TO UTILIZE THAT WILL HELP THEM IMPROVE IN ALL AREAS OF THEIR LIFE 76 PERCENT AGREED OR STRONGLY AGREED THAT THEY DEVELOPED A BETTER UNDERSTANDING FOR THE IMPORTANCE OF GIVING BACK TO THEIR COMMUNITY IN ADDITION TO THE 8 ACADEMIES , A PRESIDENTS AND ADVISORS LEADERSHIP RETREAT WAS HOSTED AT THE FRATERNITY'S CENTRAL OFFICE HEADQUARTERS FOR 28 MEN REPRESENTING 14 CHAPTERS THE PRIMARY OBJECTIVES FOR THE PRESIDENTS AND ADVISORS RETREAT ARE TO BUILD RELATIONSHIPS BETWEEN CHAPTER PRESIDENTS AND ADVISORS BASED ON HONESTY, TRUST AND INTEGRITY, PRACTICE LEADERSHIP SKILLS NECESSARY FOR UPHOLDING THE FRATERNITY'S FUNDAMENTAL PRINCIPLES AND VALUES, AND TO IDENTIFY SHORT-TERM AND LONG-TERM GOALS AND STRATEGIES TO ADVANCE THEIR CHAPTERS FOLLOWING THE RETREAT 83 PERCENT OF ATTENDEES HAD A GREATER AWARENESS OF THEIR RESPONSIBILITIES AS AN ADVISOR OR CHAPTER PRESIDENT AND 67 PERCENT FELT THEY WERE BETTER PREPARED TO ADDRESS ACCOUNTABILITY ISSUES WITH CHAPTER MEMBERS</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
form 990, part III, line 4d	OTHER PROGRAM SERVICES RISK MANAGEMENT PROGRAM DELTA TAU DELTA FRATERNITY PROVIDES A COMPREHENSIVE RISK MANAGEMENT PROGRAM FOR ITS UNDERGRADUATE CHAPTERS THIS PROGRAM INCLUDES EDUCATIONAL MATERIALS, LOSS PREVENTION ASSISTANCE, GENERAL LIABILITY, PROPERTY, COMMERCIAL CRIME, MEMBER ACCIDENT PROTECTION, AND OFFICERS AND DIRECTORS LIABILITY INSURANCE ALCOHOL EDUCATION DELTA TAU DELTA PROVIDES AN ONLINE SCIENCE-BASED ALCOHOL COURSE THAT AIMS TO EDUCATE OVER 3250 UNDERGRADUATE MEMBERS ABOUT ALCOHOL AND ITS EFFECTS ON THE MIND AND BODY, ESPECIALLY WITH REGARD TO SEXUAL ASSAULT AND HAZING

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Delta Tau Delta Fraternity

**Employer identification number**

35-0267650

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DELTA TAU DELTA NATIONAL HOUSING CORP 10000 ALLISONVILLE ROAD  FISHERS, IN 46038 35-2046648	PROPERTY MGMT	IN	501(C)(2)	N/A	DTD FRAT	Yes	



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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b> Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b> Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DELTA TAU DELTA NATIONAL HOUSING CORPORATION	A(i)	8,920	COST
(2) DELTA TAU DELTA NATIONAL HOUSING CORPORATION	D	129,714	COST

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** **Supplemental Information**

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