

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 08-01-2018, and ending 07-31-2019

- 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) Room/suite
10000 ALLISONVILLE ROAD

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 \$ 5,502,518

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

3 Number of voting members of the governing body (Part VI, line 1a)	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	5
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	34
6 Total number of volunteers (estimate if necessary)	912
7a Total unrelated business revenue from Part VIII, column (C), line 12	277,227
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	239,778	275,858
9 Program service revenue (Part VIII, line 2g)	4,019,835	4,411,678
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	272,905	182,297
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,019	51,840
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,583,537	4,921,673
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,922,834	1,839,661
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,488,455	3,360,123
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,411,289	5,199,784
19 Revenue less expenses Subtract line 18 from line 12	172,248	-278,111
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	13,828,066	13,627,198
21 Total liabilities (Part X, line 26)	1,887,890	1,888,101
22 Net assets or fund balances Subtract line 21 from line 20	11,940,176	11,739,097

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: 2020-06-15

JACK C KREMAN CEO Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P01279475

Firm's name ▶ BKD LLP Firm's EIN ▶

Firm's address ▶ 201 N Illinois Street Indianapolis, IN 46204 Phone no (317) 383-4000

Part III Statement of Program Service AccomplishmentsCheck 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If "Yes," complete Schedule J</i>	23	Yes
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	
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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
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? <i>If "Yes," complete Schedule L, Part III</i>	27	No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	34		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a	No
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
8 Sponsoring organizations maintaining donor advised funds.				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8	
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
10 Section 501(c)(7) organizations. Enter				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a	461,835		
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a	
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16	No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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 Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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

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) ANTHONY ALBANESE BEG 8132018 SECRETARY	10 0 1 0	X		X				0	0	0
(2) BRUCE PETERSON BEG 8132018 VICE PRESIDENT	10 0 1 0	X		X				0	0	0
(3) JAMES GARBODEN END 8132018 PRESIDENT	20 0 1 0	X		X				0	0	0
(4) JOHN HANCOCK BEG 8132018 2ND VICE PRESIDENT	10 0 1 0	X		X				0	0	0
(5) ROSARIO PALMIERI BEG 8132018 TREASURER	10 0 1 0	X		X				0	0	0
(6) STEVEN PAQUETTE BEG 8132018 PRESIDENT	20 0 1 0	X		X				0	0	0
(7) JAMES RUSSELL END 9302018 EXECUTIVE VICE PRESIDENT	45 0 1 0			X				194,555	0	14,110
(8) ALAN SELKING VP OF FINANCE & OPERATIONS	45 0 1 0			X				159,762	0	15,542
(9) JACK KREMAN BEG 912018 CHIEF EXECUTIVE OFFICER	45 0 1 0			X				111,797	0	27,044
(10) ANDY LONGO VP OF EDUCATION & PROGRAMMING	40 0 1 0			X				100,747	0	10,341

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)							(D)	(E)	(F)	
(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)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	566,861	0	67,037

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 ▶ **4**

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Federated campaigns, Membership dues, Fundraising events, etc.) and 1g-1h (Noncash contributions, Total).

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 2a-2f (MEMBERSHIP DUES, RISK MANAGEMENT PROGRAM, INTEREST ON LOANS, etc.) and 2g Total.

Table for Other Revenue with columns for Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3-12 (Investment income, Royalties, Rental income, Net gain from sales, Fundraising events, Gaming activities, Sales of inventory, etc.) and 12 Total revenue.

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	368,834			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	1,117,620			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	123,396			
9 Other employee benefits.	127,955			
10 Payroll taxes.	101,856			
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	28,859			
c Accounting.	20,318			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	12,967			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	16,811			
12 Advertising and promotion.	17,384			
13 Office expenses.	168,422			
14 Information technology.	55,442			
15 Royalties.	0			
16 Occupancy.	136,064			
17 Travel.	223,823			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	501,982			
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	47,560			
23 Insurance.	1,723,471			
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 EDUCATION PROGRAMS	257,401			
b MAGAZINE PRODUCTION	108,251			
c EXPANSION AND INSTALLATION	33,042			
d MISCELLANEOUS EXPENSES	8,326			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	5,199,784			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing	2,018,038	1	1,739,670
	2 Savings and temporary cash investments	339,691	2	707,140
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	85,942	4	103,104
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	5,461,079	7	5,263,331
	8 Inventories for sale or use	40,104	8	28,783
	9 Prepaid expenses and deferred charges	680,155	9	648,060
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	596,287		
	b Less accumulated depreciation	395,755		
	11 Investments—publicly traded securities	4,711,822	11	4,584,881
	12 Investments—other securities See Part IV, line 11	86,611	12	64,430
	13 Investments—program-related See Part IV, line 11	169,658	13	169,658
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	118,871	15	117,609
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,828,066	16	13,627,198	
Liabilities	17 Accounts payable and accrued expenses	256,546	17	305,851
	18 Grants payable	0	18	0
	19 Deferred revenue	710,596	19	595,263
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	330,619	21	393,819
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	590,129	25	593,168
	26 Total liabilities. Add lines 17 through 25	1,887,890	26	1,888,101
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,848,676	27	11,647,597
	28 Temporarily restricted net assets	91,500	28	91,500
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input 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		32	
33 Total net assets or fund balances	11,940,176	33	11,739,097	
34 Total liabilities and net assets/fund balances	13,828,066	34	13,627,198	

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	4,921,673
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,199,784
3	Revenue less expenses Subtract line 2 from line 1	3	-278,111
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,940,176
5	Net unrealized gains (losses) on investments	5	77,032
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,739,097

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
- 2a** 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** 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** 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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 35-0267650

Name: Delta Tau Delta Fraternity

Form 990 (2018)

Form 990, Part III, Line 4a:

LEADERSHIP EDUCATION THE ORGANIZATION PROVIDED EDUCATIONAL OPPORTUNITIES FOR 182 UNDERGRADUATE MEMBERS AT 6 DELTA TAU DELTA FRATERNITY-FACILITATED LEADERSHIP ACADEMIES, 5 IGNITES AND THE CHARGE, DURING THE FISCAL YEAR ENDED JULY 31, 2019 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)

Form 990, Part III, Line 4b:

TRAINING 7 EDUCATIONAL LEADERSHIP CONSULTANTS VISITED THE FRATERNITY'S 132 CHAPTERS AND COLONIES IN 39 STATES AND THE DISTRICT OF COLUMBIA PROVIDING VALUES-BASED LEADERSHIP TRAINING AND RETREATS 9,164 UNDERGRADUATE MEMBERS AND THE VOLUNTEERS WHO SERVE THEM HAD THE OPPORTUNITY TO PARTICIPATE IN THESE TRAINING SESSIONS DURING THE FISCAL YEAR ENDED JULY 31, 2019

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 692 UNDERGRADUATE MEMBERS AND 132 ALUMNI DIVISION CONFERENCES WERE THE FIRST NATIONAL PROGRAM FOR 68 PERCENT OF UNDERGRADUATE PARTICIPANTS FRATERNITY STAFF MEMBERS ALSO ATTENDED AND/OR FACILITATED SESSIONS AT NUMEROUS INDUSTRY LEADERSHIP EDUCATIONAL CONFERENCES AROUND THE UNITED STATES

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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
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" 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	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a 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 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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		596,287	395,755	200,532
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				200,532

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)		
Total. (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)		
Total. (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)	
Total. (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
DEPOSITS	276,918
SELF-INSURANCE RESERVE	316,250
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 593,168

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.

1	Total revenue, gains, and other support per audited financial statements	1	5,056,379
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	77,032
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	57,674
e	Add lines 2a through 2d	2e	134,706
3	Subtract line 2e from line 1	3	4,921,673
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	4,921,673

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.

1	Total expenses and losses per audited financial statements	1	5,257,458
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	57,674
e	Add lines 2a through 2d	2e	57,674
3	Subtract line 2e from line 1	3	5,199,784
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	5,199,784

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 COST OF GOODS SOLD \$ 57,674

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	OTHER EXPENSES INCLUDED ON BOOKS NOT ON FORM 990 COST OF GOODS SOLD \$57,674

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

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>1a 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 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>	1b	Yes			
<p>2 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>	2	Yes			
<p>3 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>4 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>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 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>a The organization?</p>	5a				
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b				
<p>6 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>a The organization?</p>	6a				
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b				
<p>7 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>	7				
<p>8 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>	8				
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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 ALAN SELKING VP OF FINANCE & OPERATIONS	(i)	144,793	14,500	469	13,634	1,908	175,304	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 AND THE CHIEF EXECUTIVE OFFICER'S SPOUSE OCCASIONALLY ACCOMPANY THEM 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 FOR THE EXECUTIVE VICE PRESIDENT 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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
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 ALLOWABLE 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	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 MEMBER DEVELOPMENT, (2) HAVE THE POWER TO LEVY TAXES AND ASSESSMENTS, AND (3) MAKE ALL LAWS NECESSARY AND PROPER FOR CARRYING INTO THE 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

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

Return Reference	Explanation
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

Return Reference	Explanation
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 CHIEF EXECUTIVE OFFICER'S COMPENSATION, THE BOARD RECEIVES A REPORT THAT LISTS ALL COMPENSATION AWARDED TO THE CHIEF EXECUTIVE OFFICER AND RESPECTIVE VALUES THE BOARD RECEIVES ONE OR MORE COMPENSATION SURVEYS CONTAINING MARKET-BASED COMPENSATION INFORMATION FOR SIMILARLY-SITUATED INDIVIDUALS TO THE CHIEF EXECUTIVE OFFICER IN SIMILARLY-SITUATED ORGANIZATIONS TO THE FRATERNITY A REVIEW OF THE CHIEF EXECUTIVE OFFICER'S COMPENSATION PROGRAM AND RESPECTIVE MARKET-BASED INFORMATION IS CONDUCTED BY THE BOARD PRIOR TO IMPLEMENTATION OF ANY CHANGES TO THE CHIEF EXECUTIVE OFFICER'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 WRITING TEN MINUTES OF THE BOARD'S DELIBERATION AND ASSOCIATED ACTIONS TAKEN APPROVING THE CHIEF EXECUTIVE OFFICER'S COMPENSATION ARE KEPT THE BOARD ANNUALLY REVIEWS THE FRATERNITY'S TAX RETURN (FORM 990) PRIOR TO ITS FILING TO ENSURE THAT THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS ACCURATELY AND COMPLETELY DISCLOSED PER THE IRS REQUIREMENTS THE ABOVE DESCRIBED PROCESS WAS LAST UNDERTAKEN IN 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
form 990, part vi, section b, line 15b	REVIEW OF OTHER OFFICER OR KEY EMPLOYEES COMPENSATION THE CHIEF EXECUTIVE OFFICER REVIEWS THE SALARY OF OTHER OFFICERS AND KEY EMPLOYEES ANNUALLY OFFICERS ARE EVALUATED ON THE AC COMPLISHMENT OF OBJECTIVE GOALS SET AT THE BEGINNING OF THE FISCAL YEAR THE REVIEW FOR THE YEAR ENDED JULY 31, 2019 OCCURRED IN JULY 2019

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

Return Reference	Explanation
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, 90 PERCENT OF ATTENDEES WERE ABLE TO IDENTIFY THEIR PRIMARY LEADERSHIP STYLE AND 98 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 100 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 86 PERCENT AGREED OR STRONGLY AGREED THAT THEY DEVELOPED A BETTER UNDERSTANDING FOR THE IMPORTANCE OF GIVING BACK TO THEIR COMMUNITY IN ADDITION TO THE 6 ACADEMIES, A PRESIDENTS AND ADVISORS LEADERSHIP RETREAT WAS HOSTED AT THE FRATERNITY'S CENTRAL OFFICE HEADQUARTERS FOR 22 MEN REPRESENTING 11 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 NEARLY 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

2018

**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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes	
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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)	6,470	COST
(2) DELTA TAU DELTA NATIONAL HOUSING CORPORATION	D	85,748	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)

Return Reference	Explanation