## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  Department of the Treasury  Department of the Treasury  Department of the Treasury									
_		nue Service	► Go to www.irs.gov/Form990 for instructions and				Inspection		
<u>A</u> _	For the	2018 cale		3, and end		n 30	<b>,20</b> 19		
В	Check if	applicable	C Name of organization DELTA KAPPA GAMMA SOCIETY IN	NTERNA	TIONAL	D Employ	er identification number		
$\boxtimes$	Address	change	Doing business as				589548		
	Name cl	hange	Number and street (or P O box if mail is not delivered to street address)	Room	/suite	E Telephone number			
	Initial ref	turn	416 W. 12TH ST.			(512)	478-5748		
	Final retu	m/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amende	ed return	AUSTIN, TX 78701			<b>G</b> Gross re	ceipts \$ 3,452,915.		
	Applicat	ion pending	F Name and address of principal officer		H(a) Is this a g	his a group return for subordinates? Tyes X No			
				X 787			s included? Yes No		
<u></u>	Tax-exe	mpt status	□ 501(c)(3) 🗵 501(c) ( 6) 🗸 (insert no ) □ 4947(a)(1) oi	r 🗆 52 🕽	)( <u>/</u> If "N	o," attach a	list (see instructions)		
J	Website	e: ► W	WW.DELTAKAPPAGAMMA.ORG		H(c) Group	exemption	number ▶ 1741		
K	Form of	organization [	X Corporation ☐ Trust ☐ Association ☐ Other ► L	Year of form	nation 192	9 M State	of legal domicile TX		
P	art I	Summ	ary						
	1	Briefly de	scribe the organization's mission or most significant activitie	s: TO	PROMOTE P	ROFESS	IONAL AND		
ě	1	-	AL GROWTH OF WOMEN EDUCATORS AND EXCELLED						
Activities & Governance							•		
ē	2	Check th	s box ▶ ☐ if the organization discontinued its operations or	dispose	d of more than	25% of	its net assets.		
Š	3		of voting members of the governing body (Part VI, line 1a).			3	16		
۰ĕ	4		of independent voting members of the governing body (Part	VI, line 1	b)	4	14		
ies	5		nber of individuals employed in calendar year 2018 (Part V, Ii			5	22		
ž.	6	Total nun	nber of volunteers (estimate if nedessary RECEIVED	<u> </u>		6	180		
Act	7a	Total unre	elated business revenue from Part VIII, column (C), line 12			7a	0.		
-	Ь		ated business taxable income from form 990-T, line 38 .			7b	0.		
_	<u> </u>	1101 011101	8 NOV 0 8 2019	Prior Ye		Current Year			
Revenue	8	Contribut	ions and grants (Part VIII, line 1h)						
	9	D		]Œ	2 573	2,410.	3,226,270.		
	10	Invoctmo	nt income (Part VIII, column (A), lines 3.4 and 70), UT	. 1 .					
æ	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,740.	135,581.				
	12		· · · · · · · · · · · · · · · · · · ·		L,634.	61,932.			
	1		nue-add lines 8 through 11 (must equal Part VIII, column (A),	L,784.	3,423,783.				
	13 14		id similar amounts paid (Part IX, column (A), lines 1~3)						
	l	-	paid to or for members (Part IX, column (A), line 4)				1 126 000		
šės	15	-	other compensation, employee benefits (Part IX, column (A), line	s 5–10)	1,171	L,580.	1,136,908.		
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)				<del></del>		
×	_b		draising expenses (Part IX, column (D), line 25)						
_	17	-	penses (Part IX, column (A), lines 11a–11d, 11f–24e)			),497.	1,885,465.		
	18	-	enses. Add lines 13-17 (must equal Part IX, column (A), line			2,077.	3,022,373.		
	19	Revenue	less expenses. Subtract line 18 from line 12	· · ·		707.	401,410.		
Net Assets or Fund Balances		_			Beginning of Cu		End of Year		
sset 3alar	20		ets (Part X, line 16)			L,136.	9,907,271.		
ad E	21		lities (Part X, line 26)			1,179.	854,454.		
			s or fund balances. Subtract line 21 from line 20		8,606	5,957.	9,052,817.		
Pa	art II	<u> </u>	ure Block						
			y, I declare that I have examined this return, including accompanying schedu				ny knowledge and belief, it is		
tru	e, correc	t, and comple	ete Declaration of preparer (other than officer) is based on all information of w	vnich prepa	rer nas any knowi	eage 			
* Mars scott									
Sig		1 Signa	ature of officer		Da				
He	re	NII	NA SCOTT, EXECUTIVE DIRECTOR		/0-	<u>-99 - 9</u>	<u> ೨೮19</u>		
		Туре	or print name and title						
Pa	id	Print/Typ	pe preparer's name Preparer's signature		Date	Check [	T If PTIN		
		Peter	L. Allman, CPA Petra acros		10/22/2019		Dloyed P00648533		
Preparer Use Only  Firm's name ► Allman & Associates Inc.  Firm's EIN ► 46-2975									
US	e Uill	V	ddress ▶ 9600 Great Hills Trail, Suite 150W, Aus	stin. T			12)502-3077		
Ma	y the IF		this return with the preparer shown above? (see instruction				🛛 Yes 🗌 No		

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 05/20/19 PRO

Form **990** (2018)

Form 99	90 (2018)	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u>:                                    </u>
1	Briefly describe the organization's mission:	
	TO PROMOTE PROFESSIONAL AND PERSONAL GROWTH OF WOMEN EDUCATORS AND EXCELLENCE IN EDUC	ATION.
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	⊠ 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?	⊠ 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 and the services are services.	ured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
	BI-ANNUAL CONVENTION TO PROMOTE PROFESSIONAL AND PERSONAL GROWTH OF	
	WOMEN EDUCATORS AND EXCELLENCE IN EDUCATION.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	
	BI-ANNUAL REGIONAL CONFERENCES TO PROMOTE PROFESSIONAL AND PERSONAL	
	GROWTH OF WOMEN EDUCATORS AND EXCELLENCE IN EDUCATION.	
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	1
4c		_
	THE BULLETIN, THE OFFICIAL JOURNAL OF THE DELTA KAPPA GAMMA SOCIETY	
	INTERNATIONAL, PROMOTES PROFESSIONAL AND PERSONAL GROWTH OF MEMBERS	
	THROUGH PUBLICATION OF THEIR WRITINGS.	
	·····	
4d	Other program services (Describe in Schedule O.)	
Tu	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4-	Table programs of the state of	

CDOR

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	!	×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	×	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			i
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	×	·
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If the complete Schedule I, Parts I and II	21		×

Part	IV Checklist of Required Schedules (continued)			,
*			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
d	to defease any tax-exempt bonds?	24c 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? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
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		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	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   19		. 55	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
,			Yes	No
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 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			ŀ
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	×	ļ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
_	gifts were not tax deductible?	6b	×	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<b>-</b> -		
a	required to file Form 8282?	7c		
ď	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7¢		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	40-		لــا
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5	ŀ	
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
10	If "Yes," complete Form 4720, Schedule O.	10		1
	ii 163, Complete Furit 4720, Conedule O.		لــــــــــــــــــــــــــــــــــــــ	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No®
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	<u> </u>
Secti	on A. Governing Body and Management		T	
4.	Fator the number of voting members of the governing body at the and of the tay year.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16  If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_×_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6	×	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		<u> </u>	
	one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following: The governing body?	 8a	$\overline{}$	
a b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			·····
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	×	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	×	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	×	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c	×	
13 14	Did the organization have a written whistleblower policy?	13 14	×	_×_
15	Did the process for determining compensation of the following persons include a review and approval by			í
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_	I	I
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		
	with a taxable entity during the year?	16a		_ <u>×</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1	(Sec	tion 5	i01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	
	THE ODCANTANTON ALC IN LOWIN CORDERS ANGERTY TO TO A TO THE TOTAL OR T			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	Pos neck ss pe	rson	e than of the state of the stat	an	(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
(1) CATHY DAUGHERTY PRESIDENT	10.00	×		×				0.	0.	0.
(2) NITA R. SCOTT EXECUTIVE DIRECTOR	40.00	×		×				73,034.	0.	11,665.
(3) JUDITH MERZ INTERIM EXECUTIVE DIRECTOR	40.00	×		×				40,393.	0.	0.
(4) BECKY SADOWSKI 1ST VICE PRESIDENT	2.00	×		×				0.	0.	0.
(5) dR. LACE MARIE BROGDEN 2ND VICE PRESIDENT	2.00	×		×				0.	0.	0.
(6) INGIBJORG JONASDOTTIR EUROPE REGIONAL DIRECTOR	1.00	×		×				0.	0.	0.
(7) JANE TANNER NORTHEAST REGIONAL DIRECTOR	1.00	×		×				0.	0.	0.
(8) DR. DONNA NIDAY NORTHWEST REGIONAL DIRECTOR	1.00	×		×				0.	0.	0.
(9) ELAINE WARWICK SOUTHEAST REGIONAL DIRECTOR	1.00	×		×				0.	0.	0.
(10) MARILYN GREGORY SOUTHWEST REGIONAL DIRECTOR	1.00	×		×				0.	0.	0.
(11) CAROLYN PITTMAN IMMEDIATE PAST PRESIDENT	1.00	×		×				0.	0.	0.
(12) JUNE BOWERS TRUSTEE	1.00	×						0.	0.	0.
(13) CONNIE RENSINK TRUSTEE	1.00	×						0.	0.	0.
(14) BETTY ROSE TRUSTEE	1.00	×						0.	0.	0.

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title		(B) Position (do not check more than box, unless person is bo officer and a director/tru					n an	(D)  Reportable compensation	(E) Reportable compensation f	rom	Estu	(F) mated ount of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization: (W-2/1099-MIS		composition from organization	ther ensation in the nization related izations	1
	URORA VIGNAU RUSTEE	1.00	×						0.		0.			0.
	R. GWEN POPOVICH ARLIAMENTARIAN	1.00	×						0.		0.			0.
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total	VII, Sectio	n A					<b>&gt;</b>	113,427.		0.		11,6	
d 2	Total (add lines 1b and 1c)	not limited						<u>►</u> e) w	ho received me		0 .   0,000 c		11,6	05.
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete S	ficer, direc									sated	3	Yes	No ×
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,	000	? #	f "Ye	s,"	complete Sch			4		×
5	Did any person listed on line 1a receive of for services rendered to the organization?											5		
Section 1	on B. Independent Contractors  Complete this table for your five highest of compensation from the organization. Rep													×
	year. (A)								(B)			(C)		
	Name and business add	ress						<u></u>	Description of s	ervices	Co	ompens	ation	
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			,	

. ..

Part	VIII	Statement of Reve				- D- + \ ////		
		Check if Schedule C	ocontains a res	sponse or note t	O any line in this  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues . Fundraising events Related organizations Government grants (cor All other contributions, g and similar amounts not inc Noncash contributions include	thirthoutions)  infits, grants, cluded above  15  16  17  18  19  19  19  19  19  19  19  19  19			10101100		012 011
_	h	Total. Add lines 1a-1	f	🕨				
Program Service Revenue	2a b	MEMBERSHIP DUE		900099 611600	2,425,642. 800,628.	2,425,642.	0. 0.	0. 0.
m Servic	c d e							
ogra	f	All other program ser						
<u>~</u>	g	Total. Add lines 2a-2			3,226,270.			
	3	Investment income and other similar amo Income from investmen	ounts)	•	135,581.	0.	0.	135,581.
	5	Royalties	(i) Real	(ii) Personal	14,992.	0.	0.	14,992.
	6a b c d 7a	Less. rental expenses Rental income or (loss) Net rental income or Gross amount from sales of assets other than inventory	(loss) (i) Secunties					
	b	Less: cost or other basis and sales expenses . Gain or (loss)						
•	d	Net gain or (loss) .		▶				
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported See Part IV, line 18	ed on line 1c).					
the	b	Less: direct expenses						
0	С	Net income or (loss) f Gross income from ga See Part IV, line 19	rom fundraising aming activities.	events . ►				
	С	Less: direct expenses Net income or (loss) f Gross sales of in returns and allowance	rom gaming act	ivities ►				
	b c	Less: cost of goods s Net income or (loss) f		29,132.	9,576.	0.	0.	9,576.
		Miscellaneous R		Business Code				
	11a b c	ADMINISTRATIVE MISCELLANEOUS	FEES	561000 611710	26,000. 11,364.	26,000. 11,364.	0.	0.
	d e	All other revenue .  Total. Add lines 11a- Total revenue. See in	11d		37,364.	3 263 634	0	160 149

	90 (2018)				, Page <b>1</b> (
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons		ie in this Part IX		
	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	87,192.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	773,780.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	46,974.			
9	Other employee benefits	159,275.			
10	Payroll taxes	69,687.			
11	Fees for services (non-employees):				
a	Management				
b	Legal	1,763.			
C	Accounting	11,300.			
d e	Lobbying				
f	Investment management fees	10,557.			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	10,337.	-		
12	Advertising and promotion	18,885.			
13	Office expenses	53,559.			
14	Information technology	90,236.			
15	Royalties				
16	Occupancy	257,229.			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,001,636.			
20	Interest	100,000.			<del>- ,</del>
21 22	Payments to affiliates	49,788.		····	
23	Depreciation, depletion, and amortization . Insurance	38,503.			
24	Other expenses. Itemize expenses not covered	30,303.			•
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROFESSIONAL GROWTH	9,974.			
b	PUBLICATIONS	242,035.		<u> </u>	
С			-		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,022,373.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . Beginning of year End of year 142,980. 1 144,948. 8,576,673. 2 9,082,250. 2 Savings and temporary cash investments . . . . . . . . . 3 3 26. 4 9,742. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . 6 7 8 Inventories for sale or use . . . . . . . . . . . . 60,465. 8 47,463. Prepaid expenses and deferred charges . . . 255,912. 9 205,847. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,972,306. 10a 1,555,285. 385,080. 417,021. **b** Less: accumulated depreciation . . . . 10b 10c 11 11 Investments—other securities. See Part IV, line 11 . . . . . . . . 12 12 13 13 Investments—program-related. See Part IV, line 11 . . . . 14 14 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . . 15 9,421,136. 9,907,271. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . Accounts payable and accrued expenses . . . . . . . . . . . . 17 175,911. 17 326,036. 18 18 638,268. 528,418. 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 854,454. 814,179. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🖾 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 6,558,669. 7,035,718. 27 27 28 2,048,288. 28 2,017,099. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . . . 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds . 8,606,957. 9,052,817. 33 33 9,907,271. 9,421,136. Total liabilities and net assets/fund balances . Form 990 (2018)

orm 9	90 (2018)		6	Pa	ige IZ		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,4	23,7	783.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,0	22,3	373.		
3	Revenue less expenses. Subtract line 2 from line 1	3	4	01,4	10.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,€	06,9	<u> 57.</u>		
5	Net unrealized gains (losses) on investments						
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	9,0	52,8	17.		
Part	XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>				
			_	Yes	No		
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," ex	plaın ı	ın	}			
	Schedule O.		<u> </u>	<u> </u>			
2a	,				×		
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled o	or				
	reviewed on a separate basis, consolidated basis, or both:						
_	Separate basis Consolidated basis Both consolidated and separate basis			ļ <del></del>			
b	Were the organization's financial statements audited by an independent accountant?		. 2b	×	ļ.,		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		l		
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis		,				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			l			
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.		<u> </u>	×	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, ex	piain i	n				
_	Schedule O		<del></del>	<del> </del>			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth i	in   . 3a		×		
	the Single Audit Act and OMB Circular A-133?	, , 			<b>├</b> ^		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		ie Зb				
	required about or addits, explain why in obligable or and describe any steps taken to undergo such a	uuito.	1	m <b>99</b> 0	(2018)		
			roi	<del></del>	(2010)		

### SCHEDULE C (Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Proxy hen	· Tax) (see separat	e instructions) or Form 990	P-EZ, Part V, line 35c (Proxy
• S	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.			
Name	of organization			Employer ide	ntification number
DELT	TA KAPPA GAMMA SOC	IETY INTERNATIONAL		74-05895	548
Part	I-A Complete if th	e organization is exempt und	er section 501(	c) or is a section 527	organization.
1 2	definition of "political cai	f the organization's direct and in- mpaign activities") by expenditures (see instructions).	·	. •	•
3		cal campaign activities (see instruc			
Part		e organization is exempt und			
1 2 3 4a b Part 1 2 3 4 5	Enter the amount of any If the organization incurre. Was a correction made? If "Yes," describe in Part I-C Complete if the Enter the amount direct activities Enter the amount of the 527 exempt function act Total exempt function in Ine 17b Did the filing organization Enter the names, address organization made paym the amount of political contents.	excise tax incurred by the organization end a section 4955 tax, did it file Foil IV.  e organization is exempt underly expended by the filing organization is funds contributities.  expenditures. Add lines 1 and 2 and file Form 1120-POL for this year sees and employer identification numents. For each organization listed, contributions received that were profit fund or a political action committee.	er section 501( ation for section	c), except section 501  527 exempt function  527 exempt function  on Form 1120-POL,  ection 527 political organic paid from the filing organic delivered to a separate price of the section and the section of the secti	Yes No  (c)(3).  Yes No  (c)(3).  Yes No  izations to which the filing ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)			3		
(6)					

Sched	ule C (Form 990 or 990-EZ) 2018					, Page <b>2</b>
	Complete if the organizat section 501(h)).	ion is exempt ı	under section 5	01(c)(3) and file	d Form 5768 (ele	
A C	theck In the filing organization bel address, EIN, expenses, ar	•	• , ,		liated group memb	er's name,
вс	heck  if the filing organization che			•		
		bbying Expendit			(a) Filing	(b) Affiliated
	(The term "expenditures"			.)	organization's totals	group totals
1a	Total lobbying expenditures to influen	ce public opinion	(grass roots lobby	/ıng)		
b						
С		•		•		
d						
е	Total exempt purpose expenditures (a	idd lines 1c and 1	d)			
f	Lobbying nontaxable amount Ente columns					
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the an	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000.				
g	•	•				
h						<u></u>
Í	Subtract line 1f from line 1c. If zero or	<b>,</b>				
j 	If there is an amount other than ze reporting section 4911 tax for this year	_		the organization	f	∐Yes ☐ No
	(Some organizations that made a	section 501(h) ele	Period Under Sec ection do not hav ructions for lines	e to complete all	of the five column	ns below.
	Lobbyi	ng Expenditures	During 4-Year A	veraging Period	,	
	Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))
 f Grassroots lobbying expenditures

descript	the War II respond on lines to through the below arounds in Dort IV a detailed	(	a)	(b)
	ch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed tion of the lobbying activity.	Yes	No	Amount
le	During the year, did the filing organization attempt to influence foreign, national, state, or local egislation, including any attempt to influence public opinion on a legislative matter or			
	eferendum, through the use of:			
	olunteers?			
	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	Media advertisements?			
	Mailings to members, legislators, or the public?	-		
	ublications, or published or broadcast statements?			
	Grants to other organizations for lobbying purposes?			
_	dallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	Other activities?		_	
-	otal. Add lines 1c through 1i			
•	old the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
	"Yes," enter the amount of any tax incurred under section 4912			
	"Yes," enter the amount of any tax incurred by organization managers under section 4912 .		ŀ	
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	_		
Part III	<ul> <li>Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).</li> </ul>	)(5), d	or se	ction
				Yes
	Vere substantially all (90% or more) dues received nondeductible by members?			1 ×
	old the organization make only in-house lobbying expenditures of \$2,000 or less?			2 ×
Part III	id the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."			
	lues, assessments and similar amounts from members		1_	<u> </u>
	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts olitical expenses for which the section 527(f) tax was paid).	of		
	Gurrent year		2a	
<b>b</b> C	arryover from last year	•	2b	
c To	otal	•	2c	
	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.		3	ĺ
3 A				
3 A 4 If	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of xcess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ıng		
3 A 4 If ex ar	xcess does the organization agree to carryover to the reasonable estimate of nondeductible lobby nd political expenditure next year?	/ing	4	
3 A 4 If ex	xcess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	/ing	4 5	

Schedule C (For	m 990 or 990-E2) 2018	<b>9</b> 1	Page 4
Part IV	Supplemental Information (continued)		
			,
	'		

### SCHEDULE Ď (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 instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name	of the organization		Employer identification number
DEL	TA KAPPA GAMMA SOCIETY INTERNATION		74-0589548
Pa	Organizations Maintaining Donor Ad		ds or Accounts.
	Complete if the organization answered		
		(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 5	Aggregate value at end of year	r advisors in writing that the accets b	old in donor advisord
3	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene conferring impermissible private benefit?	and donor advisors in writing that gran	nt funds can be used
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
2	☐ Preservation of land for public use (e g , recreation of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization heasement on the last day of the tax year.	☐ Preservation of	f a certified historic structure
а	Total I is at		2a
b	Total acreage restricted by conservation easemen		
c	Number of conservation easements on a certified		
d	Number of conservation easements included in		
	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, tran	isferred, released, extinguished, or tern	ninated by the organization during the
	tax year ►		
4 5	Number of states where property subject to consecutive the organization have a written policy reviolations, and enforcement of the conservation earlier to the conservatio	garding the periodic monitoring, ins	•
6	Staff and volunteer hours devoted to monitoring, inspec	ecting, handling of violations, and enforcing	
7	Amount of expenses incurred in monitoring, inspectii	ng, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of	
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's fin ents	ancial statements that describes the
Par	Organizations Maintaining Collection Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the	r assets held for public exhibition, ed	ucation, or research in furtherance of
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts related	r assets held for public exhibition, ed ting to these items:	ucation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		. <b>&gt;</b> \$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art following amounts required to be reported under S.	, historical treasures, or other similar	assets for financial gain, provide the
a b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		<b>&gt;</b> \$

Schedu	ile D (Form 990) 2018					a Page <b>2</b>
Part	t III Organizations Maintaining	Collections of	f Art, Historical	Treasures, or O	ther Similar Ass	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply).	accession, and c	other records, che	eck any of the folio	wing that are a sign	gnificant use of its
а	☐ Public exhibition		d 🗌 Loa	in or exchange pro	grams	
b	☐ Scholarly research		e 🗌 Oth	er		
С	☐ Preservation for future generations	;				
4	Provide a description of the organizat XIII.	ion's collections	and explain how	they further the or	ganızatıon's exem	pt purpose in Part
5	During the year, did the organization					•
	assets to be sold to raise funds rather		tained as part of t	he organization's o	ollection? .	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra					
	Complete if the organization	answered "Yes	s" on Form 990,	, Part IV, line 9, o	reported an ame	ount on Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee,					•
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comp	lete the following	table:		
					Am	nount
С	Beginning balance			<u>  1</u>	С	
d	<u> </u>			<u>1</u>	d	
е	Distributions during the year		•	<b></b>	e	
f	Ending balance			1		
2a	Did the organization include an amoun					' ∐ Yes ∐ No
	If "Yes," explain the arrangement in Pa	art XIII Check he	re if the explanati	on has been provid	led on Part XIII	<u> L</u>
Par	t V Endowment Funds.	1 (0)/-	- II F 000	D. 137 1 40		
	Complete if the organization				[ (a) 7b	(-) =
	_ , , ,	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance		1	+		
b	Contributions				-	
С	Net investment earnings, gains, and losses					
d	Grants or scholarships			<u>.                                    </u>		
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses .				<b>_</b>	
g	End of year balance		1			
2	Provide the estimated percentage of the			ig, column (a)) held	as.	
a	Board designated or quasi-endowmen		%			
b	Permanent endowment ▶	%				
С	Temporarily restricted endowment	%	1000/			
0-	The percentages on lines 2a, 2b, and 2					
Sa	Are there endowment funds not in the	possession of t	the organization to	nat are nelo ano al	aministered for the	
	organization by:					Yes No
	(i) unrelated organizations	• •		•		3a(i)
•	(ii) related organizations			0-1	• •	3a(ii)
b 1	If "Yes" on line 3a(ii), are the related or					3b
4 Post	Describe in Part XIII the intended uses		ion s endowment	iuilas.		

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	0.	30,649.		30,649.
b	Buildings		841,891.	685,976.	155,915.
С	Leasehold improvements				
d	Equipment				
е	Other		1,099,766.	869,309.	230,457.
Total.	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part )	X, column (B), line 10	)c.) ▶	417,021.

Part VII	Investments – Other Securities.	ared "Vee" on Four	- 000 Port IV I	ing 11h Cog Form	2000 Part V line 12
	Complete if the organization answer	erea "Yes" on Form		<del></del>	
	(a) Description of security or category (including name of security)		(b) Book value	1 , ,	hod of valuation -of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests	[			
(3) Other					
(A)					
(B)					
(C)					
(D)			-		<del> </del>
(E)					
(F)					
(G)					
(H)					<del> </del>
	b) must equal Form 990, Part X, col (B) line 12)			<u> </u>	
Part VIII	Investments—Program Related.	1 (0)/	- 000 D-41V L		000 D-4V lu 40
	Complete if the organization answer	red "Yes" on Forn		Y	
	(a) Description of investment		(b) Book value	· · · · · · · · · · · · · · · · · · ·	thod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)				+	
(5)					
(6)				-	<del></del>
(7)	<del></del> .				
(8) (9)					
	b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.			l	
	Complete if the organization answe	red "Yes" on Forn	n 990, Part IV, li	ne 11d. See Form	990, Part X, line 15.
		escription			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col	(B) line 15 )		<u>.</u> ▶	
Part X	Other Liabilities.	100	000 5 1041	44 446 0	E 000 D. LV
	Complete if the organization answe	red "Yes" on Forn	n 990, Part IV, II	ne 11e or 11f. See	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	icome taxes		<del></del>		
(2)			$\dashv$		
(3)		<del> </del>			
(4)			<del> </del>		
(5)					
(6)					
(8)			<u> </u>		
(8)					
	b) must equal Form 990, Part X, col (B) line 25.)		<del></del>		
	runcertain tax positions. In Part XIII, provide	the text of the footno	te to the organization	on's financial stateme	ents that reports the
LIAUHILY 101	uncertain tax positions. In Fart Ain, provide	THE TEXT OF THE HOURING	ie io ine organizati	on a inianolal statellie	אונט מומנ וטףטונס נווכ

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		-	Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	7	
С	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII.)	2d	7	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b	<b>i</b>	
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5	
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990, F			
1	Total expenses and losses per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	1	
С	Other losses	2c	1	
d	Other (Describe in Part XIII )	2d	1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	·	41	┦	
b	Other (Describe in Part XIII.)	4b	1 1	
b b	Other (Describe in Part XIII.)	<u> 4b  </u> 	4c	
	· · · · · · · · · · · · · · · · · · ·		4c 5	
с 5	Add lines 4a and 4b			
c 5 Part	Add lines <b>4a</b> and <b>4b</b>		5	Part X, line
c 5 <b>Part</b> Provid	Add lines <b>4a</b> and <b>4b</b>	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 <b>Part</b> Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 <b>Part</b> Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 <b>Part</b> Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 <b>Part</b> Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 <b>Part</b> Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 <b>Part</b> Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 <b>Part</b> Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 <b>Part</b> Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 <b>Part</b> Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 <b>Part</b> Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 <b>Part</b> Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 <b>Part</b> Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line
c 5 <b>Part</b> Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4, f	Part X, line

Schedule D (Form 990) 2018

Schedule D (Fo	rm 990) 2018	Page 5
Part XIII	rm 990) 2018 Supplemental Information (continued)	
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		······································
	······································	

### **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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ▶ Go to www irs.gov/Form990 for the latest information.

Inspection Employer identification number

DELTA KAPPA GAMMA SOCIETY INTERNATIONAL	74-0589548
Pt VI, Line 6: THE SOCIETY IS A PROFESSIONAL HONOR SOCIETY OF WOM	
WHICH PROMOTES PROFESSIONAL AND PERSONAL GROWTH AND EXCELLENCE IN	EDUCATION.
MEMBERSHIP SHALL BE BY INVITATION. THE SOCIETY HAS ACTIVE, RESERV	E, AND HONORARY
MEMBERS.	·
Pt VI, Line 7a: THE MEMBERS OF THE SOCIETY ELECT THE BOARD OF DIR	ECTORS IN ACCORDANCE
WITH THE DKG CONSTITUTION.	
Pt VI, Line 7b: CERTAIN GOVERNANCE DECISIONS ARE SUBJECT TO APPRO	VAL BY THE
MEMBERSHIP AT THE INTERNATIONAL CONVENTION, SUCH AS AMENDMENTS TO	ITS CONSTITUTION.
Pt VI, Line 11b: THE BOARD OF DIRECTORS IS PROVIDED A COPY OF THE	FORM 990 PRIOR
TO ITS FILING.	
Pt VI, Line 12c: THE BOARD REVIEWS THE CONFLICT OF INTEREST POLIC	Y AT THE REGULARLY
SCHEDULED BOARD MEETING AT LEAST ANNUALLY.	
Pt VI, Line 15a: THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION	OF THE EXECUTIVE
DIRECTOR.	
Pt VI, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, C	ONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	
······	•••••
······	
	•••••

### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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

Employer identification number 74 - 0589548

Name of the organization

DELTA KAPPA GAMMA SOCIETY INTERNATIONAL

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
(1)					
(2)					
(3)					_
(4)					•
(5)					
(6)					

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	Section 5 contr enti	g) i12(b)(13) rolled rty?
						Yes	No
(1) DELTA KAPPA GRAMMA EDUCATIONAL FOUNDATION 74-6066228 416 W 12TH ST AUSTIN TX 78701	TO ENDERS STATUES & ENDLANC DI DITOTRAS	TX	501(C)(3)				×
(2) DKG SUPPORTING CORPORATION 27-3752095 416 W 12TH ST AUSTIN TX 78701	DESCRIPTION OF FREE PROPERTY.	TX	501(C)(3)	LINE 11, TYPE I	DELTA 102PA CANO SOC HET'L		×
(3)							
(4)							
(5)							
(6)							
	-						

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

REV 05/17/19 PRO

Schedule R (Form 990) 2018

W. 1

Schedule R (Form 990) 2018												Page	2
Part III Identification of I because it had on	Related Organia e or more relate	zations Taxable d organizations	e as a Partners treated as a pa	ship. Complete i artnership during	f the organiz the tax year	ation answer	ed "Y	es" c	n Form 990	), Part	IV, lın	e 34,	
(a) Name, address, and EIN of retated organization	(b) Primary activit	y Legat 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	- Disprop afloca	ations?	(i) Code V – Us amount in box of Schedule F (Form 1065	( 20 m ( -1 p	(j) eneral or ianaging partner?	ownership	ercentage
					ļ		Yes	No		Ye	s No	<u> </u>	_
(1)													
(2)										$\top$	$\top$		
(3)													_
(4)	,				,								_
(5)										$\top$			_
(6)						-							_
(7)					-					$\top$			_
Part IV Identification of I								were	d "Yes" on	Form	990, F	Part IV,	_
(a) Name, address, and EIN of relate	d organization	(b) Primary activity	(c) Legal dor (state or foreig		rolling Type		(f) re of tota ncome		(g) Share of 1-of-year assets	(h) Percent owners	tage   S	(i) ection 512(b)(13 controlled entity?	3}
											`	res No	_
(4)		1	ı	ı	1	1		- 1		1	- 1		

(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	Section 5 contri	(i) Section 512(b)(13) controlled entity?	
								Yes	No	
(1)										
(2)									<u> </u>	
(3)										
(4)										
(5)										
(6)										
(7)										
BAA		REV 05/17/19	PRO			S	chedule R (	Form 99	0) 2018	

	<u> </u>						
Part	Transactions With Related Organizations. Complete if the organization ans	wered "Yes" on Forr	n 990, Part IV, line 3	34, 35b, or 36			
Note	e: 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 on	e or more related orga	nizations listed in Part	s II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		×
b	Gift, grant, or capital contribution to related organization(s)				1b		×
С	Gift, grant, or capital contribution from related organization(s)				1c		×
d	Loans or loan guarantees to or for related organization(s)				1d		×
е	Loans or loan guarantees by related organization(s)				1e	<u> </u>	×
f	Dividends from related organization(s)				1f		×
g	Sale of assets to related organization(s)				1g		×
h	Purchase of assets from related organization(s)				1h		×
- 1	Exchange of assets with related organization(s)				1i		×
J	Lease of facilities, equipment, or other assets to related organization(s)				1j		×
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		×
- 1	Performance of services or membership or fundraising solicitations for related organization(s	•			11	×	
m	Performance of services or membership or fundraising solicitations by related organization(s	s)			1m		×
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	×	
0	Sharing of paid employees with related organization(s)				10	×	
					_	<u> </u>	
р	Reimbursement paid to related organization(s) for expenses				1p		×
q	Reimbursement paid by related organization(s) for expenses				1q	×	
r	Other transfer of cash or property to related organization(s)				1r	×	
S	Other transfer of cash or property from related organization(s)				1s	L	×
2	If the answer to any of the above is "Yes," see the instructions for information on who must		uding covered relation	T	on thr	eshol	ds
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining			
	Name of related organization	type (a s)	Amount involved	Method of determinist	y amou	iii iiivo	IVEU
	<del></del>						
	A CURRORMING CORPORATION		100 000	2007			
(1) D	KG SUPPORTING CORPORATION	r	100,000	FMV			
<b></b> \							
(2)			<del> </del>				
(4)			,				
(3)			<del> </del>				
(4)			<del> </del>				
(6)			}				
(5)	· · · · · · · · · · · · · · · · · · ·			-			
(C)							
(6)	REV 05/17/19 PRO	1	· · · · · · ·	Schedule I	R (For	m 900	2015
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Schedule R (Form 990) 2018

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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 recarding exclusion for certain investment partnerships

	(a) Name, address, and EIN of entity	(b) (c) (d) Primary activity (state or foreign country) (unrelated, e from tax		(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	redominant Are all partners section section 501(c)(3) organizations?		(f) Share of total income	(g) Shere of end-of-year assets	(h) Disproportionate allocations?		(i) Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
(1)					Yes	No			Yes	No		Yes	No	
									├					
(3)														
(4)				-										
(5)														
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Schedule II (I	ပျ၊ 990) 2018 Page :
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.
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