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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning 08/01, 2008, and ending 07/31, 2009	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DELTA TAU DELTA EDUCATIONAL FOUNDATION
	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 country, and ZIP + 4
	FISHERS, IN 46038
	F Name and address of principal officer: KENNETH A. FILE 10000 ALLISONVILLE RD. FISHERS, IN 46038
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(03) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	D Employer identification number 31-1020203
J Website: WWW.DELTAFUNDATION.ORG	E Telephone number (317) 284-0210
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	G Gross receipts \$ 6,352,121
L Year of formation 1981	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M State of legal domicile IN	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "No," attach a list (see instructions)
	H(c) Group exemption number

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC. IS ORGANIZED TO ENCOURAGE, ASSIST, PROMOTE, FOSTER AND SUPPORT EDUCATION.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets
	3 Number of voting members of the governing body (Part VI, line 1a) 3 20
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 20
	5 Total number of employees (Part V, line 2a) 5 NONE
	6 Total number of volunteers (estimate if necessary) 6 25
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a -3,959
	7b Net unrelated business taxable income from Form 990-T, line 34 7b -6,241
	8 Contribution and grants (Part VIII, line 1h) 2,434,485. 4,251,612.
	9 Program service revenue (Part VIII, line 2g) 369,395. 455,583.
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 469,483. -86,241.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 138,127. -5,919.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,411,490. 4,615,035.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,540,159. 1,509,321.
	14 Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,430. NONE
	16a Professional fundraising fees (Part IX, column (A), line 11e) 152,168. 54,540.
	b Total fundraising expenses (Part IX, column (D), line 25) 977,712.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,812,922. 1,993,793.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,507,679. 3,557,654.
Expenses	19 Revenue less expenses Subtract line 18 from line 12 -96,189. 1,057,381.
	20 Total assets (Part X, line 16) 16,608,370. 15,948,339.
	21 Total liabilities (Part X, line 26) 1,618,315. 1,370,618.
	22 Net assets or fund balances Subtract line 21 from line 20. 14,990,055. 14,577,721.
	Net Assets or Fund Balances
	Part II Signature Block
	Sign Here 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.
	Signature of officer Kenneth A. File, President
	Date 2/19/2009
	Type or print name and title
Paid Preparer's Use Only Preparer's signature <i>[Signature]</i> Date 2/11/10 Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) 317-569-8989	
Firm's name (or yours if self-employed), address, and ZIP + 4 CROWE HORWATH LLP 3815 RIVER CROSSING PKWY, SUITE 300 INDIANAPOLIS, IN 46240-0977 EIN Phone no	
May the IRS discuss this return with the preparer shown above? (See instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

JSA
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916 74 ✓

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:SEE STATEMENT 1**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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 547,959. including grants of \$ NONE) (Revenue \$ 208,237.)SEE STATEMENT 2**4b** (Code:) (Expenses \$ 65,489. including grants of \$ 65,489.) (Revenue \$ 14,398.)UNDERGRADUATE ASSISTANCE: SCHOLARSHIPS AWARDED TO UNDERGRADUATE MEMBERS WHO EXCELLED IN THE AREAS OF SCHOLARSHIP, LEADERSHIP, COMMUNITY SERVICE.**4c** (Code:) (Expenses \$ 1,443,832. including grants of \$ 1,443,832.) (Revenue \$ 228,697.)CHAPTER ASSISTANCE: SUPPORT TO CHAPTERS THROUGH GRANTING OF FUNDS FOR QUALIFIED EDUCATIONAL HOUSING IMPROVEMENTS.**4d** Other program services (Describe in Schedule O)

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

4e Total program service expenses ► \$ 2,057,280. (Must equal Part IX, Line 25, column (B))

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any accounts where 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	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	X
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
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	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
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	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
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	X
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	X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a 11	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b NONE	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	
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	2a NONE	
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 this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b X	
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)?	4a	X
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b X	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
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		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

	Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.</i>		
1a Enter the number of voting members of the governing body	1a 20	
b Enter the number of voting members that are independent	1b 20	
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	X
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b	
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10 X	
11 Is there any officer, director or 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	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a X	
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► IN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► MAURIE J. PHELAN 10000 ALLISONVILLE ROAD FISHERS, IN 46038
317-284-0210

Part VIII Statement of Revenue

31-1020203

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	3,500.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,248,112.			
	g	Noncash contributions included in lines 1a-1f \$		55,922.			
	h	Total. Add lines 1a-1f		4,251,612.			
Program Service Revenue				Business Code			
	2a	ADMINISTRATION FEES		330,744.	330,744.		
	b	CONSULTING FEES		12,700.	12,700.		
	c	RENTAL INCOME FROM DTD FRATERNITY		112,139.	112,139.		
	d					
	e					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		455,583.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		200,579.		-2,897.	203,476.
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		NONE			
			(i) Real (ii) Personal				
	6a	Gross Rents	5,200.				
	b	Less rental expenses	6,868.				
	c	Rental income or (loss)	-1,668.				
	d	Net rental income or (loss)		-1,668.		-1,062.	-606.
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,428,694.				
	b	Less cost or other basis and sales expenses	1,715,514.				
	c	Gain or (loss)	-286,820.				
	d	Net gain or (loss)		-286,820.		-286,820.	
	8a	Gross income from fundraising events (not including \$ 3,500. of contributions reported on line 1c). See Part IV, line 18	a 1,868.				
	b	Less direct expenses	b 14,704.				
	c	Net income or (loss) from fundraising events		-12,836.	-12,836.		
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue				Business Code			
11a	MISCELLANEOUS INCOME		8,585.	8,585.			
b						
c						
d	All other revenue						
e	Total. Add lines 11a-11d		8,585.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		4,615,035.	451,332.	-3,959.	-83,950.	

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) but are not required to complete columns (B), (C), and (D).

	(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 governments and organizations in the U.S. See Part IV, line 21 . . .	1,443,832.	1,443,832.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	65,489.	65,489.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	NONE			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	NONE			
9 Other employee benefits	NONE			
10 Payroll taxes	NONE			
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	7,340.	856.	6,484.	
c Accounting	36,648.	12,839.	23,809.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	54,540.			54,540.
f Investment management fees	54,601.		54,601.	
g Other	NONE			
12 Advertising and promotion	NONE			
13 Office expenses	208,219.	19,786.	33,093.	155,340.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	62,933.	25,824.	16,449.	20,660.
17 Travel	51,000.	5,545.	10,392.	35,063.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	24,310.	4,521.	19,789.	
20 Interest	78,720.	32,234.	20,699.	25,787.
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	172,141.	69,680.	46,717.	55,744.
23 Insurance	26,562.	4,830.	13,632.	8,100.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a ADMINISTRATION EXPENSE -----	330,997.	230,419.	100,578.	
b DONOR RECOGNITION EXPENSE -----	13,823.	1,904.	1,287.	10,632.
c BAD DEBT EXPENSE -----	297,917.			297,917.
d SALARIES REIMBURSEMENT -----	506,693.	74,872.	147,721.	284,100.
e OTHER EXPENSES -----	121,889.	64,649.	27,411.	29,829.
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	3,557,654.	2,057,280.	522,662.	977,712.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,348,826.	2	597,417.
	3 Pledges and grants receivable, net	1,769,231.	3	3,612,773.
	4 Accounts receivable, net	17,562.	4	18,395.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	290,025.	7	277,564.
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	127,223.	9	85,335.
	10a Land, buildings, and equipment: cost basis	10a 3,995,527.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 1,276,433.		
	11 Investments - publicly traded securities	2,882,381.	10c	2,719,094.
	12 Investments - other securities. See Part IV, line 11	6,038,932.	11	4,801,717.
	13 Investments - program-related. See Part IV, line 11	3,858,701.	12	3,122,912.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	275,489.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,608,370.	15	713,132.	
Liabilities	17 Accounts payable and accrued expenses	16	15,948,339.	
	18 Grants payable	219,956.	17	221,985.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable	1,398,359.	23	1,148,633.
	25 Other liabilities. Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25.	1,618,315.	25	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		26	1,370,618.
	28 Temporarily restricted net assets	-986,738.	27	-1,962,438.
	29 Permanently restricted net assets	9,601,837.	28	10,198,290.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	6,374,956.	29	6,341,869.
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
	33 Total net assets or fund balances	14,990,055.	32	
	34 Total liabilities and net assets/fund balances	16,608,370.	33	14,577,721.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
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?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Form 990 (2008)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2008

Open to Public Inspection

Name of the organization

Employer identification number

DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC.

31-1020203

Part I	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)
---------------	---

The organization is not a private foundation because it is (Please check only **one** organization)

- 1** ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box: ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐ Yes ☐ No

(ii) A family member of a person described in (i) above? ☐ Yes ☐ No

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐ Yes ☐ No

h Provide the following information about the organizations the organization supports

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,105,080.	2,576,953.	2,524,837.	2,434,485.	4,251,612.	13,892,967.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	2,105,080.	2,576,953.	2,524,837.	2,434,485.	4,251,612.	13,892,967.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,375,434.
6 Public support. Subtract line 5 from line 4						12,517,533.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,105,080.	2,576,953.	2,524,837.	2,434,485.	4,251,612.	13,892,967.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	230,433.	299,023.	466,856.	515,692.	208,676.	1,720,680.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				19,673.	-3,959.	15,714.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	163,479.	218,410.	196,991.	25,940.	8,585.	613,405.
11 Total support. Add lines 7 through 10						16,242,766.
12 Gross receipts from related activities, etc. (See instructions)					12	1,047,367.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	77.07 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	82.52 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS INCOME	163,479.	218,410.	196,991.	25,940.	8,585.	613,405.
TOTALS	163,479.	218,410.	196,991.	25,940.	8,585.	613,405.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC.

Employer identification number

31-1020203

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

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

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

2 Complete lines 2a-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 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2008

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

3 Using the organization's 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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,316,854.				
b Contributions	1,068,273.				
c Investment earnings or losses	-1,342,455				
d Grants or scholarships	372,722.				
e Other expenditures for facilities and programs	NONE				
f Administrative expenses	200,146.				
g End of year balance	9,469,804.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► -10.8547 %
 b Permanent endowment ► 66.9694 %
 c Term endowment ► 43.8853 %

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		761,623.		761,623.
b Buildings		2,021,813.	390,257.	1,631,556.
c Leasehold improvements		431,949.	177,913.	254,036.
d Equipment		780,142.	708,263.	71,879.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				2,719,094.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other PRIVATE EQUITY	914,884.	FMV
REAL ESTATE LIMITED PTNRSHPS	275,242.	FMV
ABSOLUTE RETURN FUNDS	1,932,786.	FMV
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ►	3,122,912.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	

Part X **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ►	

On Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,615,035.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,557,654.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,057,381.
4	Net unrealized gains (losses) on investments	4	-1,469,715.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	-1,469,715.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-412,334.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,119,588.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,469,715.
b	Donated services and use of facilities	2b	7,297.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	21,572.
e	Add lines 2a through 2d	2e	-1,440,846.
3	Subtract line 2e from line 1	3	4,560,434.
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	54,601.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	54,601.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,615,035.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,531,922.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,297.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	21,572.
e	Add lines 2a through 2d	2e	28,869.
3	Subtract line 2e from line 1	3	3,503,053.
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	54,601.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	54,601.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,557,654.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information (continued)

DESCRIPTION OF INTENDED USES OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUNDS ARE USED TO FUND SCHOLARSHIPS AWARDED BASED ON

VARIOUS CRITERIA INCLUDING FINANCIAL NEED, ACADEMIC ACHIEVEMENT,

LEADERSHIP, CITIZENSHIP, AND SERVICE TO THE DELTA TAU DELTA FRATERNITY

AND COMMUNITY. IN ADDITION, SEVERAL ENDOWMENT FUNDS ARE USED TO FUND THE

ANNUAL GRANT TO DELTA TAU DELTA FRATERNITY WHICH PROVIDES EDUCATIONAL

PROGRAMMING IN THE AREAS OF ALCOHOL ABUSE, SUBSTANCE ABUSE, LEADERSHIP,

AND ACHIEVEMENT OF HIGH SCHOLASTIC ATTAINMENT.

FIN 48 FOOTNOTE

SCHEDULE D, PART X

FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

(FIN 48), ISSUED JULY 2006, WAS EFFECTIVE AS OF JANUARY 1, 2007. THE

FOUNDATION HAS ELECTED TO DEFER ADOPTION OF FIN 48, IN ACCORDANCE WITH

THE PROVISIONS OF FASB STAFF POSITION NO. FIN 48-3, WHICH PERMITS CERTAIN

NONPUBLIC ENTERPRISES TO DELAY ADOPTION UNTIL FISCAL YEARS BEGINNING

AFTER DECEMBER 15, 2008.

UPON ADOPTION OF FIN 48, THE FOUNDATION WILL RECOGNIZE A TAX BENEFIT ONLY

IF IT IS MORE-LIKELY-THAN-NOT THE TAX POSITIONS WOULD BE SUSTAINED IN A

TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE

AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT THAT IS

GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX

POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT WILL

BE RECORDED. CURRENTLY, THE FOUNDATION ACCOUNTS FOR CONTINGENCIES

ASSOCIATED WITH UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH SEAS NO. 5.

Part XIV Supplemental Information (continued)

ACCOUNTING FOR CONTINGENCIES, WHICH PROVIDES THE RECORDING OF A
CONTINGENCY BASED ON THE PROBABILITY OF CERTAIN EVENTS TO TRANSPIRE THAT
RANGE FROM PROBABLE TO REMOTE AS OPPOSED TO APPLYING A
MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD.

OTHER REVENUE ON AUDITED FINANCIAL STATEMENTS NOT ON TAX RETURN

SCHEDULE D, PART XII, LINE 2D

RENTAL EXPENSES \$6,868

FUNDRAISING EXPENSES \$14,704

TOTAL \$21,572

OTHER EXPENSES ON AUDITED FINANCIAL STATEMENTS NOT ON TAX RETURN

SCHEDULE D, PART XIII, LINE 2D

RENTAL EXPENSES \$6,868

FUNDRAISING EXPENSES \$14,704

TOTAL \$21,572

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary Add lines 4 through 7 in column (d)				()
	9 Net income summary Combine lines 3 and 8 in column (d)				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain. _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

Schedule G (Form 990 or 990-EZ) 2008

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information:		
	Name ▶ _____		
	Gaming manager compensation ▶ \$ _____		
	Description of services provided ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		

Schedule G (Form 990 or 990-EZ) 2008

Department of the Treasury
Internal Revenue Service

Name of the organization

DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC.

Part I	General Information on Grants and Assistance
---------------	---

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELTA TAU DELTA HOME ASSOCIATION P.O. BOX 5 GREENCASTLE, IN 46135	35-0870117	501(C)(12)	14,443.	NONE	N/A	N/A	PROGRAM SUPPORT
BETA CHAPTER OF DTD HOUSE ASSOC. 3158 N WAYNESVILLE RD OREGONIA, OH 45054	31-6067260	501(C)(7)	756,592.	NONE	N/A	N/A	PROGRAM SUPPORT
DELTA TAU DELTA FRATERNITY 10000 ALLISONVILLE RD FISHERS, IN 46038	35-0267650	501(C)(7)	413,352.	NONE	N/A	N/A	PROGRAM SUPPORT
BETHANY COLLEGE P.O. BOX 417 BETHANY, WV 26032	55-0356985	501(C)(3)	56,000.	NONE	N/A	N/A	LEADERSHIP PROGRAMS
PURDUE DELTA TAU DELTA ASSOCIATION, INC. 13013 TARKINGTON COMMONS CARMEL, IN 46033	23-7216539	501(C)(7)	90,000.	NONE	N/A	N/A	HOUSING IMPROVEMENTS
DTD HOUSE CORP OF KENTUCKY 3070 LAKECREST CIRCLE LEXINGTON, KY 40513	61-6033534	501(C)(7)	55,000.	NONE	N/A	N/A	HOUSING IMPROVEMENTS
DELTA TAU DELTA SOCIETY 15228 OUTLOOK ST OVERLAND PARK, KS 66223	48-0891467	501(C)(7)	17,084.	NONE	N/A	N/A	PROGRAM SUPPORT
BLEED PURPLE FOUNDATION PO BOX 3046 COUER D' ALENE, ID 83816	20-4325371	501(C)(3)	20,528.	NONE	N/A	N/A	PROGRAM SUPPORT
THETA PSI HOUSE CORP 3110 W. DEERFIELD CT EAGLE, ID 83616	82-0520658	501(C)(7)	15,000.	NONE	N/A	N/A	HOUSING IMPROVEMENTS

- | | | |
|---|--|---|
| 2 | Enter total number of section 501(c)(3) and government organizations | 2 |
| 3 | Enter total number of other organizations | 7 |

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	194	65,489.	NONE	N/A	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS PAID TO ORGANIZATIONS IN

ONE OF TWO WAYS: BY EITHER PAYING THE VENDOR DIRECTLY OR REIMBURSING

APPROPRIATE INDIVIDUALS WHO PROVIDE RECEIPTS FOR THE PURPOSE OF THE

EXPENDITURE SUPPORTING THE USE OF THE GRANT FUNDS FOR THEIR INTENDED

PURPOSE.

THE ORGANIZATION ALSO MONITORS GRANTS TO INDIVIDUALS. THE RECIPIENT OF

THE SCHOLARSHIP SIGNS A RELEASE FORM CERTIFYING THAT THE FUNDS WILL BE

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC.

Employer identification number

31-1020203

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

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.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

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

Schedule J (Form 990) 2008

Part III Supplemental Information

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

TRAVEL FOR COMPANIONS

SCHEDULE J, PART I, LINE 1A

THE PRESIDENT, KENNETH FILE, RECEIVED AN ALLOWANCE FOR SPOUSAL/FAMILY

TRAVEL FROM THE ORGANIZATION. THIS WAS TREATED AS TAXABLE COMPENSATION TO

THE INDIVIDUAL.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

SCHEDULE J, PART I, LINE 1A

THE PRESIDENT, KENNETH FILE, RECEIVED A GROSS-UP PAYMENT FOR THE TAXES

DUE ON HIS ALLOWANCE FOR SPOUSAL/FAMILY TRAVEL. THE GROSS-UP PAYMENT WAS

TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL.

HEALTH OR SOCIAL CLUB DUES

SCHEDULE J, PART I, LINE 1A

THE ORGANIZATION PAID MEMBERSHIP DUES TO A LOCAL SOCIAL CLUB FOR THE

PRESIDENT, KENNETH FILE. THE PORTION OF THE MEMBERSHIP DUES USED FOR

PERSONAL USE WAS TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL.

Part III Supplemental Information

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

NON-FIXED PAYMENTS

SCHEDULE J, PART I, QUESTION 7

THE PRESIDENT, KENNETH FILE, RECEIVED A BONUS BASED ON GIFT COMMITMENTS

AND STAFF MANAGEMENT.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC.

Employer identification number

31-1020203

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
O. K. JOHNSON SECRETARY	1.	X		X				NONE	NONE	NONE
JOHN GLEESON TREASURER	1.	X		X				NONE	NONE	NONE
MURRAY BLACKWELDER DIRECTOR	1.	X						NONE	NONE	NONE
ALAN BRACKETT DIRECTOR	1.	X						NONE	NONE	NONE
DENNIS BRAWFORD DIRECTOR	1.	X						NONE	NONE	NONE
THOMAS CALHOON DIRECTOR	1.	X						NONE	NONE	NONE
ROBERT CHARLES JR. DIRECTOR	1.	X						NONE	NONE	NONE
DANIEL EARLEY ASST. TREASURER	1.	X		X				NONE	NONE	NONE
JAMES GARBODEN DIRECTOR	1.	X						NONE	NONE	NONE
KENT HANCE DIRECTOR	1.	X						NONE	NONE	NONE
W. JAMES HOST VICE CHAIRMAN	1.	X		X				NONE	NONE	NONE
KENNETH KIES DIRECTOR	1.	X						NONE	NONE	NONE
DONALD KRESS DIRECTOR	1.	X						NONE	NONE	NONE
TRAVIS ROCKEY DIRECTOR	1.	X						NONE	NONE	NONE
JAMES SELZER DIRECTOR	1.	X						NONE	NONE	NONE
NORVAL STEPHENS JR. CHAIRMAN	1.	X		X				NONE	NONE	NONE
DAVID B. HUGHES DIRECTOR	1.	X						NONE	NONE	NONE
JODY DANNEMAN DIRECTOR	1.	X						NONE	NONE	NONE
JIDGE VERITY DIRECTOR	1.	X						NONE	NONE	NONE
F. RUSSELL DOUGLASS, JR. DIRECTOR	1.	X						NONE	NONE	NONE
KENNETH FILE PRESIDENT	60.			X				NONE	199,376.	19,033.

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

Schedule J-2 (Form 990) 2008

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC.

31-1020203

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC.

Employer identification number

31-1020203

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	8	55,922.	FAIR MARKET VALUE
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** NONE

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) 2008

JSA

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Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

THIRD-PARTY ORGANIZATION THAT PROCESSES AND SELLS NONCASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32B

THE DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC. USES ITS BANK, OLD

NATIONAL BANK, TO RECEIVE, PROCESS, AND SELL ALL CONTRIBUTIONS OF STOCK.

Name of the organization

DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC.

Employer identification number

31-1020203

FUNCTIONAL EXPENSES

FORM 990, PART IX, LINE 25

THE STATEMENT OF FUNCTIONAL EXPENSES SHOWS THAT 57% OF EXPENSES ARE SPENT

ON PROGRAMS. HOWEVER, AS A 501(C)(3), THE DELTA TAU DELTA EDUCATIONAL

FOUNDATION, INC.'S PRIMARY PURPOSE IS TO SUPPORT EDUCATION THROUGH

FUNDRAISING EFFORTS. THE ORGANIZATION CONSIDERS FUNDRAISING EXPENSES TO

BE AN INTEGRAL PART OF THEIR TAX-EXEMPT PURPOSE, AND THEREFORE IT SHOULD

BE NOTED THAT THE ORGANIZATION'S FUNDRAISING EXPENSES COMBINED WITH THE

PROGRAM SERVICE EXPENSES ACCURATELY REPRESENT THE RATIO OF EXPENSES THAT

FUND THE ORGANIZATION'S MISSION. THIS IS SHOULD BE NOTED THAT THE

ORGANIZATION SPENDS 86% OF EXPENSES TO FUND ITS MISSION OF SUPPORTING

EDUCATION.

ORGANIZATIONS THAT MAY RECEIVE DEDUCTIBLE CONTRIBUTIONS

FORM 990, PART V, LINES 7G AND LINE 7H

THESE QUESTIONS DO NOT APPLY TO THE ORGANIZATION AND THEREFORE WERE

INTENTIONALLY LEFT BLANK.

DOCUMENTATION OF MEETINGS HELD BY COMMITTEES OF GOVERNING BODY

FORM 990, PART VI, SECTION A, LINE 8B

THIS QUESTION DOES NOT APPLY TO THE ORGANIZATION BECAUSE THE ORGANIZATION

DOES NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE

GOVERNING BODY. THEREFORE THIS QUESTION HAS BEEN INTENTIONALLY LEFT

BLANK.

Name of the organization

Employer identification number

DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC.

31-1020203

REVIEW OF FORM 990 BY GOVERNING BODY

FORM 990, PART VI, SECTION A, LINE 10

THE PRESIDENT AND VICE PRESIDENT-FINANCE REVIEW IN DETAIL THE FORM 990.

THE FORM 990 IS THEN REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD.

FINALLY, THE 990 IS SENT ELECTRONICALLY TO ALL BOARD MEMBERS PRIOR TO THE

FILING WITH THE IRS.

Name of the organization

DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC.

Employer identification number

31-1020203

PROCESS FOR ENFORCING COMPLIANCE WITH CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

THE CONFLICT OF INTEREST POLICY STATES THAT NO DIRECTOR, OR MEMBER OF A

BOARD COMMITTEE SHALL USE THEIR POSITION OR KNOWLEDGE GAINED THERE FROM

IN SUCH A MANNER THAT A CONFLICT BETWEEN THE INTEREST OF THE ORGANIZATION

AND HIS OR HER PRIVATE INTEREST ARISES. THE CONDUCT OF PERSONAL BUSINESS

OR THE ENTERING INTO SUCH A TRANSACTION BETWEEN ANY DIRECTOR OR BOARD

COMMITTEE MEMBER AND THE FOUNDATION IS PROHIBITED UNLESS SUCH BUSINESS OR

TRANSACTION IS FULLY DISCLOSED TO THE BOARD OF DIRECTORS AND THEN ONLY IF

SUCH BUSINESS OR TRANSACTION IS APPROVED BY THE BOARD OF DIRECTORS. ANY

DIRECTOR OR BOARD COMMITTEE MEMBER WHO IS AWARE OF A POTENTIAL CONFLICT

OF INTEREST IS OBLIGATED TO DISCLOSE SUCH TO THE ENTIRE BOARD. TO

IMPLEMENT THE POLICY, BOARD MEMBERS AND BOARD COMMITTEE MEMBERS WILL

SUBMIT ANNUAL REPORTS ON A FORM APPROVED BY THE BOARD, AND IF NOT

PREVIOUSLY DISCLOSED, WILL DISCLOSE ANY CONFLICT OR POTENTIAL CONFLICT

BEFORE ANY ADDITIONAL BOARD ACTION IS TAKEN. THESE ANNUAL REPORTS WILL

BE REVIEWED IN DETAIL BY THE OFFICERS OF THE BOARD WHO WILL ATTEMPT TO

RESOLVE ANY ACTUAL OR POTENTIAL CONFLICT AND, IN THE ABSENCE OF A

RESOLUTION, WILL REFER ALL SUCH MATTERS TO THE FULL BOARD OF DIRECTORS.

FILES OF THE REPORTS REQUIRED BY THIS POLICY WILL BE RETAINED BY THE

FOUNDATION OFFICES. LASTLY, ANY INDIVIDUAL WILL ABSTAIN FROM VOTING IF

THERE IS A CONFLICT OF INTEREST.

Name of the organization

Employer identification number

DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC.

31-1020203

WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY

FORM 990, PART VI, SECTION B, LINE 14

THE ORGANIZATION HAS DRAFTED A DOCUMENT RETENTION AND DESTRUCTION POLICY

THAT IS CURRENTLY IN REVIEW AND IS EXPECTED TO BE IMPLEMENTED BY JULY 31,

2010.

Name of the organization

Employer identification number

DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC.

31-1020203

PROCESS USED TO ESTABLISH COMPENSATION FOR TOP MANAGEMENT OFFICIAL

FORM 990, PART VI, SECTION B, LINE 15A

THE PERSONNEL COMMITTEE IS COMPRISED OF THREE MEMBERS OF THE BOARD OF

DIRECTORS THAT MEET TWICE PER YEAR TO REVIEW PERFORMANCE AND SET

COMPENSATION OF THE PRESIDENT OF THE FOUNDATION. AN EXECUTIVE

COMPENSATION AGREEMENT WAS ORIGINALLY CONCEIVED IN 1996 AND IS STILL IN

EFFECT. THIS AGREEMENT DETAILS HOW THE PRESIDENT IS COMPENSATED. A

PRODUCTION REPORT WHICH DETAILS THE PRESIDENT'S RESULTS, ARE REVIEWED AND

AUDITED BY AN OUTSIDE CPA TO VALIDATE THEIR ACCURACY AT THE END OF EACH

YEAR. THIS CPA ISSUES A LETTER TO THE PERSONNEL COMMITTEE ATTESTING THAT

THE PERFORMANCE IS COMPLIANT WITH THE COMPENSATION AGREEMENT. THE

ORGANIZATION REGULARLY COLLECTS COMPENSATION DATA FROM PUBLISHED 990

REPORTS OF THE 4-5 PEER FOUNDATIONS WHO HAVE SIMILAR SIZE FOUNDATIONS,

ASSETS, PROGRAMS AND STAFFING CONFIGURATIONS. FINAL APPROVAL OF THE

RECOMMENDATION OF THE PERSONNEL COMMITTEE IS MADE BY THE FOUNDATION'S

BOARD OF DIRECTORS. THIS PROCESS WAS LAST UNDERTAKEN DURING THE FIRST

FISCAL QUARTER OF THE CURRENT YEAR (AUGUST 2008-OCTOBER 2008).

Name of the organization

Employer identification number

DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC.

31-1020203

PROCESS USED TO ESTABLISH COMPENSATION FOR OTHER OFFICERS/KEY EMPLOYEES

FORM 990, PART VI, SECTION B, LINE 15B

THE COMPENSATION OF OTHER OFFICERS IS DETERMINED BY THE PRESIDENT. A NEW

PROCESS HAS BEEN IMPLEMENTED FOR THE FISCAL YEAR ENDED JULY 31, 2010. THE

PROCESS INCLUDES A REVIEW OF AND APPROVAL BY INDEPENDENT PERSONS,

COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF DELIBERATION

AND DECISION.

Name of the organization

DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC.

Employer identification number

31-1020203

DISCLOSURE OF GOVERNING DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IN

ADDITION, THE GOVERNING DOCUMENTS WILL BE POSTED ON THE ORGANIZATION'S

WEBSITE BEGINNING IN 2010.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC.

Employer identification number
31-1020203

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

(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
DELTA TAU DELTA FRATERNITY 10000 ALLISONVILLE ROAD FISHERS, IN 46038 35-0267650	FRATERNITY	NY	501(C)(7)	N/A	N/A

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

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

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

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?

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

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 other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
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(1)

(2)

(3)

(4)

(5)

(6)

Schedule R (Form 990) 2008

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
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THE DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC. IS ORGANIZED TO ENCOURAGE, ASSIST, PROMOTE, FOSTER AND SUPPORT EDUCATION. THE FOUNDATION ACHIEVES THESE PURPOSES BY RECEIVING, HOLDING, AND ADMINISTERING MONEY AND PROPERTY, BY GIFT, DEVICE, BEQUEST OR OTHERWISE ABSOLUTELY IN TRUST, USING THE PRINCIPAL OR INCOME TO PROMOTE EDUCATIONAL PURPOSES.

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

INDIVIDUAL AND GROUP COUNSELING: THE CONDUCT OF INDIVIDUAL AND GROUP COUNSELING TO CHAPTER MEMBERS AND THE TRAINING OF INDIVIDUALS TO DO SUCH COUNSELING. GROUP COUNSELING INCLUDES WORKSHOPS AND LECTURES ON LEADERSHIP AND PERSONAL DEVELOPMENT, RISK MANAGEMENT, UNDERSTANDING THE FREE ENTERPRISE SYSTEM, ACHIEVEMENT OF HIGH SCHOLASTIC ATTAINMENT, CITIZENSHIP AND PATRIOTISM, ALCOHOL AND SUBSTANCE ABUSE PREVENTION AND ADVANCED LEADERSHIP TRAINING FOR SELECTED INDIVIDUALS. INDIVIDUAL COUNSELING INCLUDES ONE-ON-ONE SESSIONS WITH SELECTED UNDERGRADUATE CHAPTER MEMBERS OF THE DELTA TAU DELTA FRATERNITY REGARDING LEADERSHIP OPPORTUNITIES, SCHOLARSHIP, AND STUDYING TECHNIQUES, EDUCATIONAL OPPORTUNITIES AND PROBLEM SOLVING. IN ADDITION, THE DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC. CONDUCTS CHARITABLE AND EDUCATIONAL ACTIVITIES AT THE DELTA TAU DELTA FRATERNITY'S ANNUAL DIVISIONAL CONFERENCES AND BIENNIAL NATIONAL CONVENTION. SUCH ACTIVITIES INCLUDE WORKSHOPS AND SEMINARS IN THE AREAS OF LEADERSHIP, SCHOLARSHIP, LIFE SKILLS, SUBSTANCE AND ALCOHOL ABUSE AND SIMILAR SUBJECTS. SUCH ACTIVITIES ALSO INCLUDE REPORTS OF VARIOUS COMMITTEES ON SCHOLARSHIP, CHARITABLE AND EDUCATIONAL ENDEAVORS AND SIMILAR SUBJECTS. ALSO, THE ORGANIZATION PROVIDES 3-DAY INTENSIVE LEADERSHIP EDUCATION EXPERIENCE DESIGNED SPECIFICALLY FOR UNDERGRADUATE CHAPTER PRESIDENTS AND CHAPTER ADVISORS REGARDING INTEGRITY, ACCOUNTABILITY, LEADERSHIP STYLES, AND CREATING A FOUNDATION FOR EXCELLENCE.

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	DELTA TAU DELTA EDUCATIONAL FOUNDATION, INC.		31-1020203
	Number, street, and room or suite no. If a P.O. box, see instructions		
	10000 ALLISONVILLE ROAD		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	FISHERS, IN 46038		

Check type of return to be filed (file a separate application for each return).

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► MAURIE J. PHELAN

Telephone No. ► 317 284-0210

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 03/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year _____ or
 ► ☒ tax year beginning 08/01, 2008, and ending 07/31, 2009

2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)**RECEIVED****DEC 30 2009**JSA
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