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### 913 04/29/2010 10.14 AM Form

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

Form **990** (2008)

	For the 200	8 calendar v	ear, or tax year beginning 8/01/08 , and ending 7/31/09		1 111
В	Check if applica	ble Please		D Emplo	oyer identification number
	Address chang	e use IRS label or	DELTA DELTA DELTA FOUNDATION		
	Name change	print or	Doing Business As	<u>75-</u>	2184529
币	Initial return	type. See	,	•	none number
Ħ	Termination	Specific	2331 BROOKHOLLOW PLAZA DRIVE		7-633-8001
片		Instruc-	City or town, state or country, and ZIP + 4  ARLINGTON  TX 76006	G Gross rece	eipts \$ 12,576,332
님	Amended return	E Nom		H/a\ la thia	a aroun return for
Ш	Application per	unig	NDRA WILLIAMS YOUNG	affiliate	a group return for es? Yes X No
				H(b) Are all	affiliates
_		AR	LINGTON TX 76005		* attach a list (see instructions)
<u></u>	Tax-exempt		501(c) ( <b>3</b> ) <b>4</b> (insert no ) 4947(a)(1) or 527		
<u>J</u>	Website:				exemption number
	Type of organi			88	M State of legal domicile TX
<u> </u>	art I	Summa	<u> </u>		
		-	he organization's mission or most significant activities. DATION RAISES, MANAGES, AND AWARDS FUNDS TO PROVIDE GRADU		<b></b>
ဥ	1 17		DUATE SCHOLARSHIPS FOR OUR MEMBERS, TO ASSIST ALUMNAE AND		עו
nar	C		TE MEMBERS IN FINANCIAL NEED, AND TO SUPPORT INNOVATIVE A	•	
Ş.	2 Che		If the organization discontinued its operations or disposed of more than 25% of its assets		
& Governance	3 Num		members of the governing body (Part VI, line 1a)	_ 3	11
es		ber of indep	endent voting members of the governing body (Part VI, line 1b)	4	11
Activities	5 Tota	I number of	employees (Part V, line 2a)	5	7
Ą			volunteers (estimate if necessary)	6	
		-	ated business revenue from Part VIII, line 12, column (C)	7a	
_	b Net	unrelated bu	siness taxable income from Form 990-T, line 34	7b	Current Year
a.	8 Con	Inbutions an	grants (Part VIII, line Th) RECEIVED 2,130		858,634
Revenue			revenue (Part VIII, line 2g)		
ě	10 Inve	stment incor	ne (Part VIII, column (A) thes 3, 4, and 7d)	1,135	-1,471,993
_	11 Othe	er revenue (F	Part VIII, column (A), lines 8, 6d, 10, 200, and Tie	- 405	
_			add lines 8 through 11 (thustlequal Part VIII, column (A), line 12) 2,126		-613,359
	13 Gran	its and simili	ar amounts paid (Part IX column (2), 135 (8) 960 or for members (Part IX, column (2), 116 (4)	,518	407,896
9	15 Sala	•		3,213	196,335
01937 # W	16a Prof			3,021	97,753
ଞ୍ଜୈ	<b>b</b> Tota	l fundraising	expenses (Part IX, column (D), line 25)   113,682		
_		r expenses		7,180	249,610
5	18 Tota	l expenses.	Add lines 13-17 (must equal Part IX, column (A), line 25)		951,594
	19 Rev	enue less ex	penses Subtract line 18 from line 12 612  Beginning of	2,474	-1,564,953 End of Year
	20 Tota	l assets (Pai			6,921,435
<b>2</b> •	21 Tota	•		1,946	9,723
	22 Net	•	d balances Subtract line 21 from line 20 8,338		6,911,712
ЭP	art II	Signatu	re Block		
<i>9</i> 27	l	Under penal	les/of/perjury, I declare that I have examined this return, including accompanying schedules and statements, and t is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	o the best c	of my knowledge
		and believin	Is take, contect, and complete obclaration of preparer (other than officer) is based on all information of which prep	arer nas an	y knowledge
Sig	-		The state of the s		<del></del>
He	re		weik Tolly, Executive Director	Date	אולום
			print name and title		ayro
_		Preparer's	Date Check II	 !	Preparer's identifying number
Pa		ereparer's signature	Lasen. Longhell, Coff 5/12/10 self-employee		see instructions) P00058961
	eparer's	Firm's	PSK LIP	EIN	<u>▶</u>
US	e Only	Firm's name if self-emplo	2001 MEDI TAL DO CHE 100	Phone	
		address, and	Indianolou, in , outs	no 🕨	817-664-3000
Mai	the IDG di	course this re	turn with the preparer shown above? (see instructions)		v     v

-		22211 100112112011	73 2401323	raye 2
Part	III Statement of Program	m Service Accomplishments (see	instructions)	<del> </del>
	nefly describe the organization's mis			
THE	E FOUNDATION RAISE	S, MANAGES, AND AWARDS	S FUNDS TO PROVIDE GRA	DUATE AND
UNI	DERGRADUATE SCHOLA	RSHIPS FOR OUR MEMBERS	S, TO ASSIST ALUMNAE A	ND
COI	LLEGIATE MEMBERS I	N FINANCIAL NEED, AND	TO SUPPORT INNOVATIVE	AND
	•	•		• •
2 Di	d the organization undertake any sig	pnificant program services during the year wh	nich ware not listed on	
		princant program services during the year wi	nich were not listed on	n. s.
	e prior Form 990 or 990-EZ?			∐ Yes X No
If '	"Yes," describe these new services o	on Schedule O.		
3 Di	d the organization cease conducting	, or make significant changes in how it cond	ucts, any program	
se	rvices?		· · ·	Yes X No
If '	"Yes," describe these changes on So	chedule O	•	
	•	ments for each of the organization's three la	rant program convers by every	
		izations and section 4947(a)(1) trusts are red		
all	ocations to others, the total expense	es, and revenue, if any, for each program ser	vice reported	
4a (C	ode· ) (Expenses \$	751,941 including grants of \$	407,896 ) (Revenue \$	858,634)
THE	E FOUNDATION RAISE	S, MANAGES, AND AWARDS		•
		UNDERGRADUATE SCHOLAR		
		LUMNAE AND COLLEGIATE		••
		TO SUPPORT INNOVATIVE		
LEA	ADERSHIP DEVELOPME	NT OPPORTUNITIES PRESI	ENTED BY THE	
FRA	ATERNITY.		·	
			•	
				•
4b (C	ode. ) (Expenses \$	including grants of \$	\ /Payanua f	
-U (C	ode. / (Expenses \$	including grants of \$	) (Revenue \$	,
			•	
			•	
				-
			•	
			•	
		•	•	
- 10				
4c (C	ode· ) (Expenses \$	including grants of \$	) (Revenue \$	)
		•		
	•			
	<u>.</u>			
	·			
4d Oth	ner program services (Describe in S	schedule O.)		
	penses \$	including grants of \$	) (Revenue \$	1
	tal program service expenses			
TC 10	an program service expenses	V V V V V V V V V V V V V V V V V V V	Part IX, Line 25, column (B).)	

#### Part IV **Checklist of Required Schedules**

	•		Yes	No
٠1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		•
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II			v
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		<u> </u>
•	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	3		
•	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		х
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, VIII, 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	<u> </u>	
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,			v
15	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		<u> </u>
	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	15	-	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
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	х	
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		<u> </u>
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		<u> </u>
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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			v
ь	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
J	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	ا ءِد		v
26	person from a prior year? If "Yes," complete Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		<u> </u>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	25		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	26		
- •	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
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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:			
а	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)? If "Yes," complete Schedule L,			
	Part IV	28a		<u>X</u>
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		<u> </u>
С	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? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I .	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	l		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2 .	35		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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	1		
	VI	37	1 1	X

Form **990** (2008)

<u> </u>	int v Statements Regarding Other INS Filings and Tax Compliance					<del></del>
4.	Enter the number reported in Rev 2 of Form 1000. Applied Summers and Transmitted of		1	L	Yes	No
. 1а	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
b	U.S. Information Returns Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 1b				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and rep		<del></del>			
·	gaming (gambling) winnings to prize winners?	Ortable	<del>,</del>	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	i	ι.	10	<del>  ^</del>	<del>                                     </del>
La	Statements, filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		L	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	15,		20	**	
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	l bv				
	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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority	v			
	over, a financial account in a foreign country (such as a bank account, secunties account, or other fina		,	ŀ		
	account)?			4a		х
þ	If "Yes," enter the name of the foreign country:					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	ank				
	and Financial Accounts					
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	on?		5b		X
С	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or				l
	gifts were not tax deductible?			<u>6b</u>		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					į
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more t	han		1	١.,	
L	\$75?			7a	X	<del>                                     </del>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_		7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	5				х
ч	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	ſ	7c		<u> </u>
u	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe	$\overline{}$	<u>l</u>			
·	benefit contract?	isonai		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	rt?		71		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as		- 5		
	required?			7h		х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and secti	ion				
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spons	soring				
	organization, have excess business holdings at any time during the year?			8		Х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		X
þ	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		Х
10	Section 501(c)(7) organizations. Enter		ı			
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	<u> </u>			
11	Section 501(c)(12) organizations. Enter	1. 1	1			
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	,,,				
12a	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	11b				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Ī	12a		
		,				I _

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

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 frustee, 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  12 Does the organization have a written conflict of interest policy? If "No," go to line 13  12 Does the organization have a written conflict of interest policy? If "No," go to line 13  12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  12 X  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written whistleblower policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision  16 The organization's CEO, Executive Director, or top management official?  16 Did the process in Schedule O (see instructions)  17 Describe the process in Schedule O (see instructions)  18 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  18 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?  19 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?  19 If "Yes," has the organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available fo	Sec	tion A. Governing Body and Management			
to crumstances, processes, or changes in Schadule O. See instructions  I fail find the number of viding mambers that are independent  I to 111  I				Yes	No_
1s Enter the number of volling members of the governing body Enter the number of volling members that are independent 2 Did any officer, director, fusicle, or key employees have a family relationship or a business relationship with any other officer, director is to its desc. or key employees to a management operation of the organization delegate control over management duties customanly performed by or under the direct 3 Did the organization delegate control over management duties customanly performed by or under the direct 4 Did the organization make any supplicant changes to be organizational company of other persons? 5 Did the organization make any supplicant changes to be organizational company of other persons? 5 Did the organization make any supplicant changes to be organizational comments are to the prior Form 990 was filed? 6 Dives the organization make any supplicant changes to be organizational company of other persons? 7 Dives the organization make any supplicant changes to be organizational company of the programation as a supplicant changes to be organization as a supplication of the programation or the programation		For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
be Enter the number of voling members that are independent:  2		· · · · · · · · · · · · · · · · · · ·			
2 Did any officer, director, fusuates, or key employee have a family relationship or a business relationship with any other officers, director, fusuates, or key employee?  3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Visual delegates of the company of the persons of the company or other persons?  5 Did the organization make any significant changes to its organizational documents income the poner form 950 was filed?  6 Does the organization have members or stockholders or the organization sassets?  7 Did be one that the company of the persons who may elect one or more members or of the persons of the governing body?  8 Did the organization on have members or stockholders, or other persons who may elect one or more members or of the governing body?  9 Does the organization on have members or stockholders, or other persons?  10 Did the organization on have members or stockholders, or other persons?  11 Did the person of the governing body subject to approval by members, stockholders, or other persons?  12 Did the person of the governing body subject to approval by members, stockholders, or other persons?  13 Did the organization on the programosously document the meetings held or written actions undertaken during  14 Did the person of the governing body or the person of the person of the governing body?  15 Each committee with authority to act on behalf of the governing body?  16 Each committee with authority to act on behalf of the governing body?  17 Each committee with authority to act on behalf of the governing body?  18 If Yes, 'does the organization have written policies and procedures governing body before the written stellar delivers and behalf and person includes are set stockholders.  18 Each organization from the wave written policies and procedures governing the activates of the organization from the work of the organization from the	1a				
any other officer, director, fusites, or key employee?  3 Did the organization delegate control over management duties customanity performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization have any significant changes to its organizational documents since the prior Form 950 was filed?  5 Did the organization have members or stockholders?  6 Does the organization have members, stockholders?  7 Does the organization have members, stockholders?  8 Did the organization have members, stockholders, or other persons who may elect one or more members  9 of the governing body?  10 Does the organization contemporaneously document the meetings held or written actions undertaken during  11 the governing body?  12 The governing body?  13 The governing body?  14 The governing body?  15 Each committee with authority to act on behalf of the governing body?  16 Each committee with authority to act on behalf of the governing body?  17 The governing body?  18 Does the organization have written policies and procedures governing the activities of such chapters,  18 If the stock of the organization have written policies and procedures governing body activities of such chapters,  19 If was a copy of the Form 900 provided to the organization's governing body before it was filed? All organizations  10 Was a copy of the Form 900 provided to the organization's governing body before it was filed? All organizations  10 If it is there any officer, director or trustee, or key employee isled in Part VII, Section A, who cannot be reached at the process, flanty, the organization process to exceed the Form 900  10 If it is there any officer, director or trustee, or key employees required to disclose annually inferests that could give miss to conflict?  10 Does the organization have a written organization and enforce compliance with the policy? If Yes, a collection or required and commission they describe the organization required in the organ	þ	Enter the number of voting members that are independent			
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describe in Schedule O how this is done    12c		rise to conflicts?	12b	X	
Does the organization have a written whistleblower policy?  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  The organization's CEO, Executive Director, or top management official?  15a X  15b Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  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  16a X  16a X  16b 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?  Section C. Disclosure  17c List the states with which a copy of this Form 990 is required to be filled NONE  Section 6104 requires an organization to make its Form 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 Valuon request  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.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LUCILE JOLLY 2331 BROOKHOLLOW PLAZA DR.	С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Does the organization have a written document retention and destruction policy?  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  The organization's CEO, Executive Director, or top management official?  15a X  Differ officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  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  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filled NONE  Section 6104 requires an organization to make its Form 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 Very Upon request  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.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization organization.  14 X  15a X  15b X  15c X  16a X  16a X		describe in Schedule O how this is done	12c		
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a The organization's CEO, Executive Director, or top management official?  b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) 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	15				!
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Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  18 Section 6104 requires an organization to make its Form 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 ▶ LUCILE JOLLY  2331 BROOKHOLLOW PLAZA DR.			_		!
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available for public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website X Upon request  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.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  LUCILE JOLLY  2331 BROOKHOLLOW PLAZA DR.	17				
Own website Another's website X Upon request  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.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  LUCILE JOLLY  2331 BROOKHOLLOW PLAZA DR.	18	ti t			
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State the name, physical address, and telephone number of the person who possesses the books and records of the organization. LUCILE JOLLY 2331 BROOKHOLLOW PLAZA DR.	19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
organization ► LUCILE JOLLY 2331 BROOKHOLLOW PLAZA DR.		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			
ARLINGTON TX 76006 817-633-8001		organization • LUCILE JOLLY 2331 BROOKHOLLOW PLAZA DR.			
	AF	LINGTON TX 76006	<u>817-63</u>	3 - 8	001

# 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. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 <u>compensated employees</u>, and former such persons.

Check this box if the o	rganization did not compe	nsate	any	offic	er, c	direc	tor, t	rustee, or key employee		
(A)	(B) Average	Pas	ition (		C)	hat a-	nnk-\	(D) Reportable	(E)	(F)
Name and Title	hours per week	Individual trustee or director	Institution	Officer	Key employee	Highest compensated employee	Former	reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MELISSA BOOT	H HALL		<u> </u>			1	一	<del></del>		·· •·
TRUSTEE	5	X						0	o	0
JANE DEWALD	SPIKES	1							· <u>-</u> .	
TRUSTEE	5	x						0	o	0
GINGER HICKS	CAIN	T								
TRUSTEE	5_	x	l					0	0	0
LINDA WOLF M	CLINDEN		Π							
TRUSTEE	5	X		<u> </u>				0	0	0
LINDA GLASCO	CK O'BRYANT									
TRUSTEE	5	X						0	0	0
LINDA GARRET	T WHITSON									
TRUSTEE	5	X	<u> </u>					0	0	0
JAN GRIFFIN	FARRINGTON	1			l					
SECRETARY	5			X			<u></u>	0	0	0
KATHY KRUGER						ł				
V. PRESIDENT	5	_	Щ.	Х		_		0	0	0
SANDRA WILLI	1								_	
PRESIDENT	5	4	<u> </u>	X			_	0	0	0
BETH BURKES	_			l						_
TREASURER	5	1	-	X	_	<u> </u>	_	0	0	0
•										
		<del>                                     </del>					-			
<del></del>		<u> </u>								
		_								
•										
		+	-	<u> </u>			-			
		1	1			l	1	[ i		

	A. Officers, Directors, Trus							75-218 Highest Compensated F					age 8
Part VII Section A	(B)	lees	, Re		(D)	yees	and	(D)	(E)		(F)	1	
Name and title	Average hours per week	-			all th	nat ap	ply) Former	Reportable compensation from	Reportable compensation from related		Estima amour	ated nt of	
	hours per week  Officer  Offic								organizations (W-2/1099-MISC)		ompeni from organiz and rel organiza	sation the ation ated	
·		-				ă						-	
								-					
		<u> </u>											
		<u> </u>		-									
		ļ.,_											
			-										<del></del>
		_											
b Total	<u> </u>			<u> </u>			<b></b>						
Total number of indi organization ► 0	ividuals (including those in	1a) v	vho i	ecei	ved	more	tha	n \$100,000 ın reportable co	ompensation from the				
	n list any <b>former</b> officer, dire							ee, or highest compensate	d			Yes	No
For any individual lis	a? If "Yes," complete Sched sted on line 1a, is the sum of direlated organizations great	of rep	orta	ble c	omp	ensa	ation				3		Х
ındividual Did any person liste	ed on line 1a receive or acc	rue c	omp	ensa	ition	from	any	unrelated organization for			4		<b>X</b>
services rendered to ection B. Independent	o the organization? If "Yes,"  Contractors	' com	plete	e Scl	hedu	ile J	for s	uch person			5		Х
Complete this table compensation from		ensat	ed ır	ndep	ende	ent co	ontra						
	(A) Name and business address							Descrip	(B) tion of services		Co	(C) mpensat	ion
									·				
	<del> </del>								<u>.                                    </u>				_
												<del></del>	
						-				_			
Total number of inde	ependent contractors (inclute the organization	ding	thos	e in	1) w	ho re	ceiv	red more than \$100,000 in			0		

Pa	<u>rt V</u>	III Staten	nent of Rev	<u>renue</u>						
	•	•					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
•								exempt	business	excluded from tax under sections
								function revenue	revenue	512, 513, or 514
nts its	1a	Federated can	npaigns	1a						
gran	b	Membership d	ues	1b						
s, ç	c	Fundraising ev	vents	1c						
gift	d	Related organ	ızatıons	1d						
S,E	е	Government grants		1e						
r S	f	All other contribution								
E E			not included above	1 1f	8	58,634				
di	g	Noncash contributio	ns included in lines	1a-1f \$						
Program Service Revenue   Contributions, gifts, grants	h	Total. Add line				•	858,634			
ē		TOTAL TOTAL	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			Busn. Code	000,001			
en	2a					Busii. Code				
Ę.	b									
흥										
iZ	ت د									
Š	a									
jrar	e	A H = Al= =								
ğΊ		All other progr		enue/					-	
-		Total. Add line				<b>&gt;</b>				
	3	Investment inc		g dividei	nds, intere	st, and	100.044			
	_	other similar a	•			•	193,064			193,064
	4	Income from in	nvestment of ta	ax-exem	pt bond pr	oceeds -				
	5	Royalties			···					
			(ı) Real	<u> </u>	(II) P	ersonal				
	6a	Gross Rents								
	b	Less rental exps			ļ					
	С	Rental inc or (loss)			<u> </u>			-		
	d	Net rental inco			_	<b></b>				
	7a	Gross amount from sales of assets	(i) Securi			Other				
		other than inventory	11,52	4,634						
	b	Less cost or other								ı
		basıs & sales exps	13,189							,
	C	Gain or (loss)	-1,66	5,057			ü			- <del>-</del> -
	đ	Net gain or (lo	ss)			<b>•</b>	-1,665,057	-1,665,057		
	8a	Gross income fro	om fundraising ev	ents						
9		(not including \$								
l e		of contributions r	eported on line 1	c)						
æ		See Part IV, line	18	а						
Other Revenue	b	Less: direct ex	penses	b						'
ᅗ	c	Net income or	(loss) from fur	ndraising	events	<b>•</b>				
	9a	Gross income fro	m gaming activit	ies						
		See Part IV, line	19	а						
1	b	Less direct ex	penses	b						i i
1	С	Net income or	(loss) from ga	ming ac	tivities	<b>•</b>				
		Gross sales of	_	_						
i		returns and all	-	а						
	ь	Less cost of g	•	b						i
		Net income or		es of in	ventory	•				
			ellaneous Reven		volitory	Busn. Code				
	11a								• •	
	b									
	C									<u>-</u>
	d	All other reven	uu e						<del></del>	
		Total. Add line								
	12			20.2	15647	d 90	- 1			
	12	Total Revenue		ı, ∠y, 3,	4, 5, 6u, 7	u, ou,	-613,359	-1,665,057	o	193,064
		oo, roo, and r	16				-013,333	- <b> </b>	U	1 173,004

#### 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).

	All other organizations must				
	not include amounts reported on lines 6b, , 8b, 9b, 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 governments and		evherises	general expenses	exhelipes
	organizations in the U.S. See Part IV, line 21	277,546	277,546		
2	Grants and other assistance to individuals in	277,310	217,310		
-	the U.S See Part IV, line 22	130,350	130,350		
3	•	130,330	130,330		
3	Grants and other assistance to governments, organizations, and individuals outside the				
	•				
	U.S. See Part IV, lines 15 and 16			<u></u>	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	173 545	120 026	24 700	· · · · · · · · · · · · · · · · · · ·
7	Other salaries and wages	173,545	138,836	34,709	
8	Pension plan contributions (include section 401(k)		ļ		
	and section 403(b) employer contributions)	10 101	2 2 2 2 2		
9	Other employee benefits	10,136	8,109	2,027	····
10	Payroll taxes	12,654	10,123	2,531	
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,969	1,575	394	
C	Accounting	35,220	28,176	7,044	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	97,753			97,753
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	7,790	6,232	1,558	
14	Information technology	4,896	3,917	979	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,962	2,370	592	
20	Interest				
21	Payments to affiliates		<u> </u>		
22	Depreciation, depletion, and amortization	162	162		
23	Insurance	268	214	54	_
24	Other expenses Itemize expenses not		1		
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)			1	
а	INVESTMENT COUNSEL	45,770	36,616	9,154	
b	FRATERNITY ADMIN. CHARGE	37,135	29,708	7,427	<del>-</del>
c	VOLUNTEER/COMMITTEE EXPEN	35,389	28,311	7,078	
d	PUBLIC EDUCATION - ANNUAL	16,659	13,327	3,332	
e	MISCELLANEOUS EXPENSE	16,470	13,176	3,332	
f	All other expenses	44,920	23,193	5,798	15,929
25	Total functional expenses. Add lines 1 through 24f	951,594	751,941	85,971	113,682
26		731,334	131,341	03,311	113,002
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA	iditional string solicitation				Form 990 (2009)

_ <u>P</u>	art X	Balance Sheet										
	•			(A) Beginning of year		( <b>B</b> ) End of						
_	1	Cash—non-interest bearing			1							
•	2	Savings and temporary cash investments	ļ	233,333	2	59	95,	<del>470</del>				
	3	Pledges and grants receivable, net	ļ ,		3							
	4	Accounts receivable, net			4		1.	947				
	5	Receivables from current and former officers, directors, ti	nistees kev									
	້	employees, or other related parties. Complete Part II of S			5							
	6	Receivables from other disqualified persons (as defined	F			<del></del>						
	ľ	4958(f)(1)) and persons described in section 4958(c)(3)(l										
		Part II of Schedule L	5, Comp.0.0		6							
s	7	Notes and loans receivable, net	ነ		7							
šet	8	Inventories for sale or use	•		8							
Assets	9	Prepaid expenses and deferred charges	· •		9			115				
1	10a	Land, buildings, and equipment cost basis	10a 129,468		<u> </u>							
		Less accumulated depreciation Complete										
	Ĭ	Part VI of Schedule D	10b 129,468	162	10c							
	11	Investments—publicly traded securities	,	8,126,564	11	6,32	23.	903				
	12	Investments—other securities See Part IV, line 11	<u> </u>		12							
	13	Investments—program-related See Part IV, line 11	ļ.		13							
	14	Intangible assets	ļ.		14	<del></del>						
	15	Other assets See Part IV, line 11	Ì		15							
	16	Total assets. Add lines 1 through 15 (must equal line 34)	,	8,360,059	16	6,9	21,	435				
	17	Accounts payable and accrued expenses		21,946	17			723				
	18	Grants payable	The state of the s		18							
	19	Deferred revenue	Ī	19								
	20	Tax-exempt bond liabilities										
es	21	Escrow account liability Complete Part IV of Schedule D			21							
Liabilities	22	Payables to current and former officers, directors, trustee	s, kev									
ide		employees, highest compensated employees, and disqua	· •									
Ë	l	persons. Complete Part II of Schedule L	Į.	-	22							
	23	Secured mortgages and notes payable to unrelated third	parties		23							
	24	Unsecured notes and loans payable	·		24							
	25	Other liabilities Complete Part X of Schedule D	Ī		25							
	26	Total liabilities. Add lines 17 through 25		21,946	26		9,	723				
S		Organizations that follow SFAS 117, check here ▶	and									
ces		complete lines 27 through 29, and lines 33 and 34.	]									
<u>a</u>	27	Unrestricted net assets		1,513,891	27	5 <i>′</i>	76,	045				
Ba	28	Temporarily restricted net assets		3,408,594	28	2,7	51,	583				
or Fund Balan	29	Permanently restricted net assets		3,415,628	29	3,58	8 <b>4</b> ,	084				
Ē	ļ	Organizations that do not follow SFAS 117, check here	e ▶ 🗍									
7		and complete lines 30 through 34.	_			_						
ŝ	30	Capital stock or trust principal, or current funds	<u> </u>		30							
Assets	31	Paid-in or capital surplus, or land, building, or equipment	fund		31							
As	32	Retained earnings, endowment, accumulated income, or	other funds		32							
Net	33	Total net assets or fund balances		8,338,113	33	6,9						
	34	Total liabilities and net assets/fund balances		8,360,059	34	6,92	21,	<u>435</u>				
<u>P</u>	art X	Financial Statements and Reporting					<del></del>					
	_					<del></del>	Yes	No				
1		' ' '	ash Accrual X Oth									
2:		are the organization's financial statements compiled or reviews the organization's financial statements compiled by an in-		int (		2a	X	<b></b> -				
		are the organization's financial statements audited by an in	•			2b	Х	<del></del>				
•		Yes" to lines 2a or 2b, does the organization have a comm	•					l				
•		a audit, review, or compilation of its financial statements are	•			2c	Х	<b> </b>				
3		a result of a federal award, was the organization required	to undergo an audit or audits as se	H IOAN IN				x				
		Single Audit Act and OMB Circular A-133? <pre>Yes," did the organization undergo the required audit or au</pre>	idite?			3a 3b		_^				
	, 11	co, are the organization undergo the required audit of au	uito'									

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

**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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DELTA DELTA DELTA FOUNDATION

Employer identification number 75-2184529

P	art l	Reaso	n for Public Charity	Status (All organizations	must c	omplete	e this p	oart.) (	see in	struct	tions)			
The	orga	nization is not a	private foundation because	e it is: (Please check only one of	rganizatio	n.)								
1	Ť			ociation of churches described in	_	-	(A)(i).							
2	П			A)(ii). (Attach Schedule E )			` '''							
3	П			e organization described in sec	tion 170(	b)(1)(A)(ii	i). (Attac	h Sched	dule H.)					
4	Н			I in conjunction with a hospital d							snital's name			
•		city, and state.		a nospila. G		0001101		, (, , , , , , , , , , , , , , , , ,	,. <b>_</b>		pha o namo,			
5	П	•	operated for the benefit o	f a college or university owned o	or operate	 on a volbe	vernmer	ntal unit	describ	ed in				
	Ш		(1)(A)(iv). (Complete Part I		or operate	o by a go	• • • • • • • • • • • • • • • • • • • •	na om	0000110	ou				
6	$\Box$	• •		overnmental unit described in se	ection 170	)/h)/1\/A)	(v)							
7	X		-				• •	om the c	nonoral	nublic				
•	ردی	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	A community frust described in section 170(b)(1)(A)(VI). (Complete Part II )  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	П	•	•	exclusively to test for public safe		•		saa inst	ructions					
11	Н			exclusively for the benefit of, to p	•					"				
•	Ш	=	<del>-</del>	ed organizations described in se				•		ection				
				ie type of supporting organizatio										
		a Type I	<b>b</b> Type II	c Type III–Functions		•	ы I		e III–Oti	her				
е	$\Box$		··	anization is not controlled directly			e or moi							
_				and other than one or more pub						section				
		509(a)(1) or sec			,									
f			` ' '	rmination from the IRS that it is a	a Tvoe I.	Type II. or	Type III	support	ina					
		organization, ch			7,,	. ,,,	.,,		9				П	
g		Since August 1	7, 2006, has the organizat	ion accepted any gift or contribu	ition from	anv of the	)						ш	
3		following perso	_	, ,,		, ,								
				ntrols, either alone or together w	vith persor	ns descrit	ed in (ii)	)				Yes	No	
				the supported organization?	•			•			11g(ı)	_		
		• •	ember of a person describ	.,							11g(ıı	_		
		(iii) A 35% con	trolled entity of a person d	escribed in (i) or (ii) above?							11g(i:			
h		· ·	•	ne organizations the organization	n support	s								
	Name	e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did v	ou notify	(10)	le the	(vii) An	nount of		
(')		anization	(11) 5.11	(described on lines 1–9	1 ' '	sted in your		ization in	organizat	s the ion in col		port		
				above or IRC section	governing	document?	col (ı)	-	1,, -	zed in the		•		
		ļ		(see instructions))	<del></del>	1		ort?	U					
					Yes	No	Yes	No	Yes	No				
					1									
					<del>                                     </del>									
	_	<del></del>	<del></del>		<del> </del> -	-								
					ł									
	_								<del>                                     </del>				<u></u>	
					ļ									
Tota	ı													

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 "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

Section A. Public Support

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

Ça	iendar year (or iiscai year beginning in)	(a) 2004	(b) 2005	(c) 2006	( <b>d</b> ) 2007	(e) 2008	(f) lotal
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				<u> </u>		
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 Add lines 7a and 7b						
8	Public support (Subtract line 7c from		1				
	line 6)						
Sec	tion B. Total Support						
Ca	lendar 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						
С	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, check this box and stop here		second, third, four	th, or fifth tax year	as a section 501(c	:)(3)	▶ [
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2008 (line 8	• • •		ר (f)) ר		15	%
16	Public support percentage from 2007 Sche					16	%
	tion D. Computation of Investme				<del></del>		<del></del>
17	Investment income percentage for 2008 (In			column (f))		17	%
18	Investment income percentage from 2007					18	%
19a	33 1/3 % support tests—2008. If the organ						, r-
<b>.</b>	17 is not more than 33 1/3 %, check this bo		-	•			▶∟
b	33 1/3 % support tests—2007. If the organ						▶ □
20	line 18 is not more than 33 1/3 %, check the Private foundation. If the organization did	-	•		• • •	•	Z H
	Iodination. If the organization did	HOLCHECK & DOX OF	i iiio i4, ISa Ul IS	D, CHECK HIS DOX 8	and see mistruction	3	

Schedule A (Form 990 or 990-EZ) 2008 DELTA DELTA FOUNDATION

75-2184529

Page 4

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 D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Inspection Name of the organization Employer identification number DELTA DELTA DELTA FOUNDATION 75-2184529 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 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 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 24 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🕨 \_\_ \_ \_ \_ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

<u>Pa</u> 3	rt III Organizations Maintaining Using the organization's accession and other		istorical Treas	ures, or Other	Similar Asse	ts (contin	ued\
3	Lising the organization's accession and other						ueu)
	items (check all that apply)	records, check any of the fol	llowing that are a s	significant use of its	collection		
¸а	Public exhibition	d Loan or	exchange progran	ns			
b	Scholarly research	e Other	0.0				
С	Preservation for future generations	<del></del>				-	
4	Provide a description of the organization's co	llections and explain how the	y further the organ	nization's exempt pu	rpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, his	torical treasures, o	or other similar		Yes	☐ No
Pa	rt IV Trust, Escrow and Custod Part IV, line 9, or reported	ial Arrangements. Col	mplete if orgai	nization answer	ed "Yes" to F		
1a	Is the organization an agent, trustee, custodia						
	included on Form 990, Part X?	in or other intermediary for co	orithodilons or other	er assets 110t		Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV	and complete the following to	phlo:			res	
	in res, explain the analyement in rail XIV	and complete the following ta	we.		<del>[ - ] -</del>	Amour	
_	Reginning halance				<del> </del>	Amour	<del>"</del>
	Beginning balance				1c		
	Additions during the year				1d		
_	Distributions during the year		•		1e		
f	Ending balance		•		[ 1f ]	<del></del>	<del></del>
	Did the organization include an amount on Fo	rm 990, Part X, line 217				Yes	∐ No
	If "Yes," explain the arrangement in Part XIV		1607 7	- F 000 D	10/ 12 10		
Pa	t V Endowment Funds. Comp			<del> </del>	<del></del>		<del></del>
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years t	pack (e) Fou	ır years back
	Beginning of year balance	3,531,651			ļ		
	Contributions	168,456			<del> </del>		
	Investment earnings or losses	-557,569	<del></del>		<del></del>		
d	Grants or scholarships	-87,514	<del></del>		<b></b>		
е	Other expenditures for facilities				ĺ	ĺ	
	and programs	<del></del>			<del> </del>		
	Administrative expenses	3 055 034	<del></del>		<del> </del>		<del></del>
•	End of year balance	3,055,024		<u> </u>	<del></del>		
	Provide the estimated percentage of the year						
	Board designated or quasi-endowment	%					
	Permanent endowment ► 100.00%						
	Term endowment ▶%						
	Are there endowment funds not in the posses	sion of the organization that	are held and admi	nistered for the			C
	organization by					<u> </u>	Yes No
	(i) unrelated organizations					3a(i)	X
	(ii) related organizations					3a(ii)	X
	If "Yes" to 3a(II), are the related organizations					3b	
	Describe in Part XIV the intended uses of the			D- 13/ 1/2 - 1/			
<u> Pai</u>	t VI Investments—Land, Buildi	7					<del></del>
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other	, ,	epreciation	( <b>d)</b> Book	: value
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment						
u					100 100		
	Other		129	, 468	129,468		

Schedule D (Form 990) 2008 DELIA DELIA DELIA FOUL		75-2184525	Page 3
Part VII Investments—Other Securities. See Form 990	<del></del>	1	
(a) Description of security or category  (including pages of security)	(b) Book value	(c) Method of valuat	
(including name of security)	<del> </del>	Cost or end-of-year mark	et value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)	<u>_</u>		
Part VIII Investments—Program Related. See Form 99	0, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuat	tion
	<u></u>	Cost or end-of-year mark	ket value
	† · · · · · · · · · · · · · · · · · · ·		
	<del> </del>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<u> </u>		·
Part IX Other Assets. See Form 990, Part X, line 15.	<u> </u>		
(a) Description			(b) Book value
		-	
		-	
<del></del>	·-·		
	<del></del>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)	<del></del>		
Part X Other Liabilities. See Form 990, Part X, line 2	5		
(a) Description of liability	(b) Amount	T -	<del></del>
	(b) Amount		
Federal income taxes			
		4	
	<del> </del>	4	
	<del> </del>	1	
		4	
	<del> </del>	4	
	<del> </del>	4	
<del></del>		1	
		1	
		<u>}</u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			
In Part XIV, provide the text of the footnote to the organization's financial stat	ements that reports the orga	anization's liability for	
uncertain tax positions under FIN 48			

<u>Sche</u>	dule D (Form 990) 2008 DELTA DELTA DELTA FOUNDATION		<u>75-218452</u>	<u>9</u>	Page 4
_Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Finan	cial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	-613,359
, 2	Total expenses (Form 990, Part IX, column (A), line 25)			2	951,594
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-1,564,953
4	Net unrealized gains (losses) on investments			4	138,552
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	138,552
10_	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10	-1,426,401
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts Wi	ith Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			1	-474,807
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	138,552		
ь	Donated services and use of facilities	2b			
¢	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	138,552
3	Subtract line 2e from line 1			3	-613,359
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		İ '	
ь	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b	بيت		4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)			5	-613,359
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Expenses per R	eturr	<u> </u>
1	Total expenses and losses per audited financial statements			1	951,594
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a		i '	
ь	Prior year adjustments	2b			
-	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	<del></del>		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	951,594
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		( '	
b	Other (Describe in Part XIV)	4b			
-	Add lines 4a and 4b	رين		4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	951,594
Da	rt XIV Supplemental Information	*****			70-705-
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	oc 10 or	nd 4: Part IV lines 1h		
	b, Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a		id 4, i ait i 4, iiiles ib		
	PART V, LINE 4 - INTENDED USES FOR ENDOWMEN		NTOS		
	THE TYPES I - INTERPED OF THE LOW ENDOMNEN	± ± 0	<u> </u>	<b>–</b>	
:	HE_ENDOWMENT_FUNDS_WERE CREATED TO_SUPPORT	_THE	<u>WIDE RANGE C</u>	F_E	DUCATIONAL_
2	AND_OTHER_PHILANTHROPIC_ACTIVITIES OF THE F	PATE	PNTTV		
				_	
_			_ <b></b>	. <u> </u>	
		:		_	
_			<b>-</b>		
_		<b>-</b> - ·	- <b></b>	_	

Schedule D (F	orm 990	D) 2008	3 I	DEL	ΤA	DI	ELT.	A 1	DEI	T	A F	UO	ND.	AT I	ON				_	75	-23	L84	52	9					P	age 5
Part XIV	Sup	plem	enta	l Inf	orm	natio	on (c	ontin	ued)	)																				
•				_													-													
			· –	_		_ <b>-</b>		_	_	_	_					_	_	_	_	_				_	_	_	_	_	_	
			-	_				-	-	-	-				-	_	-	_	-	-			-	_	-	_	-	_	_	
- <del>-</del> -			-	_				-	_	_	-				-	-	_	_	_	_				_	-	_	_	_	_	
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#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public

Name of the organization

DELTA DELTA FOUNDATION

Employer identification number 75-2184529

Part I Fundraising Activities. Complete i	if the organizat	ion a	nsw	ered "Yes" to Forn	n 990, Part IV, lin	e 17.
1 Indicate whether the organization raised funds through	any of the following	activi	ties. C	Check all that apply		<del></del>
a X Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
b X Email solicitations	f Solicitation	of go	vernm	ent grants		
c  Phone solicitations	g Special fur	ndraisi	ng ev	ents		
d L. In-person solicitations						
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity in	vith any individual (i in connection with p	nclud: profess	ng offi sional	cers, directors, trustees fundraising services?	S	X Yes No
b If "Yes," list the ten highest paid individuals or entities (f to be compensated at least \$5,000 by the organization	fundraisers) pursua Form 990-EZ filers	nt to a are n	green ot req	nents under which the furied to complete this to	undraiser is able	
(i) Name of individual or entity (fundraiser)	(ii) Activity	raise	d fund- r have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GABRIEL GROUP	APPEALS		x	262,325	101,870	160,455
SHELLE DESIGN INC.		1	<del></del>	202,323	101/0/0	100,133
	APPEALS	ļ	х	178,791	18,336	160,455
		Ì			.=-	
		-				
		-				
		╂—	$\vdash$			
Total			•	441,116	120,206	320,910

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pi	art I	Fundraising E more than \$15												porte	ea
			,, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	(a) Event #1	- L. L., III IC	Joa. Li.	(b) Event #2	iti gioss	1600	(c) Other Events	iair	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<u>·</u>		
										, ,		(d	) Total E	Events	
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ê	1	Gross receipts Less Charitable		· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>									
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	3	Gross revenue (line 1													
		minus line 2)	<u> </u>			ļ			<u> </u>						
		Cash prizes													
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es	5	Non-cash prizes													
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낊	6	Rent/facility costs				ļ									
Direct Expenses	7	Other direct expenses													
۵	7	Other direct expenses [			_	<u> </u>	- 1	_	<u> </u>						
	8	Direct expense summary	. Add	lines 4 through 7 i	ın column (	(d)					•	(			
	9	Net income summary Co									<b>&gt;</b>				
P	art I	II Gaming. Comp than \$15,000 c	•			swered	I "Yes" to F	orm 990,	Par	t IV, line 19, o	or rep	orted	more	!	
		<u> </u>	7111		ii le oa.	<u> </u>	(b) Pull tabs/Insta	ent	Ι			(d) To	 otal gam	una (Ac	dd
Revenue				(a) Bingo	_		ngo/progressive b			(c) Other gaming			a) throug		
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_	1	Gross revenue							_						
	2	Cash prizes				ļ									
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<u> </u>	4	Rent/facility costs					<del></del>		<u> </u>	<del></del>					
	5	Other direct expenses													
				Yes	%		Yes	- %	П	Yes	%				
	6	Volunteer labor		No		LП	No			No					
	7	Direct expense summary	. Add I	lines 2 through 5 i	ın column (	d)									
	8	Net gaming income sumi	mary (	Combine lines 1 a	ınd 7 ın col	umn (d)					•				
														Yes	No
9		ter the state(s) in which the	_		-										
a		he organization licensed to	o oper	ate gaming activit	ies in each	of these	states?						9a		
b	IT "I	No," Explain													
								• •							
0a	We	ere any of the organization	's gan	ning licenses revo	ked, suspe	nded or t	erminated duri	ing the tax y	/ear?	• •			10a		
b	If "	Yes," Explain						•							
		•													
1	Do	es the organization operat	nen at	una activities with	nonmemb	ers?							11		
2		he organization a grantor,	-	-			r of a partners	hip or other	entity	1					<b></b>
		med to administer charitab		•				·		<del></del>			12	i	

Page 2

13 Indicate the percentage of gaming activity operated in:  • The organization's facility  • An outside facility  • Provide the name and address of the person who prepares the organization's gaming/special events books and records  Name ▶  Address ▶  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  • If Yes, 'enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  • If Yes, 'enter name and address.  Name ▶  Address ▶  Gaming manager information.  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions  Is the organization required under state law distributed to other exempt organizations or spent in the organizations or spent in the reamount of distributions required under state law distributed to other exempt organizations or spent in the reamount of distributions required under state law distributed to other exempt organizations or spent in the organization or exempt account in the organization of other exempt organizations or spent in the organization or exempt account in the organization of organization or exempt account in the organization or exempt account in the organization or exempt account in the organization of organization or exempt account in the organization	Sche	dule G (Form 990 or 990-EZ) 2008 DELTA DELTA FOUNDATION	75-218452	9	Р	age 3
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• I I	ь					<u> </u>
	-	in the organization's own exempt activities during the tax year ▶ \$				

Schedule G (Form 990 or 990-EZ) 2008

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

DELTA DELTA DELTA FOUNDATION

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

Open to Public Inspection 2008

Employer identification number 75-2184529

OMB No 1545-0047

	ין שיוחחת שיוחחת	NOT TURNO				704077-01	67010		
Part	General Information on Grants and Assistance	Assistance							
	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?	e amount of the grase?	rants or assi	stance, the grantees' e	Aligibility for the grants c	or assistance, and		X Yes	ę
2 Descri	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	toring the use of g	grant funds i	in the United States				]	ŀ
Part	Grants and Other Assistance to Governments and (	rernments and	d Organi.	zations in the Uni	Organizations in the United States. Complete if the organization answered "Yes" on	lete if the orga	inization answ	rered "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	cipient that reit additional s	eceived m	ore than \$5,000. seeded	Check this box if	no one recipier	nt received ma	ore than \$5,000. Use ▶	
<b>-</b>	(a) Name and address of organization	( <b>a</b> ) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant	lj .
FRATERN	FRATERNITY GRANTS				מאוורם		non-Cash desistance	LEADERSHIP GRANTS	1
AT DUA	AMBRA HOTTETHIC CDANITE			51,236					1
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SCHOLARHIPS	HIPS			116,500		-		EDUCATIONAL GRANTS	1
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2 Enter t 3 Enter t	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	ganizations							

Part III

Schedule I (Form 990) 2008 DELTA DELTA DELTA FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 75-2184529

Use Schedule I-1 (Form 990) if additional space is needed.

ני. יי	(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, EMV appraisal other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV appraisal other)
CRESCE	CRESCENT FD-FIN HARDSHIP	19	130,350			
:						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to pr	rovide the informatio	n required in Part I,	ine 2, and any other addition	onal information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION MONITORS ITS USE OF GRANT FUNDS BY

Schedule I (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

DELTA DELTA DELTA FOUNDATION

Employer identification number 75-2184529

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES EDUCATIONAL LEADERSHIP DEVELOPMENT OPPORTUNITIES PRESENTED BY THE FRATERNITY.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990
THE ORGANIZATION'S BOARD OF TRUSTEES ARE PROVIDED A COPY OF THE 990
FOR REVIEW BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY CONFLICTS OF INTERESTS ARE DISCUSSED ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL FOUNDATION DIRECTOR OF PHILANTHROPY IS REVIEWED ANNUALLY BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

KEY EMPLOYEES ARE REVIEWED ANNUALLY BY THE EXECUTIVE DIRECTOR AND DIRECT

OF PHILANTHROPY.

SCH G, PART I, LINE 2B, COL (V) - FUNDRAISING VS. REIMBURSEMENT EXPLANATION
GABRIEL GROUP
FUNDRAISING

SHELLE DESIGN INC.

**FUNDRAISING** 

Name of the organization
DELTA DELTA DELTA FOUNDATION

Employer identification number

75-2184529

SCHEDULE O - ADDITIONAL INFORMATION

990, PART VI, SECTION C, LINE 19

A COPY OF ANNUAL REPORTS, GOVERNING DOCUMENTS, POLICIES AND GUIDELINES ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form **4562** 

Department of the Treasury Internal Revenue Service

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No 1545-0172

Attachment Sequence No

► See separate instructions. ► Attach to your tax return. Identifying number Name(s) shown on return DELTA DELTA FOUNDATION 75-2184529

	ess or activity to which this form relates NDIRECT DEPRECIAT]	r ONT								
	art I Election To Expen		orty Under Se	otion 170						-
F 6	Note: If you have a					ploto D	o# 1			
1	Maximum amount. See the instruc				u com	piete F	<u>ari i.</u>	1	250,000	_ 0
2	Total cost of section 179 property	•		3303				2		_
3	Threshold cost of section 179 prop			nstructions)	•			3	800,000	ō
4	Reduction in limitation Subtract lin			•			•	4		_
5	Dollar limitation for tax year Subtract lin		•		e instruc	tions		5		
	(a) Descriptio	•		(b) Cost (business use			Elected cos			_
6										
					$\overline{}$			_		
7	Listed property. Enter the amount	from line 29			7			_		
8	Total elected cost of section 179 p	roperty Add amount	s in column (c), line	es 6 and 7				8		
9	Tentative deduction Enter the sm	aller of line 5 or line	8					9		
10	Carryover of disallowed deduction	from line 13 of your	2007 Form 4562					10		
11	Business income limitation. Enter	the smaller of busine	ss income (not less	s than zero) or line 5	(see in	structions	)	11		
12	Section 179 expense deduction A	dd lines 9 and 10, bu	ut do not enter more	e than line 11				12		
13_	Carryover of disallowed deduction	to 2009 Add lines 9	and 10, less line 1	2	13					
Note	: Do not use Part II or Part III below	for listed property Ir	istead, use Part V							
Pa	art II Special Depreciati	on Allowance a	nd Other Depr	eciation (Do no	t inclu	ide liste	ed prop	erty.)	(See instructions.)	
14	Special depreciation allowance for	qualified property (c	ther than listed pro	perty) placed in serv	/ice					
	during the tax year (see instruction	ns)						14		
15	Property subject to section 168(f)(	1) election						15		
16	Other depreciation (including ACR	(S)						16	311	1
Pε	art III MACRS Depreciat	ion (Do not inclu	ude listed prop	erty.) (See instr	uction	s.)			<del> </del>	
			Secti	on A	_					_
17	MACRS deductions for assets place	ced in service in tax y	years beginning bet	fore 2008				17	(	<u>0</u>
18	If you are electing to group any assets pl	<b>▶</b>								
	Section B—	iation S	ystem	<del>,</del>	_					
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investme only-see instruc	ent use	(e) C	onvention	(f) M	ethod	(g) Depreciation deduction	1
19a	3-year property	ļ			ļ				<u> </u>	_
<u>b</u>	5-year property						_			_
<u> </u>	7-year property									_
	10-year property		<u> </u>		↓					_
<u>e</u>	15-year property	1								_
<u> </u>	20-year property				ļ				<u> </u>	_
<u> </u>	25-year property		<del></del>	25 yrs			S/I			_
h	Residential rental			27 5 yrs		<u> </u>	S/I		<u> </u>	_
	property		<u> </u>	27 5 yrs	_	MM	S/I			_
i	Nonresidential real			39 yrs	+	MM	S/I		<del></del>	_
	property		·			MM	S/		<u> </u>	
_		ssets Placed in Ser	vice During 2008 I	ax Year Using the	Alterna T	ive Depre			<u>n</u>	_
	Class life	4	<u> </u>	<del></del>			S/I		<del>  </del>	_
	12-year	<u> </u>		12 yrs	ļ		S/I			_
	40-year	drugties - >	<u> </u>	40 yrs	Ь	<u> </u>	S/	<u> </u>	<u>.L</u>	_
	ort IV Summary (See ins		<del>_</del>					1	<del></del>	_
21	Listed property Enter amount from				- 4			21	<del>                                     </del>	_
22	Total. Add amounts from line 12, I			, • , .					211	1
	Enter here and on the appropriate	· ·	•	corporations—see	ınstr.			22	311	T
23	For assets shown above and place	_	•		_					
	enter the portion of the basis attrib	utable to section 263	SA COSTS		23				<u> </u>	_

Form **8868** 

Application for Extension of Time To File an Exempt Organization Return

OMR No. 1545-1709

(Rev April 2009)	)						
Department of the Treasury Internal Revenue Service		► File a separate application for each return.	1				
If you are	filing for an Au	tomatic 3-Month Extension, complete only Part I and check this box		▶ X			
	filing for an Ad	ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for	m)				
Do not compl	ete Part II uni	ess you have already been granted an automatic 3-month extension on a previously filed I	Form 8868.				
Part I	Automati	c 3-Month Extension of Time. Only submit original (no copies needed	i).				
A corporation Part I only	required to file	Form 990-T and requesting an automatic 6-month extension—check this box and comple	te	. • 🗆			
All other corpo		ing 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ex s	ktension of				
Electronic Fil	ing (e-file). Ge	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of	of time to file				
one of the retu	irns noted belo	w (6 months for a corporation required to file Form 990-T) However, you cannot file Form	ı 8868				
electronically i	f (1) you want	the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 88	370, group				
returns, or a c	omposite or co	ensolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (	(Part II) of Form				
8868 For mor	e details on th	e electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonj	profits.				
Type or	Name of Ex	Employer ider	mployer identification number				
print	DET.TA	DELTA DELTA FOUNDATION	75-2184	529			
File by the due date for	Number, str	eet, and room or suite no If a P O. box, see instructions		<del></del>			
filing your return See		ROOKHOLLOW PLAZA DRIVE					
instructions	City, town or ARLING	post office, state, and ZIP code For a foreign address, see instructions  TX 76005					
Check type of	return to be	filed (file a separate application for each return).					
X Form 99	Form 990 Form 990-T (corporation)						
Form 99	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)						
Form 99	0-EZ	Form 990-T (trust other than above)		Form 6069			
Form 99	0-PF	Form 1041-A		Form 8870			
				·			
The books	s are in the car	e of ▶ LUCILE JOLLY					
Talaahaa	. No. <b>No. 9</b> 1	7-633-8001 FAX No ▶					
		not have an office or place of business in the United States, check this box		▶ □			
		urn, enter the organization's four digit Group Exemption Number (GEN)	If this is	, ,			
for the whole	·		attach				
		Ns of all members the extension will cover.	atasi,				
		3-month (6 months for a corporation required to file Form 990-T) extension of time					
		to file the exempt organization return for the organization named above. The extension	1 18				
		, -	13				
for the c	organization's i						
<ul> <li>►   calendar year or</li> <li>►   X tax year beginning 8/01/08 , and ending 7/31/09 .</li> </ul>							
► X	tax year begin	ning 6/01/06, and ending //31/05.					
2 If this ta	x year is for le	ss than 12 months, check reason.	in accounting pe	enod			
	•	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	3a \$				
less any nonrefundable credits. See instructions.				<del> </del>			
	•	Form 990-PF or 990-T, enter any refundable credits and estimated tax	3b \$				
payments made Include any prior year overpayment allowed as a credit  c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,			3b \$				
		on or, if required, by using EFTPS (Electronic Federal Tax Payment					
	) See instructi		3c   \$				
r payment in		make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 88	1/9-EU				

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

Form	8868 (R	lev. 4-2009)				Paç	ge 2		
• If	you are	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ох			<b>&gt;</b>	X		
Note.	Only co	mplete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form 886	3.					
. <u>If</u>	you are	filing for an Automatic 3-Month Extension, complete only Part I (on page 1).							
Pa	rt II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original	al (no co	<u>oies ne</u>	eded).				
Туре	or	Name of Exempt Organization	Empl	Employer identification number					
print			.]						
File by	_	DELTA DELTA FOUNDATION	75-	75-2184529					
extend due da filing th	ste for	Number, street, and room or suite no. If a P.O. box, see instructions.  2331 BROOKHOLLOW PLAZA DRIVE	For IF	RS use o	ıly				
retum instruc	See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  ARLINGTON  TX 76005		es a					
Chec	k type of	f return to be filed (File a separate application for each return):	<del></del>						
X					Form 6069				
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720				Form	8870			
$\Box$	Form 990-EZ Form 990-T (trust other than above) Form 5227								
STOP	l Do not	t complete Part II if you were not already granted an automatic 3-month extension on a previous	ly filed Fo	rm 8868.					
● TI	he books	s are in the care of LUCILE JOLLY							
T	elephone	e No ▶ 817-633-8001 FAX No. ▶							
• If	the orga	inization does not have an office or place of business in the United States, check this box				•			
• If	this is fo	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this is		•				
for the	e whole g	group, check this box  If it is for part of the group, check this box	and atta	ich a					
list wi	th the na	imes and EINs of all members the extension is for.							
4	I reques	it an additional 3-month extension of time until 6/15/10 .					_		
	For calendar year , or other tax year beginning 8/01/08 , and ending 7/31/09 .								
6	If this tax	x year is for less than 12 months, check reason I Initial return Final return Char	nge in acco	unting pe	eriod				
7	State in	detail why you need the extension							
		TIONAL TIME IS REQUESTED TO GATHER INFORMATION TO ACCURATE RETURN.	) PREI	PARE	Y CÓM	IPLETI	£		
Ja		oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,							
		nonrefundable credits. See instructions.		Ba \$					
estimated tax payments made. Include any p amount paid previously with Form 8868.		oplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	<u>ئ</u> ر	`.					
		ed tax payments made. Include any prior year overpayment allowed as a credit and any	<b>├</b> ─						
		<u> </u>		8b \$					
		Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit							
	with FTC	O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3. <u> </u>	8c  \$					
	- 1	Signature and Verification							
Under	penalties e, correct,	of perjury, I declare that thave examined his form, including accompanying schedules and statements, and to the bit and complete and that I am authorized in prepare this form	est of my kno	wledge ar	.d belief,	3/. /			
Signati	ure 🕨 🗸	Title + CPA			Date 🕨 /	<u>//º//©</u>	<u>,                                    </u>		
		U		I	Form <b>886</b> 8	8 (Rev 4-2	<u>2</u> 009)		