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## **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)

OMB No 1545 0047 2009

Inter	nal Rever	nue Service		The organization may l	have to use a copy of this	return to sati	sfy state report	ıng requirem	ents	Oper	i to Public ins	pection
	For the	2009 calenda	r year, o	or tax year beginning	7/01	, 2009	9, and endin	g 6/3	30	•	2010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
В	Check if a	applicable		С			·		D Employ	er Identifi	cation Number	
	Addi	ress change	Please use IRS label	THE DELTA CHI	FRATERNITY				42-0	02122	85	
	$\vdash$	ne change	or print or type.	P.O. BOX 1817					<b>E</b> Telepho			
	$\vdash$	al return	See specific	IOWA CITY, IA	52244-1817				(319	9) –33	7-4811	
	$\vdash$	mination	Instruc- tions.							,	7011	
	$\vdash$	ended return	40113.						G Gross re	acointe \$	4,130	476
	$\mathbf{H}$	<u> </u>	F Name a	and address of principal office	THOMAS HOP	OWTT7	-	H(a) Is this	a group retur			100
	☐ <b>~</b> PP	' "		AS C ABOVE	11101410 1101	WIII			affiliates incl		Yes	
_	Tay	exempt status			rt no.) []404-	/(a)/1) or	527	If 'No,'	attach a list	(see ınstı	ructions)	
÷				ACHI, ORG	1(110) 4947	(a)(1) or	527					
<u>,,</u>					<del></del>	1.			exemption nu		т.	
K			Corpora	ation Trust Asso	ociation Other	L	Year of Forma	tion 1890	U INIS	tate of leg	gal domicile $I R$	<u> </u>
ra	rt I	Summai					10T T FO T 1	MD DD3	MIDNIA I	600		
				ganization's mission or								
ဥ				HE PROMOTION (						( AD	<u>VANCEMEN</u>	r or
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Governance	2 0	Chack this box		if the organization disc	continued its operati	one or dien		 re than 25				
တ္				bers of the governing			oseu oi illoi	e man 25	70 01 113 43	3		13
8	ı		•	it voting members of th		•	e 1b)			4		13
ij				yees (Part V, line 2a)			,			5		19
Activities &	6 T	Fotal number o	of volunt	eers (estimate if neces	ssary)					6		700
Ř	7a ⊺	Total gross un <mark>r</mark>	related b	ousiness revenue from	Part VIII, column (0	C), line 12				7a		486.
	bΝ	Net unrelated b	business	taxable income from l	Form 990-T, line 34			,		7b		0.
								P	rior Year		Current Y	ear
đ)	8 0	8 Contributions and grants (Part VIII, line 1h)								96.	117	,534.
Revenue	9 F								2,062,1			,265.
ě	1			art VIII, column (A), lin	·				-443,7			,582.
<b>a</b>			-	III, column (A), lines 5,		-		<u> </u>	104,4			<u>,612.</u>
				nes 8 through 11 (mus		lumn (A), li	ne 12)	1	.,861,4	95.	2,520	,993.
				ounts paid (Part IX, co								
	l	· ·		members (Part IX, coli								
ø	i			nsation, employee ben	•	ın (A), lınes	5-10)		653,6	85.	701	<u>,250.</u>
Expenses	<b>16</b> a F	Professional fu	ındraısın	ng fees (Part IX, colum	n (A), line 11e)							
ç	Ь٦	Total fundraisir	ng exper	nses (Part IX, column	(D), line 25) ►	<u>_</u>	821.			ł		
Ű	17 (	Other expense	s (Part I	IX, column (A), lin <b>es</b> (E	ATECON MEZAN			1	,515,3	15.	1.357	,909.
				nes 13-17 (mu <del>pt-equal</del>		) Ine 25)			2,169,0			,159.
	19 F	Revenue less e	expense	s Subtract lune 18 from		· 11			-307,5			,834.
± 8		10101140 1000 1	on portion	m NO	V OD SA ZUNU 15	?}		Rogin	nning of Y		End of Y	
Net Assets or Fund Balances	20 7	Total assets (F	Part X III	ne 16)		2			3,470,6			,107.
A B		Total liabilities	•			=			59,5			,212.
ž ž	ļ		•	ances. Subtract line 21	DEN, UT				3,411,0			,895.
-	irt II	Signatu			HOITINE 20	<del></del>			, 411,0	01.	0,072	,095.
4	47 4 71								.4 1- 11- 11	-6		<u> </u>
N.		true, correct an	d complete	I declare that heave exactine e Declaration of preparar oth	her/than officer) is based of	on all information	on of which pre	parer has any	knowledge	of thy Kil	owieuge and celle	1, 11 15
<b>Sig</b>	n	<b>&gt;</b> %	. Sa	. 1 1 ) W . W.	TAT .			11	i	ก		
ÈHe	re	Signature d	officer	Mr. Asso.	2/	<del> </del>	· · ·	Da	nte 1			
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pa	rer's	Firm's name (or	GRF	ENWOOD AND CRI	<u> </u>	<del></del>	, , , , , , , , , , , , , , , , , , ,	<del>-</del>			••	
Us		yours if self		S. CLINTON, F			_		ın ► N	/A		
Or	ш	employed), address, and ZIP + 4			244-2236				hone no	(319	) 351-02	31
Ma	v the IF			with the preparer show		ructions)				(31)	X Yes	No
	,			pp 1011		/						

	990 (2009) THE DELTA CHI FRATERNITY	42-021228	5		Page 2
Par	t III Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission:				
	SEE SCHEDULE O				
			·		
			<del>-</del>		
				- <del>-</del>	<b>-</b>
		<del></del>			
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	X	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	X	No
	If 'Yes,' describe these changes on Schedule O			رتت	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e	waanaa Caatian	E01/-)	/2\	
-	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	cations to others.	the tot	(3) al	
	expenses, and revenue, if any, for each program service reported.				
	501.065				
48		evenue \$	_		)
	LEADERSHIP CONSULTANTS AND DIRECTORS. THESE MEN TRAVEL FROM CHAP				
	WORK WITH UNDERGRADUATES AND ALUMNI ON CHAPTER OPERATIONS, LEADER	RSHIP_DEVEL	OPME	NT .	AND
	SCHOLASTIC PROGRAMS. THEY ALSO DEVELOP WRITTEN PROGRAMMING IN THE	HESE AREAS.			
	APPROXIMATELY 5,300 UNDERGRADUATE MEMBERS WERE HELPED THROUGH APP	ROXIMATELY	235		
	VICTUC				
	V15115.				
71	C(Code:) (Expenses \$437,923. including grants of \$) (R COST OF LIABILITY INSURANCE. LIABILITY INSURANCE COVERAGE WAS PURE CHAPTERS AND 25 COLONIES. THE CHAPTERS AND COLONIES WERE BILLED THE PREMIUMS PLUS RISK MANAGEMENT PROGRAMMING (SEMINARS, NEWSLETT MATERIALS AND INCIDENT INVESTIGATIONS).	FOR THEIR	SHARI		Ē
				<u>-</u>	  
40	COMPLETE (Code (Co	APTERS AND		TIC	)  
				<b>-</b> -	
			- <b>-</b> -		
4	d Other program services. (Describe in Schedule O.)  SEE SCHEDULE O				
	(Expenses \$ 27,879. including grants of \$ ) (Revenue \$		)		
40	e Total program service expenses ► 1,149,510.				

Form 990 (2009) THE DELTA CHI FRATERNITY

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		Х
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		
5	Section 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 similar funds or 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		<u>x</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>x</u>
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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		_X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Poid the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12/	A Was the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A  X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17_		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22_		<u>x</u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25	24a		х
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
ä	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions: If res, complete schedule in	29		
	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 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	-	<u>X</u> _
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		<u>X</u> _
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
D A A		Earm	. 000	COOOCY

Form **990** (2009)

				Г				
1 -	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.		Yes	No				
ıa	Information Returns. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х					
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							
2b	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	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	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	X					
<b>4</b> a	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)?	<b>4</b> a		Х				
b	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 Bank and Financial Accounts.							
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
c	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?							
6 a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?							
t	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?							
7	7 Organizations that may receive deductible contributions under section 170(c).							
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
b	olf '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						
	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						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u>.</u> .				
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Х				
9	Sponsoring organizations maintaining donor advised funds.							
	Did the organization make any taxable distributions under section 4966?	9a	1	Х				
t	Did the organization make any distribution to a donor, donor advisor, or related person?	9Ь		Х				
10	Section 501(c)(7) organizations. Enter.			·				
a	Initiation fees and capital contributions included on Part VIII, line 12 10a 428, 140.							
Ł	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 0.							
11	Section 501(c)(12) organizations. Enter.	į						
ā	Gross income from other members or shareholders . 11a	1						
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )							
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
t	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b							

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Form **990** (2009)

Form 990 (2009) THE DELTA CHI FRATERNITY 42-0212285 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Body and Management						
					Yes	No		
1 a	Enter the	number of voting members of the governing body	1a 13					
ì	Enter the	number of voting members that are independent	1b 13					
2	Did any o	fficer, director, trustee, or key employee have a family relationship or a business rela rector, trustee or key employee?	ationship with any other	2		Х		
3	Did the o	rganization delegate control over management duties customarily performed by or ur s, directors or trustees, or key employees to a management company or other persor	nder the direct supervision	3		Х		
4		rganization make any significant changes to its organizational documents		4		X		
	since the	prior Form 990 was filed?						
5	Did the o	rganization become aware during the year of a material diversion of the organization'	's assets?	5		<u>X</u>		
6	Does the	organization have members or stockholders?		_6		X		
7 8	Does the	organization have members, stockholders, or other persons who may elect one or m body?	nore members of the	7a		Х		
1	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
á	a The gove	rning body?		8a	Х			
ı	Each con	nmittee with authority to act on behalf of the governing body?	•	8b	X			
9	ls there a organizat	iny officer, director or trustee, or key employee listed in Part VII, Section A, who can ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	not be reached at the	9		Х		
Sec		Policies (This Section B requests information about policies not	required by the Interna	al .				
Rev	enue Code	·)	- · · · ·					
					Yes	No		
10	a Does the	organization have local chapters, branches, or affiliates?	•	10a	X			
ı	o If 'Yes,' o and bran	loes the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10 b	х			
		organization provided a copy of this Form 990 to all members of its governing body be	efore filing the form?	11	Χ			
		in Schedule O the process, if any, used by the organization to review this Form 990	SEE SCHEDULE O	<u></u>				
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х			
	to conflic			12b	х	-		
		organization regularly and consistently monitor and enforce compliance with the police O how this is done SEE SCHEDULE O	cy? If 'Yes,' describe in	12c	х			
		organization have a written whistleblower policy?		13	X	<del></del>		
		organization have a written document retention and destruction policy?		14	Χ.,			
		rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci						
		nization's CEO, Executive Director, or top management official SEE SCHEDULE	: 0 ,	15a	X	<del>-,,</del>		
1		cers of key employees of the organization		15Ь		<u>X</u>		
16:		lline 15a or 15b, describe the process in Schedule O. (See instructions) rganization invest in, contribute assets to, or participate in a joint venture or similar a	arrangement with a taxable					
ı	,	ing the year? has the organization adopted a written policy or procedure requiring the organization.	to evaluate its participation	16a	X			
	ın joint vi status wi	enture arrangements under applicable federal tax law, and taken steps to safeguard t th respect to such arrangements?	the organization's exempt	16b		X		
		Disclosures						
17	List the s	tates with which a copy of this Form 990 is required to be filed $ ightharpoonup$ NONE	- <b></b>					
18	inspectio	in 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and in. Indicate how you make these available. Check all that apply.	d 990-T (501(c)(3)s only) ava	ilable i	or put	olic		
	Own website							
19	statemer	in Schedule O whether (and if so, how) the organization makes its governing documents available to the public. SEE SCHEDULE O		-		cial		
		name, physical address, and telephone number of the person who possesses the boat BRETH P.O. BOX 1817 IOWA CITY IA 52244-1817 (319)	-	nızatıo 	n. - — — -			

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Form 990 (2009)

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

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

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

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

Column   C	er
THOMAS HOROWITZ	er
THOMAS HOROWITZ	n I
TNT'L PRESIDENT	
MILES WASHBURN         10         X         X         0.         0.           RATHEEN DAMLE         10         X         X         0.         0.           INT'L TREASURER         10         X         X         0.         0.           STEVEN BOSSART         0.         0.         0.           MICHAEL WOOLBRIGHT         5         X         0.         0.           REGENT         5         X         0.         0.           MARQUEZ BROWN         5         X         0.         0.           JEREMY BISHOP         5         X         0.         0.           REGENT         5         X         0.         0.           GRANT HERRIN         5         X         0.         0.	
INT'L SECRETARY   10	0.
RATHEEN DAMLE	
INT'L TREASURER	0.
STEVEN BOSSART       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	
OUTGOING PRES.         5         X         X         0.         0.           MICHAEL WOOLBRIGHT         5         X         0.         0.           REGENT         5         X         0.         0.           MARQUEZ BROWN         5         X         0.         0.           JEREMY BISHOP         0.         0.         0.           REGENT         5         X         0.         0.           GRANT HERRIN         0.         0.         0.           REGENT         5         X         0.         0.	0.
MICHAEL WOOLBRIGHT         5         X         0.         0.           MARQUEZ BROWN         5         X         0.         0.           REGENT         5         X         0.         0.           JEREMY BISHOP         0.         0.         0.           REGENT         5         X         0.         0.           GRANT HERRIN         0.         0.         0.           REGENT         5         X         0.         0.	
REGENT         5         X         0.         0.           MARQUEZ BROWN         5         X         0.         0.           REGENT         5         X         0.         0.           JEREMY BISHOP         0.         0.         0.           REGENT         5         X         0.         0.           GRANT HERRIN         0.         0.         0.           REGENT         5         X         0.         0.	0.
MARQUEZ BROWN         5         X         0.         0.           REGENT         5         X         0.         0.           JEREMY BISHOP         0.         0.         0.           REGENT         5         X         0.         0.           GRANT HERRIN         0.         0.         0.           REGENT         5         X         0.         0.	
REGENT         5         X         0.         0.           JEREMY BISHOP         5         X         0.         0.           REGENT         5         X         0.         0.           GRANT HERRIN         0.         0.         0.           REGENT         5         X         0.         0.	0.
JEREMY BISHOP         5         X         0.         0.           REGENT         5         X         0.         0.           GRANT HERRIN         0.         0.         0.	
REGENT         5         X         0.         0.           GRANT HERRIN         5         X         0.         0.           REGENT         5         X         0.         0.	0.
GRANT_HERRIN 5 X 0. 0.	
<u>REGENT</u> 5 X 0.	0.
	0.
EVAN ALONSO	
REGENT         5         X         0.         0.	0.
AARON OTTO	
REGENT 5 X 0. 0.	0.
KEVIN PITCHFORD	
REGENT         5         X         0.         0.	0.
MARK SCHRAMKA	
REGENT         5         X         0.         0.	0.
WILLIAM TALLMAN	
REGENT         5         X         0.         0.	0.
RAYMOND D GALBRETH	
EXECUTIVE DIREC 40 X 128,822. 0.	0.

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Part VII Section A. Officers, Directors, Trus	tees, I	Key	Er	npl	oye	es,	, an	d Highest Co	mpensated Em	ploye	es (co	ont.)
(A)	(B)			(6	c)			(D)	(E)		(F)	
Name and Title	Average hours				_			Reportable compensation from	Reportable compensation from	amo	stimated unt of ot	her
	per week	ndıvı or dır	nstati	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W 2/1099 MISC)	cor	npensation	
		idual ecto	non	먹	empl	est c	еr	,	,	or	ganızatıo nd relate	n d
		trustee	al tr		oyee	g				org	anızatıor	ıs
		tee	nstitutional trustee			nsat						
			"			[ 웹						
, , , , , , , , , , , , , , , , , , , ,					-							
						.						
			-		$\vdash$	$\vdash \vdash$						
	!											
		1										
										1		
<del> </del>			ļ							1		
1 b Total		l	L	L	l		<b>I</b>	128,822.	0.	<del>                                     </del>		0.
2 Total number of individuals (including but not limited	to thos	ا م	ted	abo	ve) v	who				le com	nensati	
from the organization > 1	10 1103	IC 113	icu	abo	•		1000	cived more than p	100,000 iii reportat	oic com	Jensati	011
										·	Yes	No
3 Did the organization list any former officer, director	or truste	ee. k	ev e	amp	love	e. o	r hic	hest compensate	d employee			
on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdual	1								3		<u>X</u>
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	ortable	com	nper	satı f'Ye	on a	and o	othe	r compensation fr	om uch			
individual		-,				<b>ى</b> ر				4	ļ	<u>X</u>
5 Did any person listed on line 1a receive or accrue co	ompensa	ation	fro	m a	ny u	nrel	atec	organization for	services	F		
rendered to the organization? If 'Yes,' complete Sch	nedule J	for :	sucl	ı pe	rsor	)				5		<u>X</u>
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed inder	end	ent	conf	tract	ors	that	received more th	an \$100 000 of	·		
compensation from the organization.							11111	· · · · · · · · · · · · · · · · · · ·				
(A)								(В	)	(	C)	
Name and business addres	s							Description (	of Services	Comp	ensatio	<u>n</u>
	<u> </u>								<del></del>			
									-			
		-								<del></del> .		
2 Total number of independent contractors (including	but not l	limite	ed t	o the	ose	liste	d ab	ove) who receive	d more than			
\$100,000 in compensation from the organization >	0											

<u> </u>	t ving Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S (S	1a Federated campaigns 1a					5.2, 5.6, 5, 5, 7
NAT	<b>b</b> Membership dues 1 <b>b</b>			į		
MO.	c Fundraising events 1c					
AR A	d Related organizations 1 d					
KS, C	e Government grants (contributions) 1 e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f	117,534.				
ND	g Noncash contribns included in lns 1a-1f: \$_					
	h Total. Add lines 1a-1f	<b>P</b>	117,534.		······································	
N.	• • • • • • • • • • • • • • • • • • • •	Business Code	1 000 000	1 000 000		
<u> </u>		561000	1,029,082.	1,029,082.		
병		524298	827,183.	827,183.		
2	c					<del>                                     </del>
S E						
PROGRAM SERVICE REVENUE	f All other program service revenue					
PR0	g Total. Add lines 2a-2f	<b>&gt;</b>	1,856,265.			
	3 Investment income (including dividends	, interest and				
	other similar amounts)		140,002.			140,002.
	4 Income from investment of tax-exempt I	-				
	5 Royalties	6) D				
	(i) Real	(ii) Personal				
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	<b>•</b>	ĺ			
	7 a Gross amount from sales of () Securities	(II) Other				
	assets other than inventory 1,747,935.					
	<b>b</b> Less, cost or other basis					
	and sales expenses 1,502,355.					
	<b>c</b> Gain or (loss) 245, 580	•				
	d Net gain or (loss)		245,580.			245,580.
NUE	8a Gross income from fundraising events (not including \$					
Ĕ	of contributions reported on line 1c).					
OTHER REVEN	See Part IV, line 18					
OTH	b Less, direct expenses	·				
	c Net income or (loss) from fundraising ev	vents				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses					
	c Net income or (loss) from gaming activi	ti <u>es</u>				
	10a Gross sales of inventory, less returns and allowances	125,798.				
	<b>b</b> Less: cost of goods sold	107,128.				
	c Net income or (loss) from sales of inver		18,670.	18,670.		
	Miscellaneous Revenue	Business Code	140 456	140 456		
	11a INTEREST-HOUSING NOTES	<u> </u>	142,456.	142,456.	406	
	b SERVICE FEES-INSURANCE		486.		486.	<del> </del>
	d All other revenue					
	e Total. Add lines 11a-11d	<b>&gt;</b>	142,942.			
	12 Total revenue. See instructions	<b>•</b>	2,520,993.	2,017,391.	486.	385,582.

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).

		(4)	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			<u> </u>	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		· · · · · · · · · · · · · · · · · · ·		
5	Compensation of current officers, directors, trustees, and key employees	131,862.	0.	131,862.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		430,655.	244,167.	186,488.	
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	9,293.		9,293.	
9	Other employee benefits.	86,688.	39,010.	47,678.	
10	Payroll taxes	42,752.	19,238.	23,514.	
11	Fees for services (non-employees).				
	a Management				
1	b Legal .	12,996.		12,996.	
	Accounting	4,435.		4,435.	
	d Lobbying				
	e Prof fundraising svcs See Part IV, In 17				
1	Investment management fees	27,687.		27,687.	
9	g Other				
12	Advertising and promotion				
13	Office expenses	37,358.	7,793.	29,565.	
14	Information technology	27,053.	12,735.	14,318.	
15	Royalties				
16	Occupancy .	29,333.		29,333.	
17	Travel	287,266.	258,124.	29,142.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,681.		31,681.	
23		21,265.		21,265.	
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 COST OF LIABILITY INSURANCE	437,923.	437,923.		
	b CURRENT YEAR LOAN LOSS ALLOW.	208,600.		208,600.	
	c EDUCATIONAL/LEADERSHIP PGMS	102,641.	102,641.		
	d PRINTING AND PUBLICATIONS	27,879.	27,879.		
	e PROVISION FOR BAD DEBTS-A/R	20,814.		20,814.	
	f All other expenses	80,978.		80,157.	821.
_25	Total functional expenses Add lines 1 through 24f	2,059,159.	1,149,510.	908,828.	821.
26	Joint costs. Check here ► 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.		_		
BAA			<u> </u>	l.	Form <b>990</b> (2009)

**Balance Sheet** 

Part X

BAA

Form 990 (2009)

(A) Beginning of year (B) End of year Cash - non-interest-bearing 1 2 Savings and temporary cash investments 1,309,725 2 1,023,422. Pledges and grants receivable, net . 3 71,500. 4 Accounts receivable, net 136,546. 4 59,302. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 1,539,513. 7 1,490,855. Notes and loans receivable, net. Inventories for sale or use 150,175. 8 182,954. 9 Prepaid expenses and deferred charges 18,922. 9 19,771. 10a Land, buildings, and equipment, cost or other basis. 10 a 857,899. Complete Part VI of Schedule D 10b 696,404 **b** Less. accumulated depreciation. 169,655. 10 c 161,495. Investments - publicly-traded securities 4,373,556. 11 5,179,868. 12 Investments - other securities See Part IV, line 11 753,117. 12 874,273. 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 19,394. 15 21,667. 8,470,603. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 9,085,107. 17 Accounts payable and accrued expenses 18,011. 17 25,970. 18 Grants payable 18 19 Deferred revenue. 41,531. 19 186,242. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 59,542 26 212,212. Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 8,411,061 27 8,872,895. Temporarily restricted net assets 28 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 8,411,061. 22 Total net assets or fund balances. 33 8,872,895. 34 Total liabilities and net assets/fund balances 8,470,603. 34 9,085,107.

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

BAA

Form 990 (2009)

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# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047 2009

Open to Public Inspection Employer Identification number

THE DELTA CHI FRATERNITY

			42-0212285
Par		r Advised Funds or Other Similar I	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		
ġ	,		
5	Did the organization inform all donors and don funds are the organization's property, subject to	to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or donor advisor or fo fit??	or any other Yes No
Par	t II Conservation Easements Compl	ete if the organization answered 'Ye	es' to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation	on of an historically important land area
	Protection of natural habitat		on of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation contribution is	n the form of a conservation easement on the
			Held at the End of the Year
а	Total number of conservation easements		2a
t	Total acreage restricted by conservation easer	ments	2b
	: Number of conservation easements on a certif		2c
	Number of conservation easements included in		2d
	Number of conservation easements modified,	**	nated by the organization during the tax
_	year ►	ga.eu., ee	action by the organization during the tax
4	Number of states where property subject to co	nservation easement is located >	
	Does the organization have a written policy regard enforcement of the conservation easement	t it holds?	∐ Yes
	Staff and volunteer hours devoted to monitorin during the year •		
7	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conservation easeme	ents \$
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of s	section Yes No
	include, if applicable, the text of the footnote to conservation easements.	o the organization's financial statements that	
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures wered 'Yes' to Form 990, Part IV, Ii	, or Other Similar Assets ine 8.
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen	ic exhibition, education, or research in furthe	ment and balance sheet works of art, historical grance of public service, provide, in Part XIV,
Ł	olf the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		. ►\$
2	If the organization received or held works of a amounts required to be reported under SFAS		s for financial gain, provide the following
a	Revenues included in Form 990, Part VIII, line	1	<b>&gt;</b> \$
Ŀ	Assets included in Form 990, Part X .		►\$ ►\$
		<del></del>	

Fart III Organizations Mainta	ming Cone	cuons of Art, F	iistoric	ai Treasures, c	or Other Similar As	isets (conti	inuea)			
3 Using the organization's acquisition items (check all that apply).	on accession a	nd other records, o	heck an	y of the following th	nat are a significant use	of its collection	on .			
a Public exhibition		d CLo	an or ex	change programs						
<b>b</b> Scholarly research			her							
c Preservation for future genera	ations									
4 Provide a description of the organ Part XIV.		ctions and explain l	how they	further the organiz	zation's exempt purpose	: in				
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be	e maintained as pa	irt of the	organization's colle	ection?	Yes	No			
Part IV Escrow and Custodia	l Arrangem	ents Complete	if orga	anization answe	ered 'Yes' to Form	990, Part I	√, line			
9, or reported an amo	unt on Forn	<u>ı 990, Part X, I</u>	ine 21.	<u> </u>						
1a Is the organization an agent, trust included on Form 990, Part X?	tee, custodian,	or other intermedi	ary for c	ontributions or othe	er assets not	Yes	No			
<b>b</b> If 'Yes,' explain the arrangement in Part XIV and complete the following table.										
Amount										
c Beginning balance										
d Additions during the year					1d					
e Distributions during the year					1 e					
f Ending balance					1f					
2a Did the organization include an ar	mount on Form	990, Part X, line 2	21?			Yes	No			
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV									
Part V Endowment Funds Co	mplete if or	ganızatıon ans	wered	'Yes' to Form 9	90, Part IV, line 10	).	-			
	(a) Current y	ear <b>(b)</b> Prior	year	(c) Two years back	(d) Three years back	(e) Four yea	ars back			
1a Beginning of year balance										
<b>b</b> Contributions						1				
c Net Investment earnings, gains, and losses										
d Grants or scholarships						<u> </u>				
e Other expenditures for facilities and programs										
f Administrative expenses										
g End of year balance							***************************************			
2 Provide the estimated percentage	of the year er	nd balance held as		<u> </u>						
a Board designated or quasi-endow		8								
<b>b</b> Permanent endowment ►										
c Term endowment ►										
3a Are there endowment funds not in organization by	n the possession	on of the organizati	on that a	are held and admin	istered for the	Yes	No			
(i) unrelated organizations						3a(i)	<del></del>			
(ii) related organizations						3a(ii)	1			
<b>b</b> If 'Yes' to 3a(ii), are the related o	rganizations lis	sted as required on	Schedu	le R?		3b	<del> </del>			
4 Describe in Part XIV the intended					•	35	<del></del>			
Part VI Investments-Land, B					Cline 10					
Description of investment		(a) Cost or other ba		b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book \	√alue			
1 a Land		,··· <b>y</b>	i	5,000.			5,000.			
<b>b</b> Buildings	r		-	273,739.	180,754.		2,985.			
c Leasehold improvements							_,			
d Equipment	-									
e Other	 			579,160.	515,650.		3,510.			
Total. Add lines 1a through 1e (Column	n (d) must eau	al Form 990. Part X	(, colum		<u> </u>		1,495.			
BAA	. (2)		.,	(2), (0(0))	Scher	dule <b>D</b> (Form 9				
					20110	(, 0,,	,			

Schedule D (Form 990) 2009 THE DELTA CHI FRAT			02122 <u>85</u> Page <b>3</b>
Part VII Investments-Other Securities See Fo	<u>orm 990, Part X, li</u>	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation
····		Cost or end-of-year	market value
Financial derivatives			
Closely-held equity interests	074 070	l dodm	
Other FRMT, LTD.	874,273.	COST	·
Total (Calumn (h) must squal Form 000 Part V sol (P) (no 12)	874,273.	<del>-</del>	
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) Part VIII Investments—Program Related (See		line 13) N/A	·
		T	<del>-</del> · · · · · · · · · · · · · · · · · · ·
(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	valuation market value
		cost of end of year	That tet value
<u></u> <u></u>			
Total (Column (b) must equal Form 990, Part X, Col. (B) line 13.) ►			
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
	scription		(b) Book value
		·	
		<del></del>	
			<del></del>
· · · · · · · · · · · · · · · · · · ·			
		··· -	
Total. (Column (b) must equal Form 990, Part X, col.(B), lir		·	<b>&gt;</b>
Part X Other Liabilities (See Form 990, Part	X, line 25)		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
	<del></del>	_	
<del></del>			
Table (Oak and Character of Caracter of Ca			
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ►			

Schedule D (Form 990) 2009 THE DELTA CHI FRATERNITY	42-02122	285	Page 4
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)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year. Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV)			
9 Total adjustments (net). Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return 1	N/A	
1 Total revenue, gains, and other support per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		-	•
a Net unrealized gains on investments			
b Donated services and use of facilities 2b	-		
c Recoveries of prior year grants	-		
d Other (Describe in Part XIV)	<b>-</b>		
e Add lines 2a through 2d			
3 Subtract line 2e from line 1	3		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.			_
a Investments expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIV).	-[ ]		
c Add lines 4a and 4b	<b>-</b>   ₄		
	4c	-	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ro		N/A	<del></del>
1 Total expenses and losses per audited financial statements	turn 1	N/A	-
			_
2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities .   2a			
b Prior year adjustments  2b	$\dashv$		
c Other losses 2c	-		
	-		
	ન ૂા		
e Add lines 2a through 2d  3 Subtract line 2e from line 1	2e		
	3		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIV).	<b>-</b>		
c Add lines 4a and 4b	4c		
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	<del></del>	
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, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this p information.	/, lines 1b a art to provid	nd 2b, Part le any additi	V, onal
	<b>-</b> -		. – – –
		<b></b>	
			<del>-</del>
	<b></b>		

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

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# SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

THE DELTA CHI FRATERNITY 42-0212285
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION
WE, THE MEMBERS OF THE DELTA CHI FRATERNITY, BELIEVING THAT GREAT ADVANTAGES ARE TO
BE DERIVED FROM A BROTHERHOOD OF COLLEGE AND UNIVERSITY MEN, APPRECIATING THAT CLOSE
ASSOCIATION MAY PROMOTE FRIENDSHIP, DEVELOP CHARACTER, ADVANCE JUSTICE AND ASSIST IN
THE ACQUISITION OF A SOUND EDUCATION, DO ORDAIN AND ESTABLISH THIS CONSTITUTION.
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION
MAGAZINE PRINTED THREE TIMES EACH YEAR AND MAILED TO APPROXIMATELY 18,000 MEMBERS
AND OTHERS TO KEEP THEM INFORMED ABOUT THE ACTIVITIES OF THE ORGANIZATION AND ITS
CHAPTERS AS WELL AS TOPICS OF GENERAL INTEREST.
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS
THE ORGANIZATION'S CPA PREPARES A DRAFT COPY OF FORM 990 BASED ON INFORMATION
PROVIDED BY THE ORGANIZATION. THE DRAFT COPY IS GIVEN TO THE EXECUTIVE DIRECTOR, WHO
THEN PERFORMS A REVIEW OF ALL INFORMATION IN THE FORM AND RELATED SCHEDULES AND
SUPPLEMENTAL INFORMATION. THE EXECUTIVE DIRECTOR THEN NOTIFIES THE CPA OF THE
CHANGES THAT NEED TO BE MADE. WHEN THE EXECUTIVE DIRECTOR RECEIVES THE FINAL VERSION
OF THE RETURN, HE REVIEWS IT TO MAKE SURE ALL CHANGES HAVE BEEN MADE. IF SO, THE
RETURN IS THEN FILED. IF ANY OTHER CHANGES NEED TO BE MADE, THE EXECUTIVE DIRECTOR
INFORMS THE CPA OF THOSE CHANGES AND HE REVIEWS ANY ADDITIONAL VERSIONS OF THE
RETURN FOR ADDITIONAL CHANGES. IF ALL CHANGES HAVE BEEN MADE, THE RETURN IS THEN
FILED.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS
EVERY BOARD MEMBER AND EVERY MANAGEMENT STAFF EMPLOYEE SIGNS A CONFLICT OF INTEREST
STATEMENT AT A MINIMUM OF ONCE A YEAR. ALSO, WHEN A NEW BOARD MEMBER OR MANAGEMENT
STAFF PERSON IS ADDED, THAT PERSON SIGNS A CONFLICT OF INTEREST STATEMENT.

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Name of the organization THE DELTA CHI FRATERNITY	Employer identification number 42-0212285
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS	
THE PRIMARY SOURCE OF COMPARATIVE COMPENSATION DATA COMES FROM	THE ANNUAL
ASSOCIATION COMPENSATION AND BENEFITS STUDY FROM THE AMERICAN S	OCIETY OF ASSOCIATION
EXECUTIVES AND THE CENTER FOR ASSOCIATION LEADERSHIP. THE MEMBE	RS OF THE
FRATERNITY'S EXECUTIVE COMMITTEE ALSO CONSULT WITH THEIR OWN EX	PERIENCE WITHIN THEIR
RESPECTIVE ORGANIZATIONS AND RELATED INDUSTRIES. THE EXECUTIVE	COMMITTEE THEN
DELIBERATES AND VOTES ON COMPENSATION TO BE PAID TO THE EXECUTI	VE DIRECTOR.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES, FINANCIAL STA	TEMENTS AND
990/990-T/STATE INCOME TAX RETURNS ARE MADE AVAILABLE TO THE PE	RSON WHO REQUESTS
THEM AS LONG AS THE REQUEST FOR COPIES IS A VALID AND REASONABL	E REQUEST. ANY
REQUEST THAT APPEARS TO BE, OR IS, HOSTILE IN NATURE IS DELAYED	UNTIL ORGANIZATION
MANAGEMENT AND/OR OFFICERS HAVE CONSULTED WITH LEGAL COUNSEL TO	DETERMINE THE ACTION
TO TAKE.	· <b></b>
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