

Form **990EZ**  
Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

OMB No 1545-1150  
**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
DELTA UPSILON SOCIETY

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
PO BOX 377

City or town, state or province, country, and ZIP or foreign postal code  
HAMILTON, NY 13346

**D** Employer identification number  
16-6054140

**E** Telephone number  
(315) 824-3002

**F** Group Exemption Number

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: N/A

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(7) (insert no )  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . \$ 159,456

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I. . . . .

|            | 1  | 2  | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9 | 10    | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19      | 20      | 21 |
|------------|--|--|---|---|----|----|----|----|----|----|----|----|----|----|---|---|-------|----|----|----|----|----|----|----|----|---------|---------|----|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received . . . . .   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         |         |    |
|            | 2  | Program service revenue including government fees and contracts . . . . .  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         | 150,300 |    |
|            | 3  | Membership dues and assessments . . . . .  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         |         |    |
|            | 4  | Investment income . . . . .  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         | 996     |    |
|            | 5a   | Gross amount from sale of assets other than inventory . . . . .  |   |   |    |    |    |    |    |    |    |    |    |    |   |   | 8,160 |    |    |    |    |    |    |    |    |         |         |    |
|            | 5b   | Less cost or other basis and sales expenses . . . . .  |   |   |    |    |    |    |    |    |    |    |    |    |   |   | 0     |    |    |    |    |    |    |    |    |         |         |    |
|            | 5c   | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .  |   |   |    |    |    |    |    |    |    |    |    |    |   |   | 8,160 |    |    |    |    |    |    |    |    |         |         |    |
|            | 6  | Gaming and fundraising events  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         |         |    |
|            | 6a   | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         |         |    |
|            | 6b   | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . |   |   |    |    |    |    |    |    |    |    |    |    |   |   | 0     |    |    |    |    |    |    |    |    |         |         |    |
| 6c         | Less direct expenses from gaming and fundraising events . . . . .  |  |   |   |    |    |    |    |    |    |    |    |    |    |   | 0 |       |    |    |    |    |    |    |    |    |         |         |    |
| 6d         | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . |  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         |         |    |
| 7a         | Gross sales of inventory, less returns and allowances . . . . .  |  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         |         |    |
| 7b         | Less cost of goods sold . . . . .  |  |   |   |    |    |    |    |    |    |    |    |    |    |   | 0 |       |    |    |    |    |    |    |    |    |         |         |    |
| 7c         | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .                     |  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         |         |    |
| 8          | Other revenue (describe in Schedule O) . . . . .   |  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         |         |    |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .                                      |  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    | 159,456 |         |    |
| Expenses   | 10   | Grants and similar amounts paid (list in Schedule O) . . . . .   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         | 176,850 |    |
|            | 11   | Benefits paid to or for members . . . . .  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         |         |    |
|            | 12   | Salaries, other compensation, and employee benefits . . . . .  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         |         |    |
|            | 13   | Professional fees and other payments to independent contractors . . . . .  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         | 1,710   |    |
|            | 14   | Occupancy, rent, utilities, and maintenance . . . . .  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         |         |    |
|            | 15   | Printing, publications, postage, and shipping . . . . .  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         |         |    |
|            | 16   | Other expenses (describe in Schedule O) . . . . .  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         | 35,216  |    |
|            | 17   | <b>Total expenses.</b> Add lines 10 through 16 . . . . .   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         | 213,776 |    |
| Net Assets | 18   | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         | -54,320 |    |
|            | 19   | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         | 125,426 |    |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         | -4,949  |    |
|            | 21   | Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |       |    |    |    |    |    |    |    |    |         | 66,157  |    |



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of GAIR MERES Telephone no (315) 824-3002 Located at PO BOX 377 HAMILTON, NY ZIP + 4 13346

Table with columns for question number, question text, and Yes/No columns. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

|  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | <b>46</b>  | No        |

**Part VI Section 501(c)(3) organizations only**  
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

|  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . | <b>47</b>  |           |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |           |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |           |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> |           |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE                                |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000. . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|  |                    |
|--|--------------------|
| *****<br>Signature of officer                            | 2019-11-05<br>Date |
| THOMAS DEMPSEY President<br>Type or print name and title |                    |

|                               |  |                      |      |   |                   |
|-------------------------------|--|----------------------|------|---|-------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Sarah Marshall CPA     | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN<br>P00177727 |
|                               | Firm's name ▶ MARSHALL & HATFIELD INC                |                      |      | Firm's EIN ▶ 16-1482630                         |                   |
|                               | Firm's address ▶ 317 MAIN ST<br>ONEIDA, NY 134212144 |                      |      | Phone no (315) 363-6949                         |                   |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

## Additional Data

**Software ID:** 18007218

**Software Version:** 2018v3.1

**EIN:** 16-6054140

**Name:** DELTA UPSILON SOCIETY

### Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses<br>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |  |
|---|--|--|
| <b>28</b> OPERATE AN ALUMNI FRATERNAL ORGANIZATION AT COLGATE UNIVERSITY IN HAMILTON NY<br>(Grants \$ )   | <b>28a</b>   |  |
| If this amount includes foreign grants, check here . . . <input type="checkbox"/>   |  |  |

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

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization  
DELTA UPSILON SOCIETY

Employer identification number

16-6054140

**990 Schedule O, Supplemental Information**

| Return Reference                                       | Explanation  |
|--|--|
| Grants and Similar Amounts Paid In Excess of \$5,000 1 | Class of Activity UNIVERSITY   Donee's Name COLGATE UNIVERSITY   Donee's Address COLGATE U -JB COLGATE HALL 13 HAMILTON NY 13346   Relationship of Donee NONE   Cash Amount Given \$121320 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                                | <b>Explanation</b>  |
|--|---|
| Grants and Similar Amounts Paid In Excess of \$5,000 2 | Class of Activity CHARITABLE FOUNDATION   Donee's Name DELTA UPSILON FOUNDATION   Donee's Address PO BOX 377 HAMILTON NY 13346   Relationship of Donee NONE   Cash Amount Given \$55530 |

# 990 Schedule O, Supplemental Information

| Return Reference    | Explanation  |
|---------------------|--------------|
| Other Expenses 1005 | Travel \$738 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>       |
|-------------------------|--------------------------|
| Other Expenses 1        | OUTSIDE SERVICES \$22813 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>            |
|-------------------------|-------------------------------|
| Other Expenses 2        | DEVELOPMENTAL SERVICES \$5126 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>          |
|-------------------------|-----------------------------|
| Other Expenses 3        | FSAA MEMBERSHIP FEES \$5000 |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation      |
|------------------|------------------|
| Other Expenses 4 | IRS TAXES \$1029 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
| Other Expenses 5        | NYS TAXES \$510    |