

Return of Organization Exempt From Income Tax

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

2019

Department of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form, as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

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A For the 2019 calendar year, or tax year beginning		September 1	, 2019, and ending	August 31
B Check if applicable		C Name of organization <input checked="" type="checkbox"/>		D Employer identification number <input checked="" type="checkbox"/>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Beta Assn of Delta Theta Sigma Alumni Assn		25-166581 <input checked="" type="checkbox"/>
		Number and street (or P O. box if mail is not delivered to street address) <input checked="" type="checkbox"/>	Room/suite <input checked="" type="checkbox"/>	E Telephone number 724-344-4922
		101 N. Paterson St		
		City or town, state or province, country, and ZIP or foreign postal code State College, PA 16801 <input checked="" type="checkbox"/>		
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►				
I Website: ► dtsbeta.org				
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) (2) <input checked="" type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B <input checked="" type="checkbox"/> (Form 990, 990-EZ, or 990-PF).		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$				
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) <input checked="" type="checkbox"/>				
Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/>				
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 18,100	2	
	2 Program service revenue including government fees and contracts	2 0		
	3 Membership dues and assessments	3 0		
	4 Investment income	4 0		
	5a Gross amount from sale of assets other than inventory	5a <input checked="" type="checkbox"/>		
	b Less: cost or other basis and sales expenses	5b <input checked="" type="checkbox"/>		
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c 0		
	6 Gaming and fundraising events:			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a <input checked="" type="checkbox"/>		
	b 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)	6b <input checked="" type="checkbox"/>		
c Less: direct expenses from gaming and fundraising events	6c <input checked="" type="checkbox"/>			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 0			
7a Gross sales of inventory, less returns and allowances	7a <input checked="" type="checkbox"/>			
b Less: cost of goods sold	7b <input checked="" type="checkbox"/>			
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c 0			
8 Other revenue (describe in Schedule O)	8 63,000			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 81,100			
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 0		
	11 Benefits paid to or for members	11 0		
	12 Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	12 0		
	13 Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	13 0		
	14 Occupancy, rent, utilities, and maintenance	14 42,072		
	15 Printing, publications, postage, and shipping	15 3,023		
	16 Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>	16 2,020		
	17 Total expenses. Add lines 10 through 16	17 47,115		
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 33,985		
	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)	19 189,142		
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 223,127		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 223,127		

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2019)

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Part II Balance Sheets (see the instructions for Part II)

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

		(A) Beginning of year		(B) End of year	
		2201	22	3,086	220,163
22	Cash, savings, and investments				
23	Land and buildings	220,163	23	220,163	
24	Other assets (describe in Schedule O)				24
25	Total assets	222,364	25	223,249	
26	Total liabilities (describe in Schedule O)	33,122	26	122	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	189,142	27	223,127	

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **Provide housing for fraternity students**

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.

28	Provide living facilities for Delta Theta Sigma Fraternity at Penn State University		
28a		42,000	
29	Provide information and social opportunity for over 1000 Alumni of Delta Theta Sigma		
29a		3500	
30			
30a			
31	Other program services (describe in Schedule O)		
31a			
32	Total program service expenses (add lines 28a through 31a)		45,500

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

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

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 ✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 34 ✓

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a ✓

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c ✓

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0 37b ✓

b Did the organization file **Form 1120-POL** for this year? 38a ✓

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b ✓

b If "Yes," complete Schedule L, Part II, and enter the total amount involved 39a

39 Section 501(c)(7) organizations. Enter:
 a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 40a

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ► ; section 4912 ► ; section 4955 ► 40b ✓

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e ✓

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► Jay Rush Telephone no. ► 724-344-4922
 Located at ► 387 Beacon Circle, Boalsburg, Pa ZIP + 4 ► 16827+1261 42b ✓

b 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)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 44a

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b ✓

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44c ✓

c Did the organization receive any payments for indoor tanning services during the year? 44d

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a ✓

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b ✓

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

	Yes	No
46 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	46	✓

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

	Yes	No
47 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	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
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

f Total number of other employees paid over \$100,000 ►

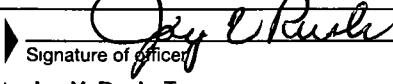
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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.

Sign Here <input type="checkbox"/>		Date Oct 27, 2020
	Signature of officer Jay V. Rush, Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 for the latest information.

OMB No 1545-0047

2019

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Name of the organization

Beta assn of Delta Theta Sigma Alumni Assn

Employer identification number

25-166581

Part 1, line 8, Other revenue: Rent income from Fraternity House \$63,000

Part 1, line 16, Other Expense : Interest \$316, Misc. \$948, Supplies \$756

Part 2, Line 26, Total Liabilities. Credit Line