Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

OMB No. 1545-0047

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

Open to Public Inspection

A	For in	e 2009 calendar year, or tax year beginning JUL 1, 2009 and ending	<u>; JUN 30, 2010</u>)
В	Check if applicat	Please C Name of organization	D Employer identif	ication number
	Addr chan	ess	,	
	Nam chan	pe type. Doing Business As	36-2	2540277
F	initial return Term ated	n [see] Number and street (of P.U. box if mail is not delivered to street address) [Room/s		er -485-8494
F	Amer Amer return	Instructions. Instructions Instr		
F		BROOKFIELD, IL 60513-1251	G Gross receipts \$	468,536.
	pend	F Name and address of principal officer; R. L. SOSNOWSKI	H(a) is this a group	
		SAME AS C ABOVE	for affiliates?	Yes X No
1	Taylor	empt status: X 501(c) (3	H(b) Are all affiliates in	
		te: WWW.DMD-NTL.ORG		a list. (see instructions)
			H(c) Group exemption	on number 🏲 M State of legal domicile: PA
		Summary	real of formation, エンエン	W State of legal doffficile, PA
	7	Briefly describe the organization's mission or most significant activities: ENCOURAGE	EMENT AND REC	OGNITION OF
Activities & Governance		HIGHER SCHOLASTIC STANDING, PROVIDING FINANC	CIAL ASSITANCE	TO
ern G	2	Check this box If the organization discontinued its operations or disposed of i	more than 25% of its net a	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
৵	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
ies	5	Total number of employees (Part V, line 2a)	5	3
Ž	6	Total number of volunteers (estimate if necessary)	6	400
Act	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	20,734.	25,311.
Revenue	9	Program service revenue (Part VIII, line 2g)	325,374.	
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,864.	18,420.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,800.	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	433,772.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,000.	29,700.
		Benefits pald to or for members (Part IX, column (A), line 4)	111	446 566
Ses	15	Salaries, other compensation, employes benefits (Part IX, column (A), lines 5-10)	113,567.	148,528.
Expenses	100	Professional fundralsing fees (Part IX, column (A), line 11e)		
益	^D	Total fundraising expenses (Part IX, column (D), line 25) 9,928.	222 600	240 002
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	233,698.	318,873.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	376,265.	497,101.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12	57,507.	-28,565.
sets or lances		T->-	Beginning of Current Year	End of Year
Sage	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	816,105.	787,540.
Net Ass Fund Bo	21	***************************************	016 105	707 540
	art II	Net assets or fund balances. Subtract line 21 from line 20	816,105.	787,540.
1 3	-1287 **	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowled	os and belief. It is frue correct
			edge.	\$,
Sig	n	R. L. Innowski 11/15/10 Ferry & When	<u>e</u> 11-5-	2010
Her	re	Signature of officer Perry	MOONE, Date	
		R. L. SOSNOWSKI, EXECUTIVE DIRECTOR Type or print name and title	"TILEASUNEA	
Pair		Preparer's Date	Check if Prepare	er's identifylng number etructions)
	u parer's	signature Hewalb 11-2-10	employed > [[] (see in:	and and and and
	only	Firm's name (cr WOLF & COMPANY LLP yours if	EIN ▶	
200	;	self-employed). 2100 CLEARWATER DRIVE		
		ZP+4 OAK BROOK, ILLINOIS 60523-1927	Phone no. ► (630)545-4500
May	y the li	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

	1990 (2009) DELTA MU DELTA HONOR SOCIETY	36-2540277	Page 2
Pe	art III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION		
	DELTA MU DELTA IS A BUSINESS HONOR SOCIETY THAT RECOGNI	ZES AND	
	ENCOURAGES ACADEMIC EXCELLENCE OF STUDENTS AT QUALIFYIN	G COLLEGES A	ND
	UNIVERSITIES TO CREATE A DMD COMMUNITY THAT FOSTERS THE	WELL-BEING	OF
	ITS INDIVIDUAL MEMBERS AND THE BUSINESS COMMUNITY THROU	GH LIFE-TIME	
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	XINO
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	arente and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	grants and	
	and to the state of the state o		
	(Code:) (Expenses \$ 236,097 · including grants of \$)(R	evenue \$	
	SCHOLARSHIP RECOGNITION TO OUTSTANDING BUSINESS STUDENT	evenue op Cianto partit mi	у то'
	ENCOURAGE AND IMPROVE ACADEMIC PERFORMANCE AMONG OVER 4	EO OOO COULT	I IO
	ON 240 CAMPUSES. APPROX 6,320 STUDENTS AND FACULTY RECE	TUDD TERRETA	MI.P
	RECOGNITION.	TAED PILETIM	15
	WECOCKITION,		
4b	(Code:) (Expenses \$ 38,013. including grants of \$) (R	evenue \$)
	PUBLICATIONS: DMD VISION IS DISTRIBUTED TO OVER 60,000	DMD MEMBERS	•
	ANNUALLY. THE VISION PROVIDES INFORMATION ON MANAGEMENT	EDUCATION,	· · · · · · · · · · · · · · · · · · ·
	PRACTICES, AND IMPORTANT ISSUES FACING SOCIETY.		
		······································	· · · · · · · · · · · · · · · · · · ·
		·	
			
			
4c	(Code:) (Expenses \$ 29,700 • including grants of \$ 29,700 •) (Re		
	SCHOLARSHIPS AND RECOGNITION AWARDS FOR UNDERGRADUATE AN	AD WY GUNDO)
	STUDENTS WERE GRANTED TO 42 UNDERGRADUATE/MASTERS STUDEN	ALL TRUETERS	T 7 77
	THEIR ACHIEVEMENT AND HIGH SCHOLASTIC POTENTIAL	ATO TO RECOGN	ATZE
	THE TOTAL TOTAL THE TITOL DESCRIPTION OF THE TAXABLE PROPERTY.	<u></u>	
			
	· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 157, 150 · including grants of \$) (Revenue \$	3	
4e	Total program service expenses ▶\$ 460,960.		- \ \
		Form 99(0 (2009)
32007 2-04-	ζ 10		(2000)

						Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?				İ	X		
2	If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors?							
3	Did the organization engage in direct or indirect political compoler petitities on behalf of a large and indirect political compoler petitities on behalf of a large and indirect political compoler petitities on behalf of a large and indirect political compoler petitities on behalf of a large and indirect political compoler petitities on behalf of a large and indirect political compoler petitities and behalf of a large and indirect political compoler petitities and behalf of a large and indirect political compoler petitities and behalf of a large and indirect political compoler petitities and behalf of a large and indirect political compoler petitities and behalf of a large and indirect political compoler petitities and indirect political compoler petitities and indirect political compoler petitities and indirect petitities and ind				2	Х	<u> </u>	
٠	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							
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes, " complete Sch	edule	C. Par	t //	3	 	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations, is the organization subject to the section 6033(e)	notic	e 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 rig	ht to					
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete \$	Schedu	ile D, i	Part I	6		X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space							
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7		X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, Schedule D, Part III				8		х	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X							
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedul				9	<u> </u>	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-end if "Yes," complete Schedule D, Part V	owme	nts?		10	Х		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, V	II, VIII,	IX, or	X				
	as applicable				11	Х	Ì	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	e Sch	edule	D,				
	Part VI.				3.75			
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	of its t	otal					
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII.				1			
•	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.							
•	 Did 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 167 If "Yes," complete Schedule D, Part IX.				1			
•	Did the organization report an amount for other liabilities in Part X, line 257 if 'Yes," complete Schedule D, Pa					1.44	:	
0	Did the organization's separate or consolidated financial statements for the tax year include a footnote that a	addres	ses					
40	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 statements for the tax year? If "Yes," con Schedule D, Parts XI, XII, and XIII,	nplete	!		;	T.	11.65	
108			<u> </u>	1	12	X		
IAM	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	· · ·	Yes	No X				
13	le the organization a school described in section 170/b//1/VAV(iii) If EVon * complete Cahadule C	12A	<u> </u>			· ·	X	
	Did the organization maintain an office, employees, or agents outside of the United States?				13		X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrals	ina b	ueinar		14a			
~	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	ang, b	usiries	·2'	1/16		Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	enlzat	ion		14b			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II							
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	to inc	lividua	ıle	15		_ <u>X</u> _	
	located outside the United States? If "Yes," complete Schedule F, Part III		iii laaa	~	16		Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	Part i	Χ.					
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I							X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on I	Part VI	II. line:	s:	17			
	1c and Ba? If "Yes," complete Schedule G, Part II				18		Х	
19	Did the organization report more than \$15,000 of gross Income from gaming activities on Part VIII, line 9a? If	"Yes."				i		
	complete Schedule G, Part III			<u> </u>	19		X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	******		. [20		X	

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Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 21 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 Х 22 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? If "Yes," complete Schedule J Х 23 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 lines 24b through 24d and complete Schedule K. If "No", go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b 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 Х 25b 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 Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employes, substantial contributor, or a orant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Х 32 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Х 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Х 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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Х

X

If "Yes," complete Schedule R, Part V, line 2

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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.

Form 990 (2009) DELTA MU DELTA HONOR SOCIETY Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			7.1 2.1
_	U.S. Information Returns, Enter -0- if not applicable 1a	3		
Þ	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable 1b]		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
٥.	(gambling) winnings to prize winners?	1c		
24	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	3		1, 1
h	filed for the calendar year ending with or within the year covered by this return	- {	1111 V	24.4
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	1		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		-2
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	OD .		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:	40	57.1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	1	3.4.1	
	Financial Accounts.		13.5	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		٠.	
а	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?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		l	
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		11.5	
ė	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		33.53	1.1
	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f		
g	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7g		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	7h	3,73	S
_	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			·
	at any time during the year?	ا ۾	33.4	775 +4
9	Sponsoring organizations maintaining donor advised funds.			13.12
а	Did the organization make any taxable distributions under section 4966?	9a	Ì	٠. ٠.
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations, Enter:	3.3	A 15.1	1 (1.5)
8	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			建設
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	44.1	3,544	*15 * .
		Farm 6	200 //	2000

Part VI 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.

The Enter the number of voting members of the governing body. □ Enter the number of voting members that are independent □ Did any officer, director, trustes, or key employees have a family relationship or a bualaness relationship with any other officer, director, directs, or key employees have a family relationship or a bualaness relationship with any other officer, director, trustes, or key employees to a memograment doubes customarily performed by or under the direct supervision of officers, directors or trustess, or key employees to a memograment company or other person? □ Did the organization become aware during the year of a moterial diversion of the organization for several of the organization have members at stockholders? □ Did the organization have members at stockholders? □ Does the organization have members at stockholders? □ Does the organization have members, subchilders, or other persons who may elect one or more members of the poverning body? □ Are any decisions of the governing body subject to approve by members, stockholders, or other persons? □ Draw the replications on temperaneously document the meetings held or written actions undestaken during the year by the following: □ The poverning body? □ States any officer, director, trustee, or key employees listed in Part VII, Seetlon A. Who cannot be reached at the organization have witten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with three of their organization. □ If Yes, 'does the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with three of their organization. □ If Yes, 'does the organization have a written organization to review this Ferm 960. □ If Yes, 'does the organization have a written organization to review this Ferm 960. □ If Yes, 'does the organization have a written organization or the decisions and decisions and decisi	<u>5ec</u>	tion A. Governing Body and Management	, <u> </u>							
b Etter the number of volting members that are independent 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1		Yes	No				
2 Did any officer, director, fusuele, or key employee have a family relationship or a business relationship with any other officer, directors or granifycer? 3 Did the organization delegate control over management dufles customarily performed by or under the direct supervision of officers, directors or fructees, or key employees to a management company or other person? 4 X 5 Did the organization become aware during the year of a materiel diversion of the organization's assets? 5 Does the organization have members and activity of the persons who may elect one or more members of the X 5 Did the organization have members, stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 9 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 9 Did the organization on temporansously document the meetings held or written actions undertaken during the year by the following: a The governing body? 9 Is there eny officer, director, fursite, or key employee lated in Part VII, Section A, who cannot be reached at the organization in selling addesses? If Yes, Provide the names and addresses in Schedule O 5 Section B, Politicles (This Section B repaires) the names and addresses in Schedule O 5 Does the organization have local chapters, branches, or affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Does the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations, where the organization has a written ensure	_			14		. :				
officer, directors, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization become ware during the year of a naterial diversion of the organization sustees? 5 Did the organization have members or stockholders? 6 Dess the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 7 Did the organization have members of stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the graphical representation have been discovered the persons of the governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the graphical representation in the persons of the governing body? 9 Is there any officer, director trustee, or key employee is trusted in Part VII, Section A, who cannot be reached at the graphical representation in the persons of the governing body? 10 Lose the organization have been disapters, branches, or affiliates? 10 If Yes, "does the organization have written politices and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization of such chapters, affiliates, and branches to expendite the persons of the persons of the pers										
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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 organization'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 employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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.

(A)	(B)	T	21101		C)	, (1)	CCIC	(D)	(E)	(5)
Name and Title	Average hours	(0		Pos	itior	app	oly)	Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustea	Officer	Кеу етрюуче	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RICHARD SOSNOWSKI EXECUTIVE DIRECTOR	40.00	x		х				61,500.	0.	0.
DR. CHARLES FAZZI PRESIDENT	1.00	х		х				0.	0.	0.
DR. JOHN LEWINGTON VICE PRESIDENT	1.00	x		x				0.	0.	0.
DR. BRENDA HARPER VP EXT DEVELOPMENT	1.00	x		х				0.	0.	0.
DR. PERRY GLEN MOORE TREASURER	1.00	х		x				0.	. 0.	0.
DR. MICHAEL V. LAROCCO PAST PRESIDENT DR. SANDIE KIEHL	1.00	x		х				0.	0.	0.
SECRETARY	1.00	x		x				0.	0.	0.
DR. CHARLES B. FINN REGIONAL REPRESENTATIVE DR. MARIE GOULD	1.00	х						0.	0.	0.
REGIONAL REPRESENTATIVE DR. JIM EDMONDS	1.00	х						0.	0.	.0.
REGIONAL REPRESENTATIVE PROF. SARA LEONE	1.00	x						0.	0.	0.
REGIONAL REPRESENTATIVE PROF. JONI ADKINS	1.00	х						0.	0.	0.
REGIONAL REPRESENTATIVE DR. GENE SMITH	1.00	x						0.	0.	0.
REGIONAL REPRESENTATIVE PROF. CAROL FARABEE	1.00	х						0.	0.	0.
REGIONAL REPRESENTATIVE	1.00	х						0.	0.	0.
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<u>un</u>	10ta:	1		U
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		х
4	For any Individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to	· -	1	
	the organization? If "Yes," complete Schedule J for such person	5	İ	Х
Sec	ction B. Independent Contractors		*	

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from NONE the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed \$100,000 in compensation from the organization • 0	d above) who received more than	

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	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	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	29,700.	29,700.		
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				27 - 1
5	Compensation of current officers, directors, trustees, and key employees	61,500.	51,045.	8,610.	1,845.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	64,542.	53,570.	9,036.	1,936.
8	Pension plan contributions (Include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	22.406	00.00		
10	Payroli taxes	22,486.	20,687.	1,124.	675.
11	Fees for services (non-employees):				
	Management	120.	110.	5.	
	Legal	4,300.	3,870.	258.	5. 172.
Ч	Accounting Lobbying	±,500;	3,070+	230 •	1/4:
e					
f	Investment management fees		<u> </u>		
	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties		· · · · · · · · · · · · · · · · · · ·		
16	Occupancy	22,750.	19,793.	2,047.	910.
17	Travel			270270	720.
18	Payments of travel or entertainment expenses				,
•-	for any federal, state, or local public officials			Ì	
19	Conferences, conventions, and meetings	63,891.	63,891.	·· · · · · · · · · · · · · · · · · · ·	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,280.	2,640.	2,376.	264.
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.)				
ä	CHAPTERS	93,259.	93,259.		
ь	PRINTING AND PUBLICATIO	36,703.	33,767.		2,936.
С	SUBSCRIPTIONS	32,325.	32,325.		
d	TEMPORARY HELP	23,160.	23,160.		· · · · · · · · · · · · · · · · · · ·
е	OTHER OFFICE	15,887.	14,139.	1,430.	318.
f	All other expenses	21,198.	19,004.	1,327.	867.
25	Total functional expenses. Add lines 1 through 24f	497,101.	460,960.	26,213.	9,928.
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 fundralsing solicitation				

932010 02-04-10

Form 990 (2009)

Part X	Balance	Sheet

			(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing		1	
1	2	Savings and temporary cash investments	167,833.	2	122,391.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	1	27.2	
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
-	6	Receivables from other disqualified persons (as defined under section			Bras waster to the E
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
21	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	****	8	
₹	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other	.3 5 5 5 5 5 5 5 5 5 5	 	AND A STATE OF THE
		basis. Complete Part Vi of Schedule D 10a			學是的人主義的
1	b	Less: accumulated depreciation 10b		10c	,, .
1	11	Investments - publicly traded securities		11	
	12	Investments - other securities, See Part IV, line 11	646,148.	12	663,025.
	13	Investments - program-related. See Part IV, line 11		13	003,023.
- 1	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,124.		2,124.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	816,105.	16	787,540.
1	17	Accounts payable and accrued expenses	020/2001	17	707,340.
	18	Grants payable	***	18	
	19	Deferred revenue	•••	19	
	20	Tax-exempt bond liabilities	7.53	20	
- I	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u>≅</u> 2	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II	1		
		of Schedule L. Secured mortgages and notes payable to unrelated third parties		22	
- 1	24	Unsecured notes and loans payable to unrelated third parties		23	
1 -	25	Other liabilities. Complete Part X of Schedule D		24	
1	26	Total flabilities. Add lines 17 through 25	0.	25 26	0.
- -		Organizations that follow SFAS 117, check here		20	TALLER STATE OF THE STATE OF TH
g l		lines 27 through 29, and lines 33 and 34,		311	
Security		Unrestricted net assets	597,662.	27	5/2 70¢
8 S		Temporarily restricted net assets		:_	543,786.
00 2	29			28	243,754.
5		Permanently restricted net assets Organizations that do not follow SFAS 117, check here	210,210,	29	443,734.
Net Assets or Fund Bala		complete lines 30 through 34.			
و کو		Capital stock or trust principal, or current funds	The second secon	() () () () ()	in the sector for the matches fight for
SSG	31	Pald-in or capital surplus, or land, building, or equipment fund		30	
ر د ا	32	Retained earnings, endowment, accumulated income, or other funds		31	
2 2	33	Total net assets or fund halozoos	816,105.	32	707 545
	34 34	Total net assets or fund balances	010,103.	33	787,540.
,	/ T	Total liabilities and net assets/fund balances	816,105.	34	787,540. Form 990 (2009)

Form 990 (2009)

Act and OMB Circular A-133?

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.

Form 990 (2009)

За

X

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number DELTA MU DELTA HONOR SOCIETY 36-2540277 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2), If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes the governing body of the supported organization? 11g(i) (II) A family member of a person described in (i) above? (III) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (III) Type of (vi) Is the organization in col. (i) organized in the (I) Name of supported (iv) is the organization (v) Did you notify the (II) EIN (vii) Amount of oroanization n col. (I) listed in your organization in col. organization (described on lines 1-9 support governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Total

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)									
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)									
Se	ction A. Public Support		, , , , , , , , , , , , , , , , , , , ,						
-	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(4) 0000	(a) 0000	(A) T-b-1		
	Gifts, grants, contributions, and	(4) 2003	(6) 2000	(6) 2007	(d) 2008 ·	(e) 2009	(f) Total		
•	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-						·		
~	ization's benefit and either paid to		,						
	·								
_	or expended on its behalf								
3	The value of services or facilities			-					
	fumished by a governmental unit to								
	the organization without charge								
4	Total, Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly	1.73 (1)							
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)		11,111	2 72 8 7 7 9 9	e, e V e f e f	V = 4 11 12 12 12 12 12 12 12 12 12 12 12 12			
	Public support. Subtract line 6 from line 4.	<u> </u>							
	ction B. Total Support	,				•			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4								
8	Gross income from interest,			-					
	dividends, payments received on								
	securities loans, rents, royalties	ļ				Į.			
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the			1					
	business is regularly carried on	,							
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV.)	ĺ				į			
11	Total support. Add lines 7 through 10	to specificate the	ide i i	7 × 1 × 1,111 7	antari (gabatan)	51.53.53.55.55.			
	Gross receipts from related activities,	etc. (see instruction	ons)			12			
	First five years. If the Form 990 is for								
	organization, check this box and stor						▶□		
Sec	tion C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2009 (line 6, column (f) di	vided by line 11, o	olumn (f))		14	%		
	Public support percentage from 2008					15	%		
16a	33 1/3% support test - 2009.if the o	roanization did not	check the box on	line 13, and line 1	4 ls 33 1/3% or m	ore, check this box			
	stop here. The organization qualifies								
b	33 1/3% support test - 2008.If the o								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes	t - 2009.If the orga	e ton bib notesing	neck a box on line	13 16a or 16b o	nd line 1/1 is 1004 o	ur more		
,,,,	and if the organization meets the "fac								
	meets the "facts-and-circumstances"	teet The araonize	tion qualifies as a	unplich enabodog	erer Explaint in Par	r iv now me ordani	ZACIOII		
ل	10% -facts-and-circumstances tes	t = 2000 if the eree	con qualites as a inization did not al	papitoly supported	12 165 165	70.000150-455-3			
D	more, and If the organization meets the						U70 OF		
							. [
	organization meets the "facts-and-circ	Junistances test.	ine organization of	juainies as a public	y supported orga	nization			

Schedule A (Form 990 or 990-EZ) 2009

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

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 288,988. Include any "unusual grants.") 263,788. 285,059. 292,628. 341,849. 1472312. 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 55,277. 80,957. 117,155. 117,280. 108,267. 478,936. 3 Gross receipts from activities that are not an unrelated trade or bus-Iness under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 319,065. 369,945. 402,214. 409,908. 450,116. 1951248. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on Ene 13 for the year c Add lines 7a and 7b 0. 8 Public support (Subtractions 7c from line 6.) 1951248. Section B. Total Support (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total 319,065 9 Amounts from line 6 369,945. 402,214. 409,908. 450,116. 1951248. 10a Gross income from Interest, dividends, payments received on securities loans, rents, royalties 21,274 and income from similar sources 22,417. 28,097. 23,864. 18,420 114,072. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 22,417. 21,274 28,097. 23,864. c Add lines 10a and 10b 18,420 114,072. 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.) 340,339. 392,362. 430,311. 433,772. 468,536. Total support (Add lines 8, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 94.48 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 94.4216 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 5.52 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization \rightarrow X b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization Employer identification number DELTA MU DELTA HONOR SOCIETY 36-2540277 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules -For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer *No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Cabadula Dit	Town 2004 (200 E.Z. ov 200 DVC) (2008)			_ 1 . 1
	Form 990, 990-EZ, or 990-PF) (2009) rganization		Emplo	Page 1 of 1 of Part 1 yer identification number
DELTA	MU DELTA HONOR SOCIETY		36	5-2540277
Part I	Contributors (see Instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ilons .	(d) Type of contribution
1	VALLI GURRAM			Person X
	1115 FAIRENO	\$ 19,0	00.	Payroll Noncash
	NAPERVILLE, IL 60540			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ions	(d) Type of contribution
		\$	<u>.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution,)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution,)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ions	(d) Type of contribution
		\$		Person Payroll Oncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ons	(d) Type of contribution
		s		Person Payroll Noncash (Complete Part If if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ons	(d) Type of contribution
1	•			

(Complete Part II if there is a noncash contribution.) Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Person Payroll Noncash

923452 02-01-10

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

DELTA MU DELTA HONOR SOCIETY

Employer identification number 36-2540277

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	Tt II Conservation Easements. Complete if the orga	inization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ple	easure) Preservation of an hi	storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		The state of the last
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure	cture included in (a)	20
d	Number of conservation easements included in (c) acquired af	ter B/17/06	2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by th	e organization during the tax
	year >	, , , , , , , , , , , , , , , , , , , ,	
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it is	- ,	
6	Staff and volunteer hours devoted to monitoring, inspecting, a		during the year
. 7	Amount of expenses incurred in monitoring, inspecting, and er		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation	easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
	conservation easements.		•
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part I V , line 8.	
	•		
1a	If the organization elected, as permitted under SFAS 116, not t	o report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these ite		,,
b	If the organization elected, as permitted under SFAS 116, to re	port in its revenue statement and balan	ice sheet works of art, historical treasures
	or other similar assets held for public exhibition, education, or a	esearch in furtherance of public service	e. provide the following amounts relating to
	these items:	,	-, pre-vise we tempting action, to wining to
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets Included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS 116		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
ь	Assets included in Form 990, Part X		> \$

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

932051 02-01-10 Schedule D (Form 990) 2009

	edule D (Form 990) 2009 DELTA MU DELTA HONOR SOCIETY		36-2	540277 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited F	mancial S	statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		468,536.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		497,101.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-28,565.
4	Net unrealized gains (losses) on investments	4		
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 through 8	9		0.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 **T XII Reconciliation of Revenue per Audited Financial Statements With R	10	or Datuus	-28,565.
		<u>-</u>	<u> </u>	460 F06
1	Total revenue, gains, and other support per audited financial statements		1	468,536.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12;			
a	Net unrealized gains on Investments 2a			
þ	Donated services and use of facilities 2b			
C	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.)		'	
	Add lines 2a through 2d		2e	0.•
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •	3	468,536.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b	• • • • • • • • • • • • • • • • • • • •	4c	0.
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Statements With E	xnenses	ner Return	468,536.
ئىئنا	Total expenses and losses per audited financial statements			497,101.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			401,401.
•	Donated services and use of facilities 2a			
h	Prior year adjustments 2b			
c	Other losses			
4	Other losses 2c	· · · · · · · · · · · · · · · · · · ·		
	Other (Describe in Part XIV.)			^
3	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	0.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	**************	3	497,101.
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV.)			•
	Add lines 4a and 4b		4c	0.
Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	***************	5	497,101.
	<u> </u>			
X, line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and a 2; Part XI, line 8; Part XII, lines 2d and 4b. Also complete this part to TV, LINE 4: ENDOWMENT FUND INCOME CAN ONLY BE US	provide an	v additional int	Part V, line 4; Part ormation.
SCH	OLARSHIPS.		•	
				· · · · · · · · · · · · · · · · · · ·
932054			Schedule	D (Form 990) 2009

<u>\$</u> Open to Public Employer identification number 36-2540277 Schedule 1 (Form 990) 2009 OMB No. 1545-0047 Inspection (h) Purpose of grant X Yes 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 are so organization (b) EIN (c) IRC section (d) Amount of round address of organization (e) Amount of round address of organization (e) IRC section (d) Amount of round address of organization (e) Amount of round address of organization (e) IRC section (d) Amount of round address of organization (e) IRC section (d) Amount of round address of organization (e) IRC section (d) Amount of round address of organization (e) IRC section (d) Amount of round address of organization (e) IRC section (d) Amount of round address of organization (e) IRC section (d) Amount of round address of organization (e) IRC section (d) Amount of round address of organization (e) IRC section (d) Amount of round address of organization (e) IRC section (d) Amount of round address of organization (e) IRC section (d) Amount of round address of organization (e) IRC section (d) Amount of round address of organization (e) IRC section (d) Amount of round address of organization (e) IRC section (d) IRC section (d) Amount of round address of organization (e) IRC section (d) IRC Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Enter total number of section 501(c)(3) and government organizations Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Attach to Form 990. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. criteria used to award the grants or assistance? SOCIETY Enter total number of other organizations DELTA MU DELTA HONOR General Information on Grants and Assistance 1 (a) Name and address of organization Name of the organization Department of the Treasury SCHEDULE (Form 990) Part I

Schedule I (Form 990) 2009

DELTA MU DELTA HONOR SOCIETY

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

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

Page 2

36-2540277

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MILDRED R. MARION AWARD	ਜ	2,000.	0.		
PAT & TONY JABLONSKY AWARD	ਜ	2,000.	0.		
АСВЕКТ У, ЕЗСЯЕК АМАКО	ਜ	1,500.	• 0		
J. FORANOCE AWARD	ਜ	1,500.	.0		
JAMES F, GIFFIN AWARD		1,000.	0		Tripleto a production and tripleto and tripl
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ricle the information	n required in Part I, II	ine 2, and any other	additional information.	
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					The second secon
			THE PROPERTY OF THE PROPERTY O		Prince of the control
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Schedule I (Form 990) 2009

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Part II Continuation of Grants and Other Assistance to Individuals in the	duals in the Unit	United States (Schedule	in the United States (Schedule I (Form 990), Part III.)	('	30-404// Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ABDERRAHKAN ROBANA AWAKD	-1	1 000	0	Table 1 and	
WALTER F. ROHRS AWARD	. 1	1,000.	0		
BALWANT SINGH AWARD	1.	1,000.	0.		
HELEN D. SNOW AWARD	1.	1,000.	.0		
\$1,000 AWARDS	16.	1,000.	0.		
HONORABLE MENTION AWARDS - \$100	17.	100	°°		
	***************************************				Schedule I-1 (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1645-0047

2009

Open To Public

Name of the organization								1	Employe	Identif	ication (number
DE	LTA MU	DELTA	LTA HONOR SOCIETY 36-254027 (section 501(c)(3) and section 501(c)(4) organizations only).							7		
Complete if the org	anization ans	wered "Yes	" on Form	990, Part IV,	line 25a o	r 25b, or Fo	rm 990-E	Z, Pari	V, line 40)b.	T	
(a) Name of di	squalified per	son			(d)	Description	of transa	ction			·	rected?
	~~~					<del>,</del>					Yes	No
											<del> </del>	
								•			<del>                                     </del>	
O Enter the amount of the in-			<del></del>					<del></del>		<del> </del>		<u> </u>
2 Enter the amount of tax imp section 4958						_	-		<b>k</b> . 6			
3 Enter the amount of tax, if a	anv. on line 2.	above, reir	nbursed by	v the organiza	ation	•••••••			<b>►</b> ♣ \$ <b>♦</b>		<u></u>	
							*********	*********	🗫 🙂	<del></del>		
Part II Loans to and/o												
Complete if the orga					line 26, or	Form 990-E	Z, Part \	, line 3	8a.			
(a) Name of Interested person and purpose		to or from nization?	(c) Origin	nal principal mount	(d) Bala	ance due	(e) defa	∫n ∵le≎		roved ard or	(g) W	
potabilitatia parpuos	To	From	-	TAGE 15					comm		agreement? Yes No	
	10	FIOR					Yes	No	Yes	No	Yes No	
			<del> </del>						1			
									<del> </del>			<del></del>
		L										
Total   Part III   Grants or Assis	stance Rec	efiting l	ntereste	nd Parson				<del></del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Complete if the orga		=										
(a) Name of interested		vereu 162	<del></del>			ted person	and		(a) Am	ount an	d tupo o	<del></del> -
<b>1</b> - <b>7</b> · · · · · · · · · · · · · · · · · · ·	p 0.00		(2) 1 101011	the or	pen Interested person and ganization (c) Amount and type of assistance							
												<del></del>
	<del>-</del>											
												<del></del>
											<del></del>	
Part IV   Business Trans	actions In	volving	ntereste	ed Person	S.	<del> ,</del>	•	<u> </u>			<del></del>	······································
<del></del>						8b. or 28c.						
							(e) Sha					
			person and	d the organiz	ation	transac	ction		transacti	on	organiz: reveni	
VZADA MUUNIDHD											Yes	No
MICRO THUNDER		OMI	FD BA	SON O	r THE	2	,500	· PEN	TMA	AT D		X
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LHA For Privacy Act and Paper	work Reduc	tion Act No	tice see	the			-	obodul	a L (Form	2 AOA a	- 000 ET	20000

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

Instructions for Form 990 or 990-EZ.

#### **SCHEDULE O**

, (Form 990)

Department of the Treasury Internal Revenue Service

### 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 Open to Public Inspection

Name of the organization

DELTA MU DELTA HONOR SOCIETY

Employer identification number 36-2540277

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
QUALIFIED AND DESERVING STUDENTS
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MEMBERSHIP.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
TRAINING AND EDUCATION: NATIONAL AND REGIONAL MEETINGS WERE HELD
PROVIDING INFORMATION ON CHAPTER OPERATIONS AND SCHOLASTIC RECOGNITION
ATTENDED BY FACULTY AND ADMINISTRATORS, THIS PROGRAM INCREASES THE
EFFECTIVENESS OF DMD CHAPTERS
EXPENSES \$ 157150. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2: THE REGIONAL REPRESENTATIVE IS AT
THE SAME UNIVERSITY AND WORKS FOR THE OUTGOING PRESIDENT.
FORM 990, PART VI, SECTION A, LINE 6: CERTAIN MEMBERS OF THE ORGANIZATION
ARE STOCKHOLDERS.
FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS MEMBERS,
STOCKHOLDERS, OR OTHER PERSONS WHO MAY ELECT ONE OR MORE MEMBERS OF THE
GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7B: AT THE BIENNIAL CONFERENCE THE
ACTIONS OF THE BOARD WILL BE PRESENTED TO THE GOVERNING CHAPTER FOR
APPROVAL. DISAGREEMENT CAN RESULT IN DIRECTIVES AND/OR REPLACEMENT OF
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule O (Form 990) 2009  932211 02-03-10
26

#### SCHEDULE O

, (Form 990)

Department of the Treasury Internal Revenue Service

### 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.

2009
Open to Public Inspection

Name of the organization

DELTA MU DELTA HONOR SOCIETY

Employer identification number 36-2540277

OFFICERS ON THE SLATE.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE
TREASURER, THE FINANCE COMMITTEE AND THE AUDIT COMMITTEE; ALL OF WHOM
REPORT BACK AT THE NEXT BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL REPORT AT THE FALL BOARD
MEETING
FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR PERFORMED AN
AREA SURVEY UTILIZING AN EMPLOYMENT AGENCY. RESULTS ARE REVIEWED BY THE
TREASURER.
FORM 990, PART VI, SECTION C, LINE 18: ALL ARE AVAILABLE ON DELTA MU
DELTA'S WEBSITE UNDER "ABOUT US."
FORM 990, PART VI, SECTION C, LINE 19: ALL ARE AVAILABLE ON DELTA MU
DELTA'S WEBSITE UNDER "ABOUT US."
FORM 990, PART XI, LINE 2X
THE PROCESS FOLLOWED BY THE AUDIT COMMITTEE FOR OVERSIGHT OF THE ANNUAL
AUDIT HAS NOT CHANGED.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: MICRO THUNDER
LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Schedule O (Form 990) 2009

#### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

## 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.

2009
Open to Public Inspection

Name of the organization

DELTA MU DELTA HONOR SOCIETY

Employer Identification number 36-2540277

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
OWNED BY SON OF THE EXECUTIVE DIRECTOR AT DELTA MU DELTA HONOR SOCIETY
(C) AMOUNT OF TRANSACTION \$ 2500.
(D) DESCRIPTION OF TRANSACTION: TENANT AT DELTA MU DELTA HONOR SOCIETY.
SON DISCOUNTS HIS HOURLY CONSULTING RATE TO DMD AND WAIVES HIS MINIMUM
CHARGE AS WELL AS PROVIDES OCCASIONAL FREE ADVICE AS HE OFTEN DOES FOR
ALL HIS CLIENTS. IN RETURN, DMD SUPPORTS THE FREQUENT INFLUX OF HIS
INVENTORY AND PLACES IT INTO THE RESERVE AREA WHICH IS INCLUDED IN HIS
RENT.
(E) SHARING OF ORGANIZATION REVENUES? = NO
·
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