			EXTENDED TO FEBRUARY 16	, 201	6					
	0	00	Return of Organization Exempt Fi	rom I	ncome Tax	OMB No. 1545-0047				
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (Code (exc	ept private foundatio	^{ns)} 2014				
		of the Treasury enue Service	Do not enter social security numbers on this form as in Information about Form 2000 and its instructions is a	-		Open to Public Inspection				
			▶ Information about Form 990 and its instructions is a ar year, or tax year beginning JUL 1, 2014 and er		<u>s.gov/form990.</u> UN 30, 2015	Пэресноп				
Bc	heck if	C Name of	forganization	inaing 0	D Employer identifie	cation number				
a	pplicab	le:	-							
	Addre chang Name		A MU DELTA HONOR SOCIETY			***				
]chan ⊐Initial	ge Doing bi	usiness as			**0277				
	_returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Re BROADWAY AVE .	loom/suite		r 485-8494				
	returr_ termi		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	724,450.				
	ated Amer returr		KFIELD, IL 60513-1251		H(a) Is this a group re					
	Appli dtion		nd address of principal officer: DR . PERRY GLEN MOOR	E		? Yes X No				
	pend		AS C ABOVE		H(b) Are all subordinates in					
		empt status:		527	1	list. (see instructions)				
-			DELTAMUDELTA.ORG		H(c) Group exemption					
		f organization:	Corporation Trust Association X Other	L Year	of formation: 1913	State of legal domicile: PA				
Pa	rt I					2 3 3 10				
e	1	Briefly describ	be the organization's mission or most significant activities: PROVI	DE EN	COURAGEMENT					
nan	_	RECOGNITION OF HIGHER SCHOLASTIC ACHIEVEMENT IN BUSINESS ST 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net asset								
Activities & Governance	2 3	Number of vol	12 sets.							
ß	4		12							
ŝ	5		lependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2014 (Part V, line 2a)		6					
vitie	6		of volunteers (estimate if necessary)			30				
Acti	7 a		d business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated	business taxable income from Form 990-T, line 34			0.				
					Prior Year	Current Year				
ne	8		and grants (Part VIII, line 1h)		34,025.	17,483.				
Revenue	9	-	ce revenue (Part VIII, line 2g)		644,957.	626,125.				
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		11,407. 31,500.	<u>19,842.</u> 61,000.				
	11 12		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		721,889.	724,450.				
	12		nilar amounts paid (Part IX, column (A), lines 1-3)		57,000.	58,250.				
	14		to or for members (Part IX, column (A), line 4)		0.	0.				
ŝ		- · · ·			255,498.	220,508.				
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) a		0.	0.				
xpe	b	Total fundraisi	ing expenses (Part IX, column (D), line 25)	4.						
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		339,418.	394,966.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		651,916.	673,724.				
5.00	19	Revenue less	expenses. Subtract line 18 from line 12		69,973.	50,726.				
Net Assets or Fund Balances					ginning of Current Year	End of Year				
Asse Bala	20	Total assets (F			1,329,890.	1,368,702.				
Net ∕ und	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20		1,329,890.	1,368,702.				
	rt II	Signature			_, = _ , = > , = > 0 •	_,				
			I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of m	y knowledge and belief, it is				
			. Declaration of preparer (other than officer) is based on all information of whic			- ,				

Sign Here	Signature of officer DR. PERRY GLEN MOORE, Type or print name and title	PRESIDENT	Da	te						
Paid	Print/Type preparer's name DAVID R. SIEHOFF	Preparer's signature D	ate	Check PTIN if self-employed PO0175845						
Preparer	Firm's name 🕨 BKD , LLP	· ·	Fir	m's EIN **-***0260						
Use Only	Firm's address 1901 S. MEYERS R									
	OAKBROOK TERRACE	Ph	Phone no.630.282.9500							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)									
432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Τ.

Form	DELTA MU DELTA HONOR SOCIETY	**-***0277	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Χ
1	Briefly describe the organization's mission: DELTA MU DELTA IS A BUSINESS HONOR SOCIETY THAT RECOGNI	ZES AND	
	ENCOURAGES ACADEMIC EXCELLENCE OF STUDENTS AT QUALIFYIN		ND
	UNIVERSITIES TO CREATE A DMD COMMUNITY THAT FOSTERS THE		
	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	XNo
•	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses	S.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	• •	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 530,940 · including grants of \$) (Reven		<u>125.</u>)
	SCHOLARSHIP RECOGNITION TO OUTSTANDING BUSINESS STUDENT ENCOURAGE AND IMPROVE ACADEMIC PERFORMANCE AMONG OVER 4		
	ON 240 CAMPUSES. APPROX 8,860 STUDENTS AND FACULTY RECE		
	RECOGNITION.		<u> </u>
4b	(Code:) (Expenses \$ 7,936 · including grants of \$) (Reven)
	PUBLICATIONS: DMD VISION IS DISTRIBUTED TO OVER 60,000		/
	ANNUALLY. THE VISION PROVIDES INFORMATION ON MANAGEMENT	EDUCATION,	
	PRACTICES, AND IMPORTANT ISSUES FACING SOCIETY.		
4c	(Code:) (Expenses \$ 58,250. including grants of \$ 58,250.) (Reven SCHOLARSHIPS AND RECOGNITION AWARDS FOR UNDERGRADUATE A)
	STUDENTS WERE GRANTED TO 57 UNDERGRADUATE/MASTERS STUDE		NTZE
	THEIR ACHIEVEMENT AND HIGH SCHOLASTIC POTENTIAL		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 597 , 126.		
432002		Form 9	90 (2014)
11-07-	2		
500	127 756297 1150507 2014.05050 DELTA MU DELTA HONOR	R SOCIET 1150)5071

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Form	990	(2014)

Part IV Checklist of Required Schedules

DELTA MU DELTA HONOR SOCIETY

			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
	If "Yes," complete Schedule A	1	X	37			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v			
	public office? If "Yes," complete Schedule C, Part I	3		X			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x			
5	during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4					
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>					
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х			
8							
	Schedule D, Part III	8		Х			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for						
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?						
	If "Yes," complete Schedule D, Part IV	9		X			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent						
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X						
	as applicable.						
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v			
	Part VI	11a		X			
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	4.4%		х			
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b					
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х			
Ь	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	110					
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI and XII	12a	Х				
b	Was the organization included in consolidated, independent audited financial statements for the tax year?						
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X			
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,						
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/1		х			
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b					
15	foreign organization Per Views, " complete Schedule F, Parts II and IV	15		х			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10					
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines						
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"						
	complete Schedule G, Part III	19		X			
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					

Form **990** (2014)

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, 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	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
_ 14	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 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		<u> </u>
Ŭ		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 .1 0		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schodula L. Dart I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

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Fa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37						
_	(gambling) winnings to prize winners?	1c	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 6		v						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		Х					
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a							
d	If "Yes," enter the name of the foreign country:								
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5-		x					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			- 23					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
0d	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 as charitable contributions?	6a		x					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua							
D	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	0.5							
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b									
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b							
•	to file Form 8282?								
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
-	organization is licensed to issue qualified health plans 13b	-							
C 140	Enter the amount of reserves on hand	44-		X					
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		- 22					
<u> </u>	ה דפה, המה הוווים מדטוחו ובט נט דפטטר נוופה באמיוופונה איז איזט, אוטיוטב מו בגאומומנוטו ווו הטוובטנוב ט		1 990	(2014)					

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402000
11-07-14

Form 990 (2014)

* * - * * * 0277 Page 5

Form 990	(2014)
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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.

2001	Check if Schedule O contains a response or note to any line in this Part VI						
Seci	tion A. Governing Body and Management						Г
10	Enter the number of verting members of the governing body of the and of the tay year	1.40		12	-	Yes	┝
Ia	Enter the number of voting members of the governing body at the end of the tax year	. <u>1</u> a					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			12			l
	Enter the number of voting members included in line 1a, above, who are independent						l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						l
_	officer, director, trustee, or key employee?			2	2		ł
	Did the organization delegate control over management duties customarily performed by or under						ĺ
	of officers, directors, or trustees, or key employees to a management company or other person?						ł
	Did the organization make any significant changes to its governing documents since the prior Form						ļ
	Did the organization become aware during the year of a significant diversion of the organization's a					37	ł
	Did the organization have members or stockholders?			6	<u>}</u>	Х	ļ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or						ĺ
	more members of the governing body?			7	a	Х	ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stock	kholders, or				ĺ
	persons other than the governing body?			. 7	b	Х	ļ
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y		•				l
а	The governing body?			8	a	X	ļ
	Each committee with authority to act on behalf of the governing body?			8	b	Х	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eache	d at the				l
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9)		l
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal	Reven	ue Code.)				1
				_		Yes	I
	Did the organization have local chapters, branches, or affiliates?			10)a	Х	I
b	If "Yes," did the organization have written policies and procedures governing the activities of such						ĺ
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10)b	X	ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody be	fore filing the form?	? 11	la	Х	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						l
	• • • • • •				2a	X	ļ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			. 12	2b	Х	ļ
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If $\$						ĺ
	in Schedule O how this was done				2c	X	ļ
13	Did the organization have a written whistleblower policy?			1	3	Х	ļ
14	Did the organization have a written document retention and destruction policy?			1	4	Х	l
15	Did the process for determining compensation of the following persons include a review and appro	oval by	independent				I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ו?					I
а	The organization's CEO, Executive Director, or top management official			15	5a	Х	ĺ
	Other officers or key employees of the organization				ōb	Х	ĺ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						ĺ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	t with a				I
	taxable entity during the year?			. 16	ba		ĺ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	uate its	s participation				ĺ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ganizat	tion's				I
	exempt status with respect to such arrangements?			16	6b		Í
Sect	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-T (Se	ction 501(c)(3)s onl	y) avai	lable	9	
18	for public inspection. Indicate how you made these available. Check all that apply.						
18		in in S	chedule O)				
18	for public inspection. Indicate how you made these available. Check all that apply		,	and fin	nanci	ial	
18	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain the control of the control		,	and fin	nanci	ial	
18 19	for public inspection. Indicate how you made these available. Check all that apply. Image: State in Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year.	conflic	t of interest policy,	and fin	nanci	ial	
18 19	for public inspection. Indicate how you made these available. Check all that apply. Image: State the name, address, and telephone number of the person who possesses the organization's telephone	conflic	t of interest policy,	and fin	nanci	ial	
18 19	for public inspection. Indicate how you made these available. Check all that apply. Image: State in Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year.	conflic	t of interest policy,	and fin	nanci	ial	-
18 19 20	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's to THE ORGANIZATION - $708 - 485 - 8494$	conflic	t of interest policy,			ial 990	

(E)

Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated
	Employees, and Independe	nt Contra	ctors				

Check if Schedule O contains a response or note to any line in this Part VII

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(D)

(^)

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.

• 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, if any. See instructions for definition of "key employee."

• 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.

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(D)

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average Position (do not check more than one					than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	unless person			h an	compensation	compensation	amount of
	week	<u> </u>	fficer and a direc			rector/trustee)		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or din				ted		organization	(W-2/1099-MISC)	from the
	related	stee (ruste			oen sa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		loye	co mi				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	n L	lns	1 E	, Š	en <u>H</u> i	5			
(1) DR. PERRY GLEN MOORE	1.00	x		x				0.	0.	0.
PRESIDENT	1.00							0.	0.	0.
(2) DR. CHARLES FINN	1.00							0.	0	0
VICE PRESIDENT EXT DEVELOP	1 0 0	X		X				0.	0.	0.
(3) DR. BAMBI HORA	1.00									•
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(4) DR. CURTIS ABEL, PH.D.	1.00									
REGIONAL REPRESENTATIVE		X						0.	0.	0.
(5) DR. GORDON RICHARDS	1.00									
REGIONAL REPRESENTATIVE		X						0.	0.	0.
(6) DR. SARA ADAMS	1.00									
REGIONAL REPRESENTATIVE		Х						0.	0.	0.
(7) DR. BETTY JEAN HEBEL	1.00									
REGIONAL REPRESENTATIVE		Х						0.	0.	0.
(8) DR. KEVIN MCCARTHY	1.00									
REGIONAL REPRESENTATIVE		X						0.	0.	0.
(9) DR. JONI ADKINS	1.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(10) MR. JOEL MAIER	1.00									
REGIONAL REPRESENTATIVE		X						0.	0.	0.
(11) DR. CHUCK FAZZI	1.00									
ADVISORY BOARD CHAIR		Х						0.	0.	0.
(12) DR. JOHN LEWINGTON	1.00									
ADVISORY BOARD CO-CHAIR		Х						0.	0.	0.
		1								
		1								
		4								
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	990 (2014) DELTA MU									**_*:	**0	277	Pa	age 8
Pa	t VII Section A. Officers, Directors, Trus		oloy	ees			ghe	st C		es (continued)				
					Pos heck ss pe	more rson	than o is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
1b	Sub-total								0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le			0
3	Did the organization list any former officer,										[Yes	No
4	line 1a? <i>If "Yes," complete Schedule J for</i> s For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d otl		the organization		3		X X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services	. [4 5		x
Sec	tion B. Independent Contractors	piere oeriedak		0/ 01	uon	porc								
1	Complete this table for your five highest co the organization. Report compensation for	•	•								ipens	ation f	rom	
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	С	(C omper		า
								-						
2	Total number of independent contractors (i	•	ot lii	mite	d to		-	stec	d above) who received m	nore than				
43200	\$100,000 of compensation from the organi	zation 🕨				(0					Form	990 (2	2014)

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	Form 990 (20			DELTA	
1	Part VIII	Statemen	t of	Reven	ue

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gg						(A) Total revenue	Related or exempt function	Unrelated business	from tax under
gg	nts nts	1 a	Federated campaigns	1a					
gg	our								
gg	An G								
gg	ar ,								
gg	inil S, (
gg	rion S	f	All other contributions, gifts, gran	ts, and					
gg	the		similar amounts not included abov	ve 1f	17,483.				
gg	df	g	Noncash contributions included in lines	1a-1f: \$					
2 a MEMBER DUES 900099 443,129. 443,129. b MISCELLANEOUS 900099 156,519. 156,519. c FEES 900099 16,974. 16,974. g Total. Add lnes 2a.27 626,125. 900099 19,842. g Total. Add lnes 2a.27 626,125. 900099 19,842. g Total. Add lnes 2a.27 19,842. 19,842. 19,842. g Total. Add lnes 2a.27 19,842. 19,842. 19,842. g Total. Add lnes 2a.27 10,000 19,842. 19,842. g Total. Add lnes 2a.27 19,842. 19,842. 19,842. g Total. Add lnes 2a.27 19,842. 19,842. 19,842. g Total. Add lnes 2a.27 10,8eutles 10,000 10,000 g Total. Add lnes 2a.27 10,000 10,000 10,000 g Total. Add lnes 2a.27 10,000 10,000 10,000 g Total. Add lnes 110,000 10,000	an C	h	Total. Add lines 1a-1f			-			
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Part IX Statement of Functional Expenses

DELTA MU DELTA HONOR SOCIETY

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons clude amounts reported on lines 6b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gran	its and other assistance to domestic organizations				
and	domestic governments. See Part IV, line 21				
2 Grar	nts and other assistance to domestic				
indiv	viduals. See Part IV, line 22	58,250.	58,250.		
3 Grar	nts and other assistance to foreign				
orga	anizations, foreign governments, and foreign				
	viduals. See Part IV, lines 15 and 16				
	efits paid to or for members				
	npensation of current officers, directors,				
trust	tees, and key employees	40,392.	4,039.	36,353.	
6 Com	pensation not included above, to disqualified				
perse	ons (as defined under section 4958(f)(1)) and				
	ons described in section 4958(c)(3)(B)				
7 Othe	er salaries and wages	159,277.	132,200.	22,299.	4,778
	sion plan accruals and contributions (include				
	ion 401(k) and 403(b) employer contributions)				
9 Othe	er employee benefits				
0 Payı	roll taxes	20,839.	18,755.	1,042.	1,042
I 1 Fees	s for services (non-employees):				
a Man	nagement				
b Lega	al	120.		120.	
c Acco	ounting	5,900.		4,720.	1,180
	bying				
	essional fundraising services. See Part IV, line 17				
	estment management fees				
-	er. (If line 11g amount exceeds 10% of line 25,				
	mn (A) amount, list line 11g expenses on Sch O.)				
	ertising and promotion				
	ce expenses				
	rmation technology				
15 Roya	alties		05 244	0.061	1
l6 Occ	upancy	31,794.	27,344.	2,861.	1,589
7 Trav	/el	53,673.	53,673.		
18 Payı	ments of travel or entertainment expenses				
	any federal, state, or local public officials	15 055			
9 Con	ferences, conventions, and meetings	15,955.	15,955.		
0 Inter	— — — — — — — — — — — — — — — — — — —				
	ments to affiliates				
2 Dep	reciation, depletion, and amortization	4 200	4 200		
		4,328.	4,328.		
	r expenses. Itemize expenses not covered /e. (List miscellaneous expenses in line 24e. If line				
24e a	amount exceeds 10% of line 25, column (A)				
	unt, list line 24e expenses on Schedule 0.)	000 800	000 800		
	APTERS	228,789.	228,789.		
	BSCRIPTIONS	45,855.	45,855.		0.45
-	INTING AND PUBLICATIO	8,181.	7,936.		245
	SCELLANEOUS	371.	2.	369.	
	other expenses				0 0 0 1
	I functional expenses. Add lines 1 through 24e	673,724.	597,126.	67,764.	8,834
	t costs. Complete this line only if the organization				
	rted in column (B) joint costs from a combined				
educ	cational campaign and fundraising solicitation.				
Check	k here k lif following SOP 98-2 (ASC 958-720)				

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Form **990** (2014)

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DELTA	MIT	DELTA	HONOR	SOCIETY
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-0277 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	<u> </u>
	2	Savings and temporary cash investments		2	603,089.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	g		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a	-		
		Less: accumulated depreciation 10b	700 004	10c	762 400
	11	Investments - publicly traded securities		11	763,489.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	2 1 2 4
	15	Other assets. See Part IV, line 11		15	2,124. 1,368,702.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,300,702.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
ilidi				22	
Lia	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		27	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	952,279.	27	976,732.
ala	28	Temporarily restricted net assets		28	2,000.
Б	29	Permanently restricted net assets		29	389,970.
'n		Organizations that do not follow SFAS 117 (ASC 958), check here			
P_		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	1,329,890.	33	1,368,702.
	34	Total liabilities and net assets/fund balances	1 1 200 000	34	1,368,702.
					Form 990 (2014)

Form 990 (2014)
Part X Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 724, 450 2 Total revenue (must equal Part IX, column (A), line 25) 2 673, 724 3 Revenue less expenses. Subtract line 2 from line 1 3 50, 726 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1, 329, 890 5 Net unrealized gains (losses) on investments 5 -11, 914 6 6 7 7 8 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 9	12
1Total revenue (must equal Part VIII, column (A), line 12)1724,4502Total expenses (must equal Part IX, column (A), line 25)2673,7243Revenue less expenses. Subtract line 2 from line 1350,7264Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))41,329,8905Net unrealized gains (losses) on investments5-11,914606778789Other changes in net assets or fund balances (explain in Schedule O)90	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 5 7 6 8 7 9 Other changes in net assets or fund balances (explain in Schedule O)	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 5 7 6 8 7 9 Other changes in net assets or fund balances (explain in Schedule O)	_
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 5 7 6 7 7 8 7 9 Other changes in net assets or fund balances (explain in Schedule O)	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,329,890 5 Net unrealized gains (losses) on investments 5 -11,914 6 6 6 7 7 6 8 7 6 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0	
5 Net unrealized gains (losses) on investments 5 -11,914 6 6 6 7 1nvestment expenses 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9	
6 6 7 6 7 7 8 7 9 0ther changes in net assets or fund balances (explain in Schedule O) 9	
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9	4.
8 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0	
9 Other changes in net assets or fund balances (explain in Schedule O)	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	0.
	_
column (B)) 10 1,368,702	2.
Part XII Financial Statements and Reporting	_
	X
	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
	X
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** (2014)

432012 11-07-14

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	EZ
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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.

Open to Public
Inspection

OMB No. 1545-0047

4

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Nan	ame of the organization Employer identification number											
D	t. I			HONOR SOCIE					*-**0277			
	Art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
	orga	anization is not a private foundation because it is: (For lines 1 through 11, check only one box.)										
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		1	d in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i i	ii).					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		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.)										
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7		An organization that norma	lly receives a substa	ntial part of its support	from a gov	ernmental	unit or from t	he general	public described in			
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9	Χ	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	oport from	contributi	ons, member	ship fees, a	and gross receipts from			
		activities related to its exem	npt functions - subje	ct to certain exceptions,	, and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
10		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).					
11		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section	5 09(a)(3). C	Check the box in			
	_	_lines 11a through 11d that	describes the type o	of supporting organization	on and con	nplete lines	s 11e, 11f, an	d 11g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving			
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting			
	_	organization. You must c	omplete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	iving			
		control or management o	f the supporting org	anization vested in the s	same perso	ons that co	ontrol or mana	age the sup	ported			
	_	organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Ily integrate	ed with,			
	_	its supported organization	n(s) (see instructions	b). You must complete	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	/ integrated. A supp	orting organization oper	rated in co	nnection v	vith its suppo	rted organi	zation(s)			
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness			
	_	requirement (see instruct	ions). You must con	nplete Part IV, Section	s A and D,	and Part	V.					
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III				
		functionally integrated, or										
f	En	ter the number of supported o	organizations									
g	Pro	ovide the following information			K.)							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o listed i		(v) Amount o	-	(vi) Amount of			
		decouped of million reaction appoint (see Support (see										
		above or IRC section (see instructions) (see instructions) (see instructions)										

Total LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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Schedule A (Form 990 or 990-EZ) 2014

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support		-						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and								
	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								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.								
-	ction B. Total Support			•	•	•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
	Gross receipts from related activities	. etc. (see instructi	ons)	•		12	_		
	First five years. If the Form 990 is fo		,			on 501(c)(3)			
	organization, check this box and stop								
See	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11,	column (f))		14	%		
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	%		
16 a	33 1/3% support test - 2014. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this	box and		
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n					
b	33 1/3% support test - 2013. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check	this box		
	and stop here. The organization qua	lifies as a publicly :	supported organiz	ation					
1 7a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10	% or more,		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization								
b	10% -facts-and-circumstances tes								
	more, and if the organization meets the	he "facts-and-circu	imstances" test, c	heck this box and	d stop here. Explai	n in Part VI how t	he		
	organization meets the "facts-and-cire								
18	Private foundation. If the organization								
					Sch	edule A (Eorm O	90 or 990-EZ) 2014		

Schedule A (Form 990 or 990-EZ) 2014

432022 09-17-14

Schedule A (Form 990 or 990 EZ) 2014 DELTA MU DELTA HONOR SOCIETY 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21,414.	63,049.	16,245.	34,025.	17,483.	152,216.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	419 224	600 224	709,188.	644,957.	626 125	3007728.
-	organization's tax-exempt purpose	418,234.	609,224.	109,100.	644,957.	626,125.	3007728.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	439,648.	672,273.	725,433.	678,982.	643,608.	3159944.
	Amounts included on lines 1, 2, and	10,010.	012,213.	125, 155.	070,902.	045,000.	5155544.
10	3 received from disgualified 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 line 13 for the year		25,000.		17,781.		42,781.
c	Add lines 7a and 7b		25,000.		17,781.		42,781.
8	Public support (Subtract line 7c from line 6.)						3117163.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	439,648.	672,273.	725,433.	678,982.	643,608.	3159944.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68,456.	54,562.	12,073.	11,407.	19,842.	166,340.
h	Unrelated business taxable income		01/0020				20070100
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	68,456.	54,562.	12,073.	11,407.	19,842.	166,340.
	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 VI.)	F00 104	100,000.		31,500.	61,000.	
	Total support. (Add lines 9, 10c, 11, and 12.)	508,104.	826,835.			724,450.	3563284.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3) organiz	ation,
0							
	ction C. Computation of Publ						07 40
	Public support percentage for 2014 (15	87.48 % 86.63 %
	Public support percentage from 2013					16	86.63 %
	ction D. Computation of Invest						4.67 %
	Investment income percentage for 20					17	
	Investment income percentage from					18	7 -
198	33 1/3% support tests - 2014. If the						N V
Ŀ	more than 33 1/3%, check this box a						
D	33 1/3% support tests - 2013. If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	THUR HUL CHECK A	50X OF III e 14, 19			edule A (Form 990	
+J2U2	.0 07-1/-14			15	301	Coule A (FOITI 990	5 01 550-LZJ ZU 14

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Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2014

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990 EZ) 2014 DELTA MU DELTA HONOR SOCIETY Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following parsons? A poreson with directly or information and one or together with persons described in (a) and (c) below, the governing body of a supported organization? A faily member of a parson described in (a) or (b) above?!! "Yes" to a, b, or c, provide detail in part M. Did the directors, trustees, or membership of one or more supported organizations have the power to regulate particulations. It was assumed to the organization is directors or trustees at all times during the tax year? If You." describe in part W. The W flex supported organization takes that times during the tax year? If You." describe in part W. The W flex supported organization or them the organization actives. If and organization actives are allocated among the supported organization do grant the supported organization and more supported organization and part to Yes." A support do controlled the supporting organization in the supported organization and part to Yes." A support do controlled the supporting organization in the supported organization and part to Yes." A support do supported organization is directors or trustees were allocated among the tax year. Did the organization supporting Organization. Vee In Yes." Yes IN Yes. "A part Y how the supporting organization is directors or trustees during the tax year. Were a migority of the organization supported organization. Vee In Yes." Yes IN Yes." Yes IN Yes." Yes IN Yes IN Yes." Yes IN Yes IN Yes IN Yes." Yes IN Yes IN					
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 that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <i>Part VI</i> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI</i>. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 					
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of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. 2b a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 3a	h		Za		
 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 	b				
activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
 Barent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 					
 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI</i>. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 		activities but for the organization's involvement	2h		
trustees of each of the supported organizations? Provide details in <i>Part VI</i> .3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of eachImage: Comparison of the support of the	3		26		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		Parent of Supported Organizations. Answer (a) and (b) below.	26		
		Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI.</i>			
432025 09-17-14 Schedule A (Form 990 or 990-EZ) 20	a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI.</i>			

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Schedule A (Form 990 or 990-EZ) 2014 DELTA MU DELTA HONOR SOCIETY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	v-integra	ated Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990 EZ) 2014 DELTA MU DELTA HONOR SOCIETY

Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		1	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
c				
d				
	From 2013			
-	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2014 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
6	greater than zero, see instructions).			
o	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
7	instructions). Excess distributions carryover to 2015. Add lines 3j			
7				
8	and 4c. Breakdown of line 7:			
a b				
<u>с</u>				
	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

422022 00 17 14				Schedule A (Form 9	90 or 990-E7\ 201
432028 09-17-14		20		Schedule A (FUHII 9	55 01 550-EZ) 20 P
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SC	HEDULE D Supplemental Financial Statements		OMB No. 1545-0047
	m 990) Complete if the organization answered "Yes" to Form 990,		2014
•	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public
	truent of the Treasury al Revenue Service ► Information about Schedule D (Form 990) and its instructions is at www.irs.or	v/form99	
Nam	ne of the organization DELTA MU DELTA HONOR SOCIETY		ployer identification number **-***0277
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	Accou	unts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	funds	
	are the organization's property, subject to the organization's exclusive legal control?		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	ed only	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose cor	ferring	
	impermissible private benefit?		Yes No
Pa	IT II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part	IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)	ally impo	rtant land area
	Protection of natural habitat	historic	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	l conserv	ation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a			
b	· · · · · · · · · · · · · · · · · · ·		
с	Number of conservation easements on a certified historic structure included in (a)	2c	
d	I Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure		
~	listed in the National Register	. 2d	a alcuita a dia a dari
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	ganizatio	n during the tax
4	year ▶ Number of states where property subject to conservation easement is located ▶		
4 5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
5	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements durin		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(¥
-	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta		and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	organiza	tion's accounting for
	conservation easements.	-	-
Pa	IT III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Simi	lar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	t and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.		
b			
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	service,	provide the following amounts
	relating to these items:		
	(i) Revenue 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 treasures, or other similar assets for financial ga	in, provid	le
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		•
а	Revenue included in Form 990, Part VIII, line 1	🕨	\$

b Assets included in Form 990, Part X		\$
LHA For Paperwork Reduction Act Notice, 432051 10-01-14	see the Instructions for Form 990.	S

Schedule D (Form 990) 2014

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Sche	dule D (Form 990) 2014 DELTA MU	J DELTA HON	NOR SOCIET	Ϋ́		**_**	*027	7 ра	age 2
	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	ner Simil	ar Asse	ts (contir		
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that are a	significant	use of its	collectio	n item	IS
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further t	he organization's ex	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or		,	,			-		-
	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arrang	, ,	te if the organizatio	on answered "Yes" to	o Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Parl								
1a	Is the organization an agent, trustee, custodia		•						7
	on Form 990, Part X?					······ L	Yes		No
D	If "Yes," explain the arrangement in Part XIII a	ind complete the fol	lowing table:				Amount		
•	Paginning balance				1c		Amount		
	Additions during the year								
	Additions during the year Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • •]
Par									
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	372,487.	338,462.	322,217.	. 2	259,168.		243,	754.
b	Contributions	17,483.	34,025.	16,245.		63,049.		15,	414.
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	389,970.	372,487.	338,462.		322,217.		259,	168.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment 100.00	%							
с	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c shoul								
3a	Are there endowment funds not in the posses	sion of the organiza	ation that are held a	ind administered for	the organi	zation	г	V	N.
	by:						2=(1)	Yes	No X
	(i) unrelated organizations						3a(i) 3a(ii)		X
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R2				3b		
4	Describe in Part XIII the intended uses of the						50		
	t VI Land, Buildings, and Equipme		which india.						
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990. Part X	. line 10.				
	Description of property	(a) Cost or ot			Accumulate	ed	(d) Bool	< value	e
		basis (investm			epreciation		,, 200		-
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	Add lines 1a through 1e. (Column (d) must eq		X, column (B), line 1	10c.)					0.
						Schedule	D (Form	1 990)	2014

432052 10-01-14

Part VII	Investments -	Other Secu	rities	S.		
Schedule D	(Form 990) 2014	DELTA	MU	DELTA	HONOR	SOCIETY

Complete if the organization answered "Yes"	" to Form 990, Part IV	, line 11b. See Form 990	, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or e	nd-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 000 Dort IV	ling 110 See Form 000	Dart V lina 12	
(a) Description of investment	(b) Book value			nd-of-year market value
				id of year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes		, line 11d. See Form 990	, Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)			•
Part X Other Liabilities.	/			
Complete if the organization answered "Yes"	" to Form 990, Part IV	line 11e or 11f. See For	m 990. Part X. line 2	5.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			-	
(2)			-	
(3)			-	
<u>(4)</u>			-	
(5)				
(6)			-	
	I			
(7)			-	
(7) (8)				
(7)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lir				
(7) (8) (9)		ote to the organization's	s financial statement	s that reports the
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lir	e the text of the footn	-		

Sche	dule D (Form 990) 2014 DELTA MU DELTA HONOR SOCIET	Y		**_*	**0277 F	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With				
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		-			
1	Total revenue, gains, and other support per audited financial statements			1	712,5	536.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-11,914.			
b	Donated services and use of facilities	2b		1		
с	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIII.)	2d		1		
е	Add lines 2a through 2d			2e	-11,9	914.
3	Subtract line 2e from line 1			3	724,4	150.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	724,4	150.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts Wit	h Expenses per	Retur	'n.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	673,7	724.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	673,7	724.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	673,7	724.
Pa	rt XIII Supplemental Information.					
Drov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, and 4; Part IV	/ lines 1h	and 2h: Dart V line	1. Dort V	/ line 2: Dort VI	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT FUND INCOME CAN ONLY BE USED FOR SCHOLARSHIPS.

432054 10-01-14

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SCHEDULE I (Form 990)		Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	er Assistand d Individual answered "Yes"	ce to Organ s in the Uni to Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		 Information 	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs. gov/form990.	Attach to Form 990. Form 990) and its instru	m 990. s instructions is a	t www.irs.aov/form99	0	Open to Public Inspection
Name of the organization	tion DELTA MU DELTA	ELTA HONOR	OR SOCIETY					Employer identification number * * _ * * 0 2 7 7
Part I General Ir	General Information on Grants and Assistance	l Assistance						
1 Does the organiz	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	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	sistance, and the select	
criteria used to ٤	criteria used to award the grants or assistance?	ince?						X Yes
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monit	oring the use of grant 1	funds in the United	d States.			
Part II Grants an	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	mestic Organiz	zations and Domestic	: Governments. C	omplete if the orga	anization answered "Y	es" to Form 990, Part l	V, line 21, for any
recipient t	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	,000. Part II can	be duplicated if addition	onal space is need	led.			
1 (a) Name and ac or go	1 (a) Name and address of organization or government	NI3 (q)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government or	ganizations listed in the	e line 1 table				
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	sted in the line 1	table					
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form	ee the Instructi	ons for Form 990.					Schedule I (Form 990) (2014)

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10-15-14

Schedule I (Form 990) (2014) DELTA MU DELTA HONOR		SOCIETY			**-**0277 Page 2
r Assist plicated	s. Complete if the	organization answe	sred "Yes" to Form 90	30, Part IV, line 22.	
(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
	~	0 0 0 0	c		
\$2,000 AWARDS	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6,000.			
\$1,000 AWARDS	34	34,000.	.0		
\$500 AWARDS	17	8,500.	.0		
\$750 AWARDS		750.	.0		
Supplementa	quired in Part I, lin	e 2, Part III, column	(b), and any other ac	Iditional information.	
FART 1, LINE 2: STUDENTS COMPLETE A SCHOLARSHIP AF	APPLICATION	N FORM WHICH	CH IS REVIEWED	EWED BY A	
PANEL OF JUDGES. SCHOLARSHIPS ARE	ARE AWARDED	BASED ON THREE	THREE CRIT	CRITERIA:	
ACADEMICS, LEADERSHIP, AND CHARACTER.	JER.				
432102 10-15-14		26			Schedule I (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 14 Open to Public Inspection

DELTA MU DELTA HONOR SOCIETY

Employer identification number **-***0277

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDE FINANCIAL ASSISTANCE TO QUALIFIED, DESERVING STUDENTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

FORM 990, PART VI, SECTION A, LINE 6: CERTAIN MEMBERS OF THE ORGANIZATION

ARE STOCKHOLDERS

18500127 756297 1150507

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 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 TO THE FULL BOARD AT THE NEXT MEETING. THE 990 IS MADE AVAILABLE TO THE FULL BOARD FOR THEIR REVIEW PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C: LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14 27 2014.05050 DELTA MU DELTA HONOR SOCIET 11505071

Schedule O (Form 990 or 990-EZ) (2014)											Page 2			
Name of the organization										Employer iden	tificat	ion numb	er	
	DELTA MU DELTA HONOR SOCIETY										**-***0277			
BOARD MEMBERS	ARE	PROVIDED	WITH	А	СОРҮ	OF	THE	POLICY	AND	REQUIRED	то	SIGN	А	

STATEMENT RELATED TO CONFLICT OF INTEREST EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

BOARD DISCUSSION AND VOTE. INTERIM EXECUTIVE DIRECTOR RETIRED AND WAS

REPLACED BY A NEW DIRECTOR, WHOSE SALARY FOR THE FIRST YEAR WAS ESTABLISHED

BY A NEGOTIATED EMPLOYMENT CONTRACT THAT WAS APPROVED BY THE SOCIETY'S

EXECUTIVE COMMITTEE AND SUBSEQUENTLY BY THE BOARD.

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."

PART X11, LINE 2C EXPLANATION

THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED DURING THE YEAR.