Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

~	roi tii	e 2014 Calefidar year, or tax year beginning	enumy					
В	Check if applicab	C Name of organization		D Employer identific	cation number			
	Addre	e DELTA CHI EDUCATIONAL FOUNDATION						
	Name chang	Doing business as		42-6	075434			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
	Final			(319) 337-4811			
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	City or town, state or province, country, and ZIP or foreign postal code					
	Amer	ded TOWN CTMY TN FOOME	IOWA CITY, IA 52245 F Name and address of principal officer:ROD ARNOLD					
	Appli	eturn ? Yes X No						
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in				
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) d	or 527	If "No," attach a	list. (see instructions)			
		te: ► WWW.DCEF.COM		H(c) Group exemption	n number 🕨			
		forganization: X Corporation Trust Association Other	L Year	of formation: 1954 N	State of legal domicile: IA			
P	art I	Summary			and the same of th			
0	1	Briefly describe the organization's mission or most significant activities: THE 1						
Activities & Governance		EDUCATIONAL FOUNDATION IS TO PROVIDE LEAD	DERSHI	P, SCHOLARS	HIP AND			
- Lu	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	14			
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14			
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0			
Ν	6	Total number of volunteers (estimate if necessary)		6	0			
1ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			5,441.			
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	-4,338.			
				Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		499,024.	679,399.			
	9	Program service revenue (Part VIII, line 2g)		0.	0.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		71,551.	-753,406.			
т.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,649.	51,096.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		608,224.	-22,911.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		445,808.	250,061.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		109,730.	115,033.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
xbe	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 158,33	27.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		215,320.	271,400.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		770,858.	636,494.			
	19	Revenue less expenses. Subtract line 18 from line 12		-162,634.	-659,405.			
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		3,774,365.	2,931,762.			
AP	21	Total liabilities (Part X, line 26)		1,092,544.	242,111.			
Ž.	22	Net assets or fund balances. Subtract line 21 from line 20		2,681,821.	2,689,651.			
1000	art II	Signature Block		No.				
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
		Cignature of officer		5/11/19				
Sig		Signature of officer		Daté				
Hei	re	ROD ARNOLD, TREASURER Type or print name and title						
_		EST CONTROL OF CONTROL		Note	II STIN			
		Print/Type preparer's name Preparer's signature	1 **	Date Check	PTIN			
Pai			PONNE 0	5/01/15 self-employe				
	parer	Firm's name VONLEHMAN & COMPANY INC.	TTM= ^	Firm's EIN	31-0905417			
use	Only		JITE 3		17) 460 0460			
-		INDIANAPOLIS, IN 46240	-	Phone no. (3)	17) 469-0169			
Ма	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF DELTA CHI EDUCATIONAL FOUNDATION IS TO PROVIDE
	LEADERSHIP, SCHOLARSHIP, AND OTHER EDUCATIONAL SUPPORT TO THE
	UNDERGRADUATE MEMBERS AND CHAPTERS OF THE DELTA CHI FRATERNITY.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 149,259 • including grants of \$ 142,117 •) (Revenue \$
	CHAPTERS AND COLONIES SEEKING TO BUILD OR RENOVATE A CHAPTER HOUSE CAN
	UTILIZE AN E-CHI ACCOUNT TO ACCUMULATE TAX-FREE DONATIONS TO BE APPLIED
	TOWARD ITS CONSTRUCTION OR RENOVATION.
4b	(Code:) (Expenses \$ 28,850 • including grants of \$ 27,469 •) (Revenue \$
40	(Code:) (Expenses \$ 20,000 including grants of \$ 27,409) (Revenue \$ CHAPTER SCHOLARSHIP ACCOUNTS ("CSA'S") ENABLE INTERESTED ALUMNI OF EACH
	UNDERGRADUATE CHAPTER TO FUND SUCH ACCOUNTS TO PROMOTE AND REWARD
	ACADEMIC ACHIEVEMENT TO THE UNDERGRADUATES BY GIVING SCHOLARSHIPS TO
	RECOGNIZE AND ENCOURAGE OUTSTANDING STUDENTS.
	RECOGNIZE AND ENCOURAGE COIDIANDING DIODENID:
	04 500 00 475
4c	(Code:) (Expenses \$ 84,520 including grants of \$ 80,475 including grants
	THE PRESIDENTS "A"'S FROM EACH UNDERGRADUATE DELTA CHI CHAPTER ATTEND A
	LEADERSHIP AND MANAGEMENT SEMINAR AT A LOCATION IN SOUTHERN INDIANA.
	IT IS THE FRATERNITY'S PREMIER LEADERSHIP AND MANAGEMENT SKILLS
	DEVELOPMENT PROGRAM FOR LEADERS OF THE UNDERGRADUATE CHAPTERS. IT IS
	PROVIDED AT NO COST TO THE UNDERGRADUATE ATTENDEES. THE DELTA CHI
	EDUCATIONAL FOUNDATION ASSISTS IN RAISING MONEY TO FUND THIS IMPORTANT
	EDUCATIONAL SEMINAR.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 262,629.

Form 990 (2014) DELTA CHI EDUCATIONAL FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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, 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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of 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	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "		
ızu	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	4		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			177
	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,"	ا مد ا		v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
g	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ц

Form 990 (2014) DELTA CHI EDUCATIO Part 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	X	
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	X	
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
ZI	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	21		
20				
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b		200		122
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			 ₩
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Х	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	Х	37
35a	, , , , , , , , , , , , , , , , , , , ,	35a		X
b	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?			3,7
	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	X	<u> </u>

Form 990 (2014) DELTA CHI EDUCATIONAL FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Part V					Ш				
	1		1 4		Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0							
	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 re			4.						
20	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		I	1c						
Za		2a	0							
h	filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b						
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			20						
32				За	х					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	X					
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		Х				
b	If "Yes," enter the name of the foreign country:		,.							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e org	anization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons c	or gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		='			77				
	to file Form 8282?		I	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit continuous and the continuous continuous and the continuous con			7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g						
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are strictly a depart advised funds. Did a depart advised funds points in advised funds.			7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8						
9	Sponsoring organizations maintaining donor advised funds.			•						
	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:			0.0						
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	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	11a								
	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
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		I							
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c				v				
				14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	υ		14b						

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1	4		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year or a significant diversion of the organization sassets?	6	Х	
_	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	1	 	\vdash
7a		7a	х	
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14	1	-
b		76		X
		7b		21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
a	The governing body?	8a	X	_
b	Each committee with authority to act on behalf of the governing body?	8b	122	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ.
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1,,	
		L.a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		₩.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	37
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	l	X
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JUSTIN SHERMAN - (319) 337-4811			
	314 CHURCH STREET, IOWA CITY, IA 52245			

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

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

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.

X Check this box if neither the organization		orga	aniza			mpe	nsat	I .			
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)	
Name and Title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of	
	week	offi				or/trus		from	from related	other	
	(list any	or director						the	organizations	compensation	
	hours for		gg.			ated		organization	(W-2/1099-MISC)	from the	
	I	related organizations below line) linguisting line)		e e	suadı		(W-2/1099-MISC)		organization and related		
	organizations below	lual tr	tional	١.	nploye	st con	_			organizations	
	line)	Individual trustee	nstitu	Officer	Key employee	Highest compensated employee	orme			organization o	
(1) JAMES M. MARASCIO	1.00	Ι-	_		Ť	1 0	_				
PRESIDENT		x		х				0.	0.	0.	
(2) DONALD L. LA PLANTE	1.00										
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.	
(3) LYLE E. SPRINKLE	1.00										
SECRETARY	0.00	X		Х				0.	0.	0.	
(4) ROD ARNOLD	1.00										
TREASURER	0.00	Х		Х				0.	0.	0.	
(5) STEVEN R. MICHELS	1.00										
MEMBER AT LARGE		X						0.	0.	0.	
(6) JOHN G. TUNILA	1.00										
MEMBER AT LARGE		Х						0.	0.	0.	
(7) LEE P. BERLIN	1.00										
DIRECTOR		Х						0.	0.	0.	
(8) MICHAEL L. CARROLL	1.00							_	_	_	
DIRECTOR		Х						0.	0.	0.	
(9) RATHEEN C. DAMLE	1.00										
DIRECTOR		Х						0.	0.	0.	
(10) ROY R. PAYNE JR.	1.00	l									
DIRECTOR		Х						0.	0.	0.	
(11) J. DONALD (DON) TURK	1.00	١									
DIRECTOR		Х				_		0.	0.	0.	
(12) CHAD M. WOLETT	1.00	ļ ,,								_	
DIRECTOR		Х				-		0.	0.	0.	
(13) PATRICK F. WEBER	1.00	Ψ,						0.	0.	0.	
DIRECTOR	1.00	Х				┢		0.	0.	0.	
(14) ROBERT D. HENDERSHOT	0.00	₩.						0.	0.	0.	
Contraction (15) JUSTIN SHERMAN	1.00					-		0.	0.	0.	
EXECUTIVE DIRECTOR	0.00			x				0.	0.	0.	
DARGOTTVE DIRECTOR	1 0.00	\vdash				\vdash				•	
		ł									
						+					
		1									

432007 11-07-14 Form **990** (2014)

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	;	Est	imate	d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			ount c	of
		week (list any	\vdash	T a		T CCIC	Ji/ ti do	100)	from	from related			other	
		hours for	directo				L		the organization	organization (W-2/1099-MIS			ensat om the	
		related	9e or 0	stee			ısatec		(W-2/1099-MISC)	(00-271099-10110	30)		nizati	
		organizations	trust	al tru		yee	educ						relate	
		below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner				orgar	nizatio	ns
		line)	ib	lnst	Officer	Key	High	Forr				<u> </u>		
			1											
			$ldsymbol{f eta}$									<u> </u>		
			<u> </u>											
			-											
			<u> </u>									<u> </u>		
			<u> </u>											
			-											
1b	Sub-total							<u> </u>	0.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)		<u> </u>					<u> </u>	0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ıose	liste	ed a	bov	e) wł	no re	eceived more than \$100	0,000 of reportab	le			,
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director or tru	ıcto	o ko	ov or	mnle	N/00	orl	highest componented o	mployoo on	١		165	NO
3	line 1a? If "Yes," complete Schedule J for s				-	-	-		-			3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15	=		-					<u>-</u>			4		Х
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	/ unr	elat	ed organization or indiv	idual for services	;			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	for s	uch	pers	son .					5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation fr	om	
	(A)	trie caleridar y	Cai	enui	iiig v	VILII	OI W		(B)	year.		(C)	١	
	Name and business	address	N	INC	E				Description of s	services	С	compen		1
											ı			
								\dashv						
								\dashv						
	Total number of independent contractors (noludina but -		mita	d +c	the	00 1	otos	d abovo) who received to	noro than				
	Total number of independent contractors (i \$100,000 of compensation from the organi		IOL III	iiiite	:u (0	1110	0	sie0	above, who received n	IOIE IIIAII				

42-6075434 DELTA CHI EDUCATIONAL FOUNDATION Page 9 Form 990 (2014) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Total revenue Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 679,399 15,476. g Noncash contributions included in lines 1a-1f: \$ 679,399 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 64,057. other similar amounts) 64,057. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 92,571. 6 a Gross rents 66,373. **b** Less: rental expenses 26,198. c Rental income or (loss) 26,198, 5,441 20,757. d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 717,406. 1,010,000. assets other than inventory b Less: cost or other basis 705,138. 1,839,731 and sales expenses 12,268. -829,731. c Gain or (loss) -817,463 -817,463. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory

Business Code

24,898

24,898. -22,911. 24,898

24,898.

900099

Miscellaneous Revenue

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

11 a OTHER INCOME

b

-732,649.

5,441

Part IX Statement of Functional Expenses

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

0001	On 50 (c)(5) and 50 (c)(4) organizations must comp				
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
7b,	8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	222,592.	222,592.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	27,469.	27,469.		
3	Grants and other assistance to foreign	,	,		
3					
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		115,033.	11,387.	24,973.	78,673.
7	Other salaries and wages	110,000	±±,507•	22,3,3,	,
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
	Legal	15,702.		15,702.	_
	Accounting	49,485.		49,485.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	4,496.		4,496.	
		-, -, -, -,		-/	
g	·	1,395.		1,395.	
	column (A) amount, list line 11g expenses on Sch O.)	1,393.		1,393.	
12	Advertising and promotion	27 406		F 71F	01 (01
13	Office expenses	27,406.		5,715.	21,691.
14	Information technology	19,930.		1,844.	18,086.
15	Royalties				
16	Occupancy	3,900.	1,050.	2,700.	150.
17	Travel	29,419.		15,476.	13,943.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,981.			8,981.
20		- ,			- ,
21	Payments to affiliates				
	Depreciation, depletion, and amortization	5,187.		5,187.	
22	Inquironos	7,197.		7,197.	
23	Other expanses Itemize expanses not severed	1,1010		1,1010	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	60 004		60 071	^
а	ANNUITY EXPENSE	69,271.	0.	69,271.	0.
b	MISCELLANEOUS	27,357.	131.	10,423.	16,803.
С	DUES AND SUBSCRIPTIONS	1,674.	0.	1,674.	0.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	636,494.	262,629.	215,538.	158,327.
26	Joint costs. Complete this line only if the organization		-	•	<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
1005	, ,,,,,				Form 990 (2014)
43201	0 11-07-14				EOOD 21201 (2014)

Form 990 (2014)

Part X | Balance Sheet

Pai	πλ	Balance Sneet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			569,046.	1	570,463.
	2	Savings and temporary cash investments			433,309.	2	520,294.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
ţ		employees' beneficiary organizations (see instr)	. Complet	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		0.	7	70,000.	
ğ	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	793.			
	b	Less: accumulated depreciation		225.	1,105,603.	10c	568.
	11	Investments - publicly traded securities		1,594,398.	11	1,718,471.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	32,052.	14	9,362.		
	15	Other assets. See Part IV, line 11		39,957.	15	42,604.	
	16	Total assets. Add lines 1 through 15 (must equ	3,774,365.	16	2,931,762.		
	17	Accounts payable and accrued expenses	107,252.	17	17,397.		
	18	Grants payable		18			
	19	Deferred revenue			20,142.	19	0.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	r officers,	directors, trustees,			
≝		key employees, highest compensated employee	es, and di	isqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third pa	arties	760,480.	24	0.
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). (Complete Part X of			
		Schedule D			204,670.	25	224,714.
	26	Total liabilities. Add lines 17 through 25			1,092,544.	26	242,111.
		Organizations that follow SFAS 117 (ASC 958	3), check	here ▶ X and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
anc anc	27	Unrestricted net assets			171,640.	27	7,672.
3ale	28	Temporarily restricted net assets			1,702,303.	28	1,856,822.
Jd E	29				807,878.	29	825,157.
Ē		Organizations that do not follow SFAS 117 (A	SC 958),	check here			
þ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipment	fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			2,681,821.	33	2,689,651.
	34	Total liabilities and net assets/fund balances			3,774,365.	34	2,931,762.

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2		2,9 6,4					
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)) 4								
5	Net unrealized gains (losses) on investments	5	-5	5,3	48.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9	72	2,5	83.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	2,68	9,6	51.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				37				
2a	7 1		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			v					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in School	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>				

Form **990** (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DELTA CHI EDUCATIONAL FOUNDATION

Employer identification number 42-6075434

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.				
he o	organi	ization is not a private found	ation because it is: (For lines 1 through 11, o	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in secti	on 170(b)(1)(A)(ii).	Attach Schedule E.)							
3		A hospital or a cooperative		· · · · · · · · · · · · · · · · · · ·	ection 170	(b)(1)(A)(ii	ii).				
4		A medical research organiz						the hospital's name.			
		city, and state:	•					•			
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in			
_	section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
	X										
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe	•	(1)(A)(vi) (Complete Par	+ II \						
9		An organization that norma				contribution	one mambarehin faas a	nd gross receipts from			
9		activities related to its exen	•	•	-			-			
			•	·				-			
		income and unrelated busin See section 509(a)(2). (Cor		(less section of reak) if	om busine	sses acqu	illed by the organization	arter durie 30, 1973.			
10		An organization organized a	. ,	ively to toot for public or	ofaty Can	naction EC)(/a)/4)				
11	H		•	•	•			nurnages of one or			
• •		An organization organized a more publicly supported organization	· ·	•	•		•				
			•					FIECK THE DOX III			
_		lines 11a through 11d that	• •			•	, ,	r airrin a			
а		Type I. A supporting orga		•							
		the supported organization			a majority (or the alree	ctors or trustees of the s	supporting			
		organization. You must o	•		4: · · · · · · · · · · · · · · · · ·						
D		Type II. A supporting orga	· ·					-			
		control or management o			ame perso	ons that co	ontrol or manage the sup	рропеа			
		organization(s). You mus	- ·			ula a sa dula sa		1241-			
С		Type III functionally inte	-				• •	ea with,			
		its supported organization		· ·				(-)			
a		Type III non-functionally									
		that is not functionally int	-	•	-		-	iveness			
		requirement (see instructi	·	-							
е		Check this box if the orga					i Type i, Type ii, Type iii				
_		functionally integrated, or									
Т		r the number of supported o									
9		ride the following information Name of supported	i about the supporte		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of			
	,	organization	(-7	(described on lines 1-9	listed i	n your	support (see	other support (see			
				above or IRC section	governing of Yes	No No	Instructions)	Instructions)			
				(see instructions))	103	110					
- Ota											

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.)

Sec	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.")	388,674.	351,328.	528,884.	499,024.	679,399.	2447309.
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	388,674.	351,328.	528,884.	499,024.	679,399.	2447309.
5	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)						
	Public support. Subtract line 5 from line 4.						2447309.
	ction B. Total Support				-	· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011 351,328.	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	388,674.	351,328.	528,884.	499,024.	679,399.	2447309.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	27 020	20 440	26 201	21 000	02 204	207 100
	and income from similar sources	27,028.	29,449.	36,391.	31,028.	83,284.	207,180.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	12,478.	2,577.	2,182.	125.	24,898.	42,260.
	assets (Explain in Part VI.)	12,470.	4,511.	2,102.	125.	24,090.	2696749.
11	• • • • • • • • • • • • • • • • • • • •	ata (aga inatuusti	-no)			12	2000740.
12 13	Gross receipts from related activities, First five years. If the Form 990 is for	•	,	d fourth or fifth to			
13	organization, check this box and stor	-			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (I			column (f))		14	90.75 %
15	Public support percentage from 2013					15	86.31 %
	33 1/3% support test - 2014. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-	▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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	now, piedee com	proto r ure m.				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		, ,	, ,			,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						_
	ction C. Computation of Publi					1 1	
	Public support percentage for 2014 (li					15	<u>%</u>
	Public support percentage from 2013					16	<u>%</u>
	ction D. Computation of Inves					14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18 22.1/20/ and line:	% 17 is not
198	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2013. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						······· [

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 **p**_{art 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 <code>part VI</code>, 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, loan, 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.)

		Yes	No
Ī		162	NO
	1		
	2		
ı			
	3a		
	3b		
	3с		
	40		
	4a		
ł	4b		
	4c		
	5a		
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	5b		
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	7		
	8		
	9a		
	Эd		
	9b		
	9с		
	10a		
	10b		
n 99	90 or 99	0-EZ)	2014

Pa	rt IV	Supporting Organizations (continued)			
	_	(VIIIIIV)		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		v, the governing body of a supported organization?	11a		
b		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations			
		Dr. Type i eapperaing enganizatione		Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to		103	140
•		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-				
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4		
_		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		η how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
		·		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion [D. Type III Supporting Organizations			
		·		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year,	(2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
	that th	hese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? Provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970. See instr u	uctions. All	
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.		
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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			
Sect	ion 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	ly-integra	ated Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2014

Par	rt V Type III Non-Function	ally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	tion D - Distributions				Current Year
1	Amounts paid to supported organiz				
2	Amounts paid to perform activity th				
	organizations, in excess of income				
3	Administrative expenses paid to acc	ns			
4	Amounts paid to acquire exempt-us	e assets			
5	Qualified set-aside amounts (prior IF	RS approval required)			
6	Other distributions (describe in Part	: VI). See instructions.			
7	Total annual distributions. Add lin	es 1 through 6.			
8	Distributions to attentive supported	organizations to which the	ne organization is responsive	Э	
	(provide details in Part VI). See inst	ructions.			
9	Distributable amount for 2014 from	Section C, line 6			
10	Line 8 amount divided by Line 9 am	ount			
Secti	tion E - Distribution Allocations (se	e instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable 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 inst	ructions)			
3	Excess distributions carryover, if an	y, to 2014:			
а					
b					
С					
d					
е	From 2013				
	Total of lines 3a through e				
	Applied to underdistributions of price				
	Applied to 2014 distributable amou				
<u>i</u>	, , , , , , , , , , , , , , , , , , , ,	·			
j	Remainder. Subtract lines 3g, 3h, a				
4	Distributions for 2014 from Section	D,			
	line 7:				
	Applied to underdistributions of price	•			
	Applied to 2014 distributable amou				
	Remainder. Subtract lines 4a and 4				
5	Remaining underdistributions for years. Subtract lines 3g and 4g from				
	any. Subtract lines 3g and 4a from	irie∠ (ir amount			
6	greater than zero, see instructions).	11.4 Cubtraat lines Ob			
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				
'	and 4c.				
8	Breakdown of line 7:				
a					
b					
c					
	Excess from 2013				
	Excess from 2014				

Schedule A (Form 990 or 990-EZ) 2014

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

Organization type (check one):						
Filers of:		Section:				
Form 990	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990	O-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special l	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\int \frac{1}{2} \frac{1}{2} \frac{1}{2}					
but it mu	ıst answer "No" on l	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1	DAVID G. FALCONER 314 CHURCH STREET IOWA CITY, IA 52245	\$50,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	H. KEITH HELLEMS		Person X		
	314 CHURCH STREET	\$\$23,782.	Payroll Noncash		
	IOWA CITY, IA 52245		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)		
	· · · · · · · · · · · · · · · · · · ·	Total contributions	Type of contribution		
3	HOWARD K. GANDELOT 314 CHURCH STREET IOWA CITY, IA 52245	\$ 20,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4 JOEL F. PLOTKIN 314 CHURCH STREET IOWA CITY, IA 52245	\$ 20,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	ROBERT E. COLE 314 CHURCH STREET IOWA CITY, IA 52245	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(-)	(h)	(-)	(-1)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	STEVEN R. MICHELS		Person X Payroll		
		i	. ~,. ~		
	314 CHURCH STREET	\$ 25,000.	Noncash (Complete Part II for		

DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WIRCO MANUFACTURING LLC 314 CHURCH STREET IOWA CITY, IA 52245	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

inie oi orga	IIIIZALIOII			Employer Identification number			
ELTA (CHI EDUCATIONAL FOUNDA	TION		42-6075434			
art III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	ributions to organizations describe columns (a) through (e) and the follo	d in section 50 owing line entry	1(c)(7), (8), or (10) that total more than \$1,000 for /- For organizations			
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition		or less for the yea	r- (Enter this info. once.)			
) No. rom art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
— -							
		(e) Transfer of gi	ft				
-	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transferee			
) No.							
om art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
— -			_				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4			onship of transferor to transferee			
-	Transferee 3 flame, address, and Zir + 4			one in provide the state of the			
-							
) No. rom art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
-							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relati	onship of transferor to transferee			
-							
) No. rom art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
— -							
		(e) Transfer of gi	ft				
	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DELTA CHI EDUCATIONAL FOUNDATION

Employer identification number 42-6075434

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds 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 advise	ed 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 a	advisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat include, if applicable, the text of the footnote to the organization.		
	conservation easements.	tion's illiancial statements that describes t	The organization's accounting for
Pa	rt III Organizations Maintaining Collections o	of Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	mn		. .
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		~
а	Revenue included in Form 990, Part VIII, line 1		> \$
h	Assets included in Form 900. Part V		•

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asse	ts (contin	ued)				
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items											
	(check all that apply):											
а	Public exhibition	d	Loan or exc	hange programs								
b	Scholarly research	е	Other									
С	Preservation for future generations											
4	Provide a description of the organization's co	llections and explair	n how they further th	ne organization's ex	empt purpo	ose in Par	t XIII.					
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other simil	ar assets		_					
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's co	ollection?			Yes	No_				
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes" to	o Form 990	, Part IV, I	ine 9, or					
	reported an amount on Form 990, Part	t X, line 21.										
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other assets no	t included		_					
	on Form 990, Part X?					L	Yes	└── No				
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:									
	Amount											
c Beginning balance 1c												
d	Additions during the year				1d							
е	Distributions during the year				1e							
f	Ending balance				1f							
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	oility?	L	Yes	└─ No				
	If "Yes," explain the arrangement in Part XIII.											
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes" to Fo									
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y			years back				
1a	·····	755,712.	718,300.	721,306.	1,3	05,351.	1,	269,683. 36,961.				
b	Contributions	17,982. 17,078. 23,411. 9,426.										
С	Net investment earnings, gains, and losses	ings, gains, and losses -21,269. 25,60321,16729,897.										
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs				1	54,403.						
f	Administrative expenses	5,250.	5,269.	-	+	9,171.						
g	End of year balance	747,175.	755,712.	· · · · · · · · · · · · · · · · · · ·	. 7	21,306.	1,	352,201.				
2	Provide the estimated percentage of the curre			a)) held as:								
а	Board designated or quasi-endowment	.00	_%									
b		<u>%</u>										
С	Temporarily restricted endowment ▶ 99											
_	The percentages in lines 2a, 2b, and 2c should											
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are held a	nd administered for	the organiz	zation	г					
	by:							Yes No X				
	(i) unrelated organizations						3a(i)	X				
	(ii) related organizations							<u> </u>				
b	If "Yes" to 3a(ii), are the related organizations						3b					
Dai	rt VI Land, Buildings, and Equipm		wment tunds.									
rai	Complete if the organization answered		Dort IV line 11e C	as Form 000 Dort V	line 10							
		<u> </u>	<u> </u>	'	<u> </u>		(-I) D1					
	Description of property	(a) Cost or of basis (investment)	' '	' '	Accumulate epreciation	ea	(d) Book	value				
1a	Land											
d	Equipment			793.	2	25.		568.				
	Other											
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B), line 1	0c.)				568.				

Schedule D (Form 990) 2014 DELTA CHI E	DUCATIONAL	FOUNDATION	42	-6075434	Page 3
Part VII Investments - Other Securities.					
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		/aluation: Cost or end	d-of-year market v	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 990. Part IV.	line 11c. See Form 990.	Part X. line 13.		
(a) Description of investment	(b) Book value	(c) Method of v	/aluation: Cost or end	d-of-year market v	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"	to Form 990. Part IV.	line 11d. See Form 990.	Part X. line 15.		
	Description	,		(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)				
Part X Other Liabilities.	·				
Complete if the organization answered "Yes"	to Form 990 Part IV	line 11e or 11f See Forn	n 990. Part X line 25		
1. (a) Description of liability	12 . 5 555, 1 4.111	(b) Book value	255, 1 2.171, 1110 20		
(1) Federal income taxes			-		

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	GIFT ANNUITY PAYABLE	224,714.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	224,714.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Scriedule D	(1 01111 330	7) 2014		J	O O				`
Part XI	Recond	ciliation	of Revenue	per Audi	ed Financia	al Statements	: With I	Revenue per	Return

	meral per ra					
	Complete if the organization answered "Yes	s" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited	d financial statements			1	813,349.
2	2 Amounts included on line 1 but not on Form 990, F	Part VIII, line 12:				
а	a Net unrealized gains (losses) on investments		2a	-55,348.		
b	b Donated services and use of facilities		2b			
С	c Recoveries of prior year grants		2c			
d	d Other (Describe in Part XIII.)		2d			
е	e Add lines 2a through 2d				2e	-55,348.
3	Subtract line 2e from line 1				3	868,697.
4	Amounts included on Form 990, Part VIII, line 12, b	out not on line 1:				
а	a Investment expenses not included on Form 990, P	art VIII, line 7b	4a	4,496.		
b	b Other (Describe in Part XIII.)		4b	-896,104.		
С	c Add lines 4a and 4b				4c	-891,608.
	Total revenue. Add lines 3 and 4c. (This must equa				5	-22,911.
Pa	art XII Reconciliation of Expenses per A	Audited Financial Stateme	nts W	th Expenses per	Retu	ırn.
	Complete if the organization answered "Yes	s" to Form 990, Part IV, line 12a.				
						600 220

Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b

2c c Other losses 67,332. d Other (Describe in Part XIII.)

67,332. e Add lines 2a through 2d 631,998. 3 Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1:

4,496. a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4,496. c Add lines 4a and 4b 4c 636,494.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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:

THE DELTA CHI EDUCATIONAL FOUNDATION INTENDS TO USE IT'S ENDOWMENT FUNDS FOR ACADEMIC SCHOLARSHIPS.

PART X, LINE 2:

THE FOUNDATION FILES ANNUAL RETURNS IN THE U.S. FEDERAL, INDIANA, AND NEW YORK JURISDICTIONS. CURRENTLY THE PRIOR THREE TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, INDIANA DEPARTMENT OF REVENUE, AND THE NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE. THE FOUNDATION IS NOT CURRENTLY UNDER AUDIT NOR HAS IT BEEN HOWEVER, CONTACTED BY THESE JURISDICTIONS. BASED ON THE EVALUATION OF THE

Schedule D (Form 990) 2014 DELTA CHI EDUCATIONAL FOUNDATION Part XIII Supplemental Information (continued)	42-6075434 Page 5
TAKEN WOULD BE UPHELD UNDER AN EXAMINATION.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	-66,373.
BOOK DIFFERENCE IN SALE OF CHAPTER HOUSE	-723,542.
LOSS ON SALE OF CHAPTER HOUSE	-106,189.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-896,104.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	66,373.
BOOK DIFFERENCE IN DEPRECIATION	959.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	67,332.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **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.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014

Open to Public Inspection

Name of the organization DELTA CHI	EDUCATIO	NAL FOUNDA	TION				Employer identification number $42-6075434$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?					sistance, and the selec	₹
Part II Grants and Other Assistance to	Domestic Organi	zations and Domest	ic Governments. C	Complete if the org	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addi	tional space is need	ded.		_	
(a) Name and address of organization or government	(b) EIN	(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
DELTA CHI FRATERNITY							
P.O. BOX 1817 IOWA CITY, IA 52244	42-0212285		74,901.	0.	NOT APPLICABLE	NOT APPLICABLE	LEADERSHIP CONFERENCE
UPSILON ALUMNI CORP P.O. BOX 145							
STEGER, IL 60475	37-6055868		21,000.	0.	NOT APPLICABLE	NOT APPLICABLE	RESIDENCE REFURBISHING
KNOLL MANAGEMENT 410 EAST UPLAND RD							PROPERTY IMPROVEMENTS ANI
ITHACA, NY 14850	20-5689545		6,553.	0.	NOT APPLICABLE	NOT APPLICABLE	EDUCATIONAL GRANT
MISSISSIPPI STATE BUILDING CORPORATION - P.O. BOX 790 - STARKSVILLE, MS 39760	34-0435674		63,728.	0	NOT APPLICABLE	NOT APPLICABLE	PROPERTY IMPROVEMENTS AND
LOUISIANA TECH DELTA CHI HOUSE CORPORATION - 5723 RIDGEFIELD LANE	01 0100071		33,720.				PROPERTY IMPROVEMENTS AND
- LITTLE ROCK, AR 72223	72-1190334		50,346.	0.	NOT APPLICABLE	NOT APPLICABLE	EDUCATIONAL GRANT
2 Enter total number of section 501(c)(3) a	ınd government or	I ganizations listed in t	he line 1 table				<u>0</u>
3 Enter total number of other organization	e lietad in tha lina :	1 table					5.

Page 2

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ered "Yes" to Form 9	990, 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
CHAPTER SCHOLARSHIP & AWARDS	78	27,469.	0.	NOT APPLICABLE	NOT APPLICABLE
Dest IV Complemental Information Desired the information	and the Double like	- O Port III - a kurus	(h)		
Part IV Supplemental Information. Provide the information req	uired in Part I, iin	e 2, Part III, column	(b), and any other a	idditional information.	
A GRANT IS AWARDED TO DELTA CHI FR	ATERNITY	FOR THEIR	LEADERSHI	P CONFERENCE.	
A REQUEST FOR THE GRANT IS RETAINE	D ALONG	WITH THE S	CHEDULE OF	' EDUCATIONAL	
ACTIVITIES THAT ARE PART OF THE LE	ADERSHIP	CONFERENC	E.		
SCHOLARSHIP AWARDS PROVIDED TO IND	IVIDUALS	ARE BASED	UPON SCHO	LARSHIP	
REQUESTS. THE REQUEST MUST DEMONST	RATE THE	INDIVIDUA	L'S ACCOMP	PLISHMENTS OR	
ENDEAVORS TO SUPPORT AWARDING A SC	HOLARSHI	P			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Attach to Form 990 or 990-EZ.

2014 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

DELTA CHI EDUCATIONAL FOUNDATION

Employer identification number 42-6075434

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

OTHER EDUCATIONAL SUPPORT TO THE UNDERGRADUATE MEMBERS AND CHAPTERS OF

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

THE DELTA CHI FRATERNITY.

DELTA CHI'S WHO HAVE MADE A CONTRIBUTION OF MONEY OR PERSONAL PROPERTY

TOTALING \$200 OR MORE IN A CALENDAR YEAR BECOME VOTING MEMBERS OF THE DELTA

CHI EDUCATIONAL FOUNDATION. MEMBERS OF THE DCEF BOARD OF DIRECTORS MUST

MAINTAIN A YEARLY CONTRIBUTION LEVEL OF \$1,000 WHILE THEY SERVE ON THE

BOARD. THE BOARD OF DIRECTORS ELECTS IT'S OFFICERS AND MEMBERS OF ITS

EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ARE ENTITLED TO BE ABLE TO CAST VOTES IN ELECTING MEMBERS OF THE

BOARD OF DIRECTORS. DCEF MEMBERS WITH VOTING RIGHTS MAY VOTE IN PERSON, BY

MAIL, OR BY PROXY EXECUTED IN WRITING.

FORM 990, PART VI, SECTION B, LINE 11:

THE GOVERNING BOARD RECEIVES A DRAFT COPY OF THE INFORMATION RETURN

ELECTRONICALLY FOR THEIR REVIEW. THE TREASURER COORDINATES THE APPROVAL OF

THE GOVERNING BOARD. AFTER APPROVAL IS RECEIVED, THE INFORMATION RETURN IS

SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE DCEF BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE SITUATIONS

THAT COME TO THEIR ATTENTION WHEREBY THEY MAY HAVE A CONFLICT OF INTEREST.

Name of the organization **Employer identification number** DELTA CHI EDUCATIONAL FOUNDATION 42-6075434 EMPLOYEES OF DELTA CHI EDUCATIONAL FOUNDATION (DCEF) ARE REQUIRED TO DISCLOSE BUSINESS SITUATIONS THAT WOULD BE IN CONFLICT WITH THE INTERESTS ALL EMPLOYEES MUST DISCLOSE ALL PERSONAL OR PROFESSIONAL OF DCEF. INVOLVEMENT WITH ANY OTHER FRATERNAL ORGANIZATION BEFORE ACCEPTING AT THAT TIME IT WILL BE DETERMINED BY THE DCEF BOARD EMPLOYMENT WITH DCEF. OF DIRECTORS IF SAID INVOLVEMENT WOULD CREATE A CONFLICT OF INTEREST. VIOLATION OF THIS POLICY MAY RESULT IN DISCIPLINARY ACTION, INCLUDING TERMINATION OF EMPLOYMENT. FORM 990, PART VI, SECTION B, LINE 15B: DCEF DOES NOT PAY COMPENSATION TO THE MEMBERS OF THE BOARD OF DIRECTORS. THE ORGANIZATION DOES NOT HAVE A CEO. THE TWO EMPLOYEES ARE KEY EMPLOYEES. THEIR COMPENSATION IS DETERMINED AND APPROVED BY THE INDEPENDENT BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE NOT REQUIRED DISCLOSURES PURSUANT TO IRC SEC 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: BOOK DEPRECIATION IN EXCESS OF TAX DEPRECIATION -959.TAX LOSS IN EXCESS OF BOOK LOSS FROM SALES OF OTHER ASSETS 723,542. TOTAL TO FORM 990, PART XI, LINE 9 722,583. FORM 990, PART XII, LINE 2C: THE PROCESSES DID NOT CHANGE DURING THE TAX YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2014 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

DELTA CHI EDUCATIONAL FOUNDATION

 $\begin{array}{c} \text{Employer identification number} \\ 42-6075434 \end{array}$

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CEF CORNELL LLC					
.O. BOX 383					
OLUMBUS, IN 47202	REAL ESTATE	INDIANA	92,571.	363,115.	N/A

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
					Yes	No	
DELTA CHI FRATERNITY - 42-0212285							
P.O. BOX 1817							
IOWA CITY, IA 52244-1817	FRATERNITY	IOWA	501(C)(7)	N/A	N/A		X

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

Schedule R (Form 990) 2014

Page 2

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.
organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managi partne	or Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0	

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)		, ,				Yes	No
	-								
								 	
	-								
									<u> </u>
	-								
	-								

Page 3

Yes No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				<u>L</u>	1b	X.	
c Gift, grant, or capital contribution from related organization(s)					1c		X
d Loans or loan guarantees to or for related organization(s)					1d		X
e Loans or loan guarantees by related organization(s)					1e		X
f Dividends from related organization(s)					1f		X
g Sale of assets to related organization(s)					1g		X
h Purchase of assets from related organization(s)				<u>L</u>	1h		Х
i Exchange of assets with related organization(s)					1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				<u>L</u>	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)					1k		X
I Performance of services or membership or fundraising solicitations for related orga					11		X
m Performance of services or membership or fundraising solicitations by related orga						Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization						Х	
Sharing of paid employees with related organization(s)				<u> </u>	10	X	
p Reimbursement paid to related organization(s) for expenses				<u> </u>	· P	Х	
q Reimbursement paid by related organization(s) for expenses				<u>L</u>	1q		X
							37
r Other transfer of cash or property to related organization(s)					1r		X
s Other transfer of cash or property from related organization(s)					1s		<u> </u>
2 If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	his line, including covered r	relationships and transaction thresholds.				
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amou	ınt involv	ed		
	type (a-s)		•				
	-	E4 001	20.55				
(1) DELTA CHI FRATERNITY	В	74,901.0	COST				
(2)							
70 1							
(3)							
(4)							
(7)							
(5)							
(*)							
(6)							
H32163 08-14-14		•	Sche	dule R (F	orm	990)	2014

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	o
	1											
	1											
	1											
	1											
	-											
				\vdash				\vdash	\vdash	-	\vdash	+
	-											
	-											
	1											
				\sqcup							\sqcup	
	1											
	1											
				\vdash								
	1											
	-											
				\vdash				-	-		$\vdash \vdash$	+
				\sqcup								
	1											
	•		•					•		•		000\ 0044

Form	990-T	E	Exempt Organ				ax Return)	OMB No. 1545-0687
			-	d proxy tax unde	er se	ction 6033(e))			0044
		For ca	lendar year 2014 or other tax year			, and ending		_ ·	2014
	tment of the Treasury al Revenue Service	•	► Information about For Do not enter SSN numbers				ation is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed		Name of organization (Check box if name ch	hanged	and see instructions.)			loyer identification number vloyees' trust, see uctions.)
B Ex	cempt under section	Print	DELTA CHI ED	UCATIONAL :	FOU	NDATION		4	2-6075434
]501(c)(3)	_ or	Number, street, and room o	r suite no. If a P.O. box	, see in	structions.			lated business activity codes instructions.)
]408(e)	Туре	314 CHURCH S		•			(566)	insudenons.)
	30(a)		City or town, state or provir	ice, country, and ZIP or	r foreigi	n postal code			
]529(a)		IOWA CITY, I		•	•		531	.110
C Boo	ok value of all assets	F Group	exemption number (See ins	tructions.)	<u> </u>				
	, 931, 762.	G Checl	k organization type 🕨 📗	\mathbf{X} 501(c) corporation	ı [501(c) trust	401(a) trust		Other trust
			ary unrelated business activit				ED INCOME		
			ooration a subsidiary in an aff		ıt-subsi	diary controlled group?	> L	Y	es X No
			tifying number of the parent of						\
			JUSTIN SHERMA					319	-
			de or Business Inco	me		(A) Income	(B) Expenses	:	(C) Net
	Gross receipts or sal								
	Less returns and allo			c Balance ▶	1c				
2			A, line 7)	i	2				
3	Gross profit. Subtrac				3				
			h Schedule D)		4a 4b				
			art II, line 17) (attach Form 4		40 4c				
С 5			sts ips and S corporations (attac		5				
6	. , ,		ips and 3 corporations (attac	,	6				
7	Unrelated deht-finance	ced incor	me (Schedule E)		7	19,227.	13,7	86.	5,441.
8			and rents from controlled org		8	13,121,0			3,222
9		-	on 501(c)(7), (9), or (17) org	, ,,,,,					
10			me (Schedule I)		10				
			e J)		11				
12	Other income (See in	struction	ns; attach schedule)		12				
13			gh 12		13	19,227.	13,7	86.	5,441.
Pa			ot Taken Elsewhere						
	(Except for	contrib	utions, deductions must b	e directly connected	d with	the unrelated busines	s income.)		
14	Compensation of of	ficers, di	rectors, and trustees (Sched	ule K)				14	
15								15	
16								16	
17								17	
18								18	
19	Taxes and licenses							19	
20			e instructions for limitation ru					20	
21			562)				259.		259.
22			n Schedule A and elsewhere					22b 23	239.
23 24	Contributions to det	forrod on	managian plans					23	
2 4 25			mpensation plans					25	
26			chadula I)					26	
20 27			chedule I) hedule J)					27	
28	Other deductions (a	ttach sch	nedule)			SEE STAT	EMENT 2	28	9,520.
29	Total deductions	. Add lin	es 14 through 28					29	9,779.
30	Unrelated business	taxable i	ncome before net operating l	oss deduction. Subtract	t line 29	9 from line 13		30	-4,338.
31			limited to the amount on lir					31	
32	Unrelated business	taxable i	ncome before specific deduc	tion. Subtract line 31 fro	om line	30		32	-4,338.
33			y \$1,000, but see line 33 inst					33	
34			income. Subtract line 33 fro						
	line 22							24	_4 338

Part I	II Tax Computation								
35	Organizations Taxable as Corporat	tions. See instru	ictions for tax comp	utation.					
	Controlled group members (section	s 1561 and 156	3) check here 🕨 [See instruction	is and:				
a	Enter your share of the \$50,000, \$2	5,000, and \$9,9	25,000 taxable inco	me brackets (in that	order):				
	(1) \$	(2) \$		(3) \$					
b	Enter organization's share of: (1) A	dditional 5% tax	(not more than \$11	,750) \$					
	(2) Additional 3% tax (not more that	ın \$100,000)		\$					
С	Income tax on the amount on line 3	4					35c		0.
36	Trusts Taxable at Trust Rates. See	instructions for	tax computation. In	come tax on the amo	ount on line 34 from	:			
	Tax rate schedule or	Schedule D (For	m 1041)				36		
37	Proxy tax. See instructions						37		
38	Alternative minimum tax						38		
39	Total. Add lines 37 and 38 to line 35						39		0.
	V Tax and Payments								
40a	Foreign tax credit (corporations atta	ch Form 1118;	trusts attach Form 1	116)	40a				
					10000				
C	General business credit. Attach Forn								
	Credit for prior year minimum tax (a								
	Total credits. Add lines 40a through						40e		
41	Subtract line 40e from line 39						41		0.
42	Other taxes. Check if from: Fo	rm 4255	Form 8611 Fo	orm 8697 Forn	n 8866 Other	(attach schedule)	42		
43						\$1 m	43		0.
44 a	Payments: A 2013 overpayment cre						400		
	2014 estimated tax payments								
	Tax deposited with Form 8868								
d	Foreign organizations: Tax paid or w	vithheld at source	e (see instructions)		44d				
	e Backup withholding (see instructions) 44e								
f	Credit for small employer health ins	urance premiun	ns (Attach Form 894	1)	44f				
	Other credits and payments:	☐ Fo	rm 2439						
	Form 4136	Ot	her	Total	▶ 44g				
45	Total payments. Add lines 44a thro	ugh 44g	-				45		
46	Estimated tax penalty (see instruction	ns). Check if Fo	rm 2220 is attached	▶ □			46		
47	Tax due. If line 45 is less than the to						47		0.
48	Overpayment. If line 45 is larger tha						48		0.
49	Enter the amount of line 48 you wan					efunded >	49		
	Statements Regarding				ation (see instru	uctions)			
	ny time during the 2014 calendar yea						count (bank.	Yes	No
	urities, or other) in a foreign country?				harmonia and the state of the s		and the second s		1000
	ounts. If YES, enter the name of the f							BUC MUNIC	X
2 Durin	ng the tax year, did the organization receive S, see instructions for other forms the organ	a distribution from	n, or was it the grantor of	t, or transferor to, a forei	gn trust?			_	X
	er the amount of tax-exempt interest			rear ▶\$			*******	1	TO SHAPE
	ule A - Cost of Goods So				I/A				
_	ntory at beginning of year	1		6 Inventory at end o	- N 10001		6		
	chases	2		7 Cost of goods sol					
	t of labor	3			here and in Part I. Ii	ne 2	7		
	tional section 263A costs (att. schedule)	4a		B Do the rules of se			L.	Yes	No
	er costs (attach schedule)	4b			d or acquired for res	#15015610,0 St.C		100	
	al. Add lines 1 through 4b	5		the organization?		,,		7,000,000	Chipmone Co.
	Under penalties of perjury, I declare the	at I have examined	this return, including a	ccompanying schedules	and statements, and to	the best of my kno		ief, it is true,	
Sign	correct, and complete. Declaration of p	oreparer (other than	taxpayer) is based on	all information of which p	oreparer has any knowle	_	. 100		
Here	1 met the		5/11/15	TREAS	URER		ay the IRS disc e preparer show		with
	Signature of officer	7-4	Date	Title			_	X Yes	No
7 7 7 7	Print/Type preparer's name		Preparer's signatur	·e	Date	Check i		100	
Daid	YVONNE B. DE		YVONNE B.		Date	self- employed	1 1 1111		
Paid	CAT CAPATE		CALONNE		05/01/15	on omployed	P00	163431	1
Prepa	TO TOTT TO				/ / /	Firm's EIN ▶		090541	
Use C		Carlotte State of the		SING BLVD	. SUITE	3	71		
			IS, IN 46			Phone no. (317)	469-01	.69
423711 01								rm 990-T	
							. 0		1-014

_	C - Rent Incom	e (From Real	Propei	rty and	Personal	Proper	ty Lease	ed With Real P	rope	erty)(see ilistructions)
1. Description o	of property									
(1)										
(2)										
(3)										
(4)		2. Rent receiv	red or accrue	ed						
(a) Fr	rom personal property (if the ent for personal property is n	percentage of nore than	(b) F	rom real ar	nd personal proper ersonal property ex	ceeds 50%	centage or if	3(a) Deductions dire columns 2(a	ctly cor i) and 2(nnected with the income in (b) (attach schedule)
(4)	10% but not more than 5	90%)		the ren	t is based on profit	or income)				
(1)										
(3)										
(4)										
Total		0.	Total				0.			
	me. Add totals of colum						0.	(b) Total deductions Enter here and on page		0.
	age 1, Part I, line 6, colu E - Unrelated D		Incom	1 A (coo i	inetructions)		<u> </u>	Part I, line 6, column (B)	🖊	<u> </u>
ochedule	L - Officiated D	ebt-i illancet	1110011	ic (see				3. Deductions directly	connect	ted with or allocable
					2. Gross in or allocable		(-)	to debt-fin		property
	1. Description of deb	t-financed property			financed		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
							S.	CATEMENT 4	S	STATEMENT 5
(1) CORNI	ELL HOUSE				9	2,571	L.	27,99	1.	38,382.
(2)										
(3)										
(4)										
debt on or a prope	nt of average acquisition allocable to debt-financed rty (attach schedule) FEMENT 6	of or	e adjusted ba allocable to anced proper hischedule)	rtv	6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	380,240		,831,		2	20.77%	<u>/</u> a	19,22	7.	13,786.
(2)	300,210	-	, , , ,			9	_	13,22	- 	2377000
(3)						9/	_			
(4)						9/	6			
		•						nter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals								19,22	7.	13,786.
	ds-received deductions									0.
	F - Interest, An		ties, ar	nd Rer	ts From C	ontrolle	d Orga	nizations (see ir	nstruc	tions)
				Exemp	t Controlled C	Organizatio	ons			
1. Name	e of controlled organization	Employer id num	entification		3. nrelated income see instructions)		4. of specified lents made	5. Part of column 4 included in the contorganization's gross	trolling	connected with income
(1)										
(2)										
(3)										
(4)										
Nonexempt (Controlled Organizati	ons								
7 . Tax	able Income	 Net unrelated incon (see instructions) 		9 . To	tal of specified pay made	rments	in the con	column 9 that is included trolling organization's ross income		Deductions directly connected with income in column 10
(1)										
(2)										
(3)										
_(4)										
							Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Ent	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).
Totals								0.		0.
	<u> </u>				<u></u>					

Schedule G - Investm (see ins	ent In		Section (501(c)(7	'), (9), or (17) O	rganiza	tion			
1 . De	scription o	f income			2. Amount of income	directly	ductions connected schedule)		Set-asides ach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										, , , ,
(2)										
(3)										
(4)								+		
(4)					Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1, Part I, line 9, column (B).
Totals					0.					0.
Schedule I - Exploited (see inst	d Exer	npt Activity				ing Inc	ome			-
	\top	<u>, </u>			4. Net income (loss)					T -
1. Description of exploited activity	i	2. Gross elated business ncome from de or business	3. Experdirectly conwith produof unrelables business in	inected uction ited	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from ac	ss income tivity that unrelated as income		Expenses tributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)								1		
(3)										
(4)										
(+)	р	er here and on age 1, Part I, le 10, col. (A).	Enter here a page 1, F line 10, co	art I,						Enter here and on page 1, Part II, line 26.
Totals	▶	0.		0.						0.
Schedule J - Advertis	sing In	come (see i	nstructions							
					solidated Basis					
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		irculation ncome	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2) (3)										
(3)										
(4)										
, · · ·										
Totals (carry to Part II, line (5))	▶		0.	0						0.
Part II Income From columns 2 through	Perio			a Sepa	irate Basis (For	each peri	odical liste	d in Pa	ırt II, fill in	
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		irculation ncome	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)					1			İ		
(3)										
(4)										
Totals from Part I	_		0.	0						0.
Totals Holli's art		Enter here and o page 1, Part I, line 11, col. (A)	on Enter h page . line 1	ere and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	<u></u> nsatio		0 . rs. Direct	ors. an		instruction	ons)			0.
·	Name		,	<u> </u>	2. Title		3. Perce time devo	ted to		ensation attributable elated business
				1			busine			
(1)				-			1	%		
(2)				1			1	%		
(3)							1	%		
(4)								%		
Total. Enter here and on page 1,	, Part II, I	ine 14						▶		0.

FOOTNOTES		STATEMENT	1
FORM 8949, PART II, BOX F: LOSS CALCULATION ON DISPOSITION OF DEBT-FINANCED	PROPERTY		
AVG AQUISITION DEBT ON DEBT-FINANCED PROPERTY DIVIDED BY: AVG ADJUSTED BASIS OF PROPERTY ALLOCABLE DEBT-FINANCED PERCENTAGE	\$380,240 \$1,831,126 20.77%		
GROSS PROCEEDS: \$1,010,000 X 20.77% AVG ADJUSTED BASIS: \$1,831,126 X 20.77%		209,77 -380,32	
LONG-TERM CAPITAL LOSS ON DEBT-FINANCED PRO	PERTY	-170,54	48.

FORM 990-T		OTHER D	DEDUCTIONS	5	STATEMENT	2
DESCRIPTION	ī				AMOUNT	
	D RELATED EXPENSES				1,2	
PROFESSIONA					3,3	
MISCELLANEO ANNUITY EXP					1,4' 3,4	
111110111 11111						
TOTAL TO FO	RM 990-T, PAGE 1,	LINE 28			9,5	20.
FORM 990-T	NET	OPERATING	LOSS DEDI	JCTION	STATEMENT	3
		LOSS				
max	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PREVIOUS		LOSS	AVAILABLE	
TAX YEAR	LOSS SUSTAINED	APPLIE	:D	REMAINING	THIS YEAR	
12/31/08	66,492.		0.	66,492.	66,49	
12/31/09	28,158.		0.	28,158.	28,158	
12/31/10	8,180.		0.	8,180.	8,18	
12/31/11	8,553.		0.	8,553.	8,55	
12/31/12	6,129.		0.	6,129.	6,12	
12/31/13	1,601.		0.	1,601.	1,60	
NOL CARRYOV	ER AVAILABLE THIS	YEAR		119,113.	119,11	3.
						
FORM 990-T	SCHEDULE E	- DEPRECI	ATION DE	DUCTION	STATEMENT	4
			ACTIVI	ns <i>z</i>		
DESCRIPTION			NUMBER		TOTAL	
DEPRECIATIO	N AND AMORTIZATION			27,99		
	-	SUBTOTAL	- 1		27,9	91.
TOTAL OF FO	RM 990-T, SCHEDULE	E, COLUMN	3(A)		27,9	91.

FORM 990-T	SCHEDULE E - OTHE	R DEDUCTIONS		STATEMENT	5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
PROFESSIONAL FEES TELEPHONE PROPERTY TAXES REPAIRS AND MAINTI INTEREST MISCELLANEOUS BANK CHARGES INSURANCE INTERNET	ENANCE - SUBTOTAL	- 1	2,839. 567. 5,674. 1,783. 19,192. 24. 12. 7,568. 723.	38,3	82.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	3(B)		38,38	82.
FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FI			STATEMENT	6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
MORTGAGE	- SUBTOTAL	- 1	380,240.	380,2	40.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	4		380,2	40.

FORM 990-T	STATEMENT	7			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
PROPERTY	- SUBTOTAL -	1	1,831,126.	1,831,12	26.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	5		1,831,12	26.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

Name

Employer identification number

DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

Part I	Short-Term Capital Ga	ins and Losses - As	sets Held One Year	or Less		
See instructi to enter on tl	ons for how to figure the amounts ne lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gair	1	(h) Gain or (loss). Subtract column (e) from column (d) and
This form ma round off cen	y be easier to complete if you its to whole dollars.	Proceeds (sales price)	Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 8949 Part I, line 2, column (g)	9,	column (e) from column (d) and combine the result with column (g)
reported was repo have no However transacti	r all short-term transactions on Form 1099-B for which basis orted to the IRS and for which you adjustments (see instructions). , if you choose to report all these ons on Form 8949, leave this line d go to line 1b					
1b Totals fo	r all transactions reported on					
Form(s)	8949 with Box A checked					
2 Totals fo	r all transactions reported on					
Form(s)	8949 with Box B checked					
	r all transactions reported on 8949 with Box C checked					
4 Short-ter	rm capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
	rm capital gain or (loss) from like-kind				5	
	capital loss carryover (attach comput				6	()
7 Net shor	t-term capital gain or (loss). Combin	e lines 1a through 6 in column	ıh		7	
Part II	Long-Term Capital Gai	ns and Losses - Ass	ets Held More Than	One Year		
See instructi	ons for how to figure the amounts ne lines below.	_ (d)	(e)	(n) Adjustments to gain		(h) Gain or (loss). Subtract
	ly be easier to complete if you its to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	(9) Adjustments to gair or loss from Form(s) 8949 Part II, line 2, column (g)))	column (e) from column (d) and combine the result with column (g)
on Form reported no adjus if you ch	r all long-term transactions reported 1099-B for which basis was to the IRS and for which you have tments (see instructions). However, oose to report all these transactions 8949, leave this line blank and go to					
	r all transactions reported on					
()	8949 with Box D checked					
	r all transactions reported on					
. ,	8949 with Box E checked					
	r all transactions reported on 8949 with Box F checked	209,777.	380,325.			-170,548.
	·				11	170,540.
•	rm capital gain from installment sales	from Form 6252 line 26 or 2			12	
	rm capital gain from Installment sales rm capital gain or (loss) from like-kin			Γ	13	
3	nn capital gain of (1055) from like-kill Dain distributions	u exchanges hom romi ooz4			14	
	,	lings 9s through 14 in solum	n h		15	-170,548.
	term capital gain or (loss). Combine Summary of Parts I and		II II		10	170,540.
	cess of net short-term capital gain (lir		Il loss (line 15)	T	16	
	tal gain. Enter excess of net long-term				17	
-	s 16 and 17. Enter here and on Form	, ,	. ,		18	0.
				L		
Note. If I	osses exceed gains, see Capital loss	es in the instructions.				

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) (2014)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification no.

DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or

	codes are required. Enter the							
Yo l	u must check Box D, E, or F below. but have more long-term transactions than wil (D) Long-term transactions rep	II fit on this page for or	ne or more of the boxe	s, complete as many for	ms with the same box c	hecked as yo	u need.	or each applicable box.
	(E) Long-term transactions rep		-	-	· ·		,	
2	(F) Long-term transactions no		•	-				
1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If yo in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	Gain or (loss). Subtract column (e) from column (d) &
			(wo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
	ALE OF CHAPTER							
	OUSE - DEBT							1 - 0 - 10
F.	INANCED PROPERTY	VARIOUS	05/22/14	209,777.	380,325.			<170,548.
								_
								_
		-						
		 						
		 						
2	Totals. Add the amounts in colu	Imns (d) (e) (d) :	and (h) (subtract					
_	negative amounts). Enter each t							
	Schedule D, line 8b (if Box D ab		-					
	above is checked), or line 10 (if			209,777.	380,325.			<170,548.>
	above is officency, of title 10 (II	DOVI SPONE 12 (oriconcu)	,	1 2 2 2 7 2 2 3 4		L	1 ,

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

RENT

1

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates Name(s) shown on return

Identifying number

DEI	LΤΑ	CHI	EDUCAT:	ONAL	FOUNDATI	ON	COF	RNEL	L H	OUS	SE			42-6075434
Pai	rt I	Election	To Expense Cer	tain Prope	rty Under Section 1	79 Note: If yo	ou have any lis	sted pr	operty	ı, con	nplete Part	V bef	ore y	ou complete Part I.
1 1	/laximu	ım amoı	unt (see instru	ctions)								[1	500,000.
2 T	otal co	ost of se	ection 179 pro	perty plac	ed in service (see	instructions	s)					[2	
3 T	hresho	old cost	of section 179	property	before reduction	in limitation						L	3	2,000,000.
4 F	Reduct	ion in lin	nitation. Subtr	act line 3	from line 2. If zero	or less, ent	er -0-					<u>L</u>	4	
5 D	ollar limi	tation for t	ax year. Subtract li	ne 4 from line	e 1. If zero or less, enter	-0 If married fi	ling separately, se	e instruc	tions				5	
6			(a) Des	cription of pr	roperty		(b) Cost (busin	ness use	only)		(c) Elected	cost		
									1					
			. Enter the am						7					
					erty. Add amounts								8	
					of line 5 or line 8								9	
					n line 13 of your 2								10	
					smaller of busines								11	
					ines 9 and 10, bu					<u> </u>			12	
					2015. Add lines 9			<u></u> ▶	13					
Pai					or listed property.						`			
					ance and Other D	-	•				-			
		•	iation allowand	ce for qua	alified property (ot	her than liste	ed property) p	laced i	n servi	ice di	uring			
	he tax												14	
					ection							├	15	26,868.
	rt III	_	tion (including		ot include listed p								16	20,000.
I a	C III	WACE	13 Depreciati	חו טם) ווט	ot include listed p		ection A	.)						
	44 CDC	· doduo	tions for socot	a placed	in service in tax y			1					17	
												i.		
10	you are	electing to			vice during the tax year Placed in Services							ation	Syst	em
				Addete	(b) Month and	(c) Basis fo	or depreciation		Recover					
		(a) Classifi	ication of property		year placed in service		nvestment use e instructions)	(4)	period	, ((e) Convention	(f) Me	thod	(g) Depreciation deduction
19a	3-ve	ear prop	ertv					1						
<u>b</u>		ear prop	•											
		ear prop	•											
d		year pro	•		_			1						
e		year pro	•					1						
f		year pro	<u> </u>											
g		year pro						2	5 yrs.			S	/L	
					/			1	.5 yrs.	.	MM	S	/L	
h	Res	sidential	rental propert	У	/			1	.5 yrs.		MM	S	/L	
					/			3	9 yrs.		MM	S	/L	
i	Nor	nresiden	ntial real prope	rty	/				-		MM	S	/L	
			Section C -	Assets I	Placed in Service	During 201	4 Tax Year U	lsing tl	ne Alte	ernat	ive Deprec	iatio	n Sys	stem
20a	Cla	ss life										S	/L	
b	12-	year						1	2 yrs.			S	/L	
С	40-	year			/			4	0 yrs.		MM	S	/L	
Pai	rt IV	Sumn	nary (See instr	uctions.)										
21 L	isted p	oroperty	. Enter amour	t from line	e 28							[21	
22 1	otal. A	Add amo	ounts from line	12, lines	14 through 17, lin	nes 19 and 2	0 in column (ຢູ	g), and	line 21	1.				
E	nter h	ere and	on the approp	riate lines	s of your return. P	artnerships a	and S corpora	ations -	see in	nstr			22	26,868.
23 F	or ass	ets shov	wn above and	placed in	service during th	e current yea	ar, enter the							
	ortion	of the b	asis attributat	ole to sec	tion 263A costs				23					

Part V Lis

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A	- Depreciati	on and Othe	r Inform	ation (Ca	ution:	See the	instruc	tions for l	imits for p	oasseng	er autor	nobiles.)		
248	a Do you have evidence to s	support the bu	ısiness/investm	ent use c	laimed?	Y	es _	No	24b If "\	es," is th	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business investmer use percent	it	(d) Cost or ther basis		(e) sis for depr usiness/inve use only	estment	(f) Recovery period	Met	g) thod/ ention	Depre	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation alle	owance for c	ualified listed	d propert	y placed	in servi	ce durin	g the t	ax year aı	nd					
	used more than 50% in	a qualified b	ousiness use								25				
26	Property used more that														
		1 1		%											
		: :		%											
		1 1		%											
<u>27</u>	Property used 50% or le	ess in a qual	ified business	s use:					1						
		: :		%						S/L -					
		1 1		%						S/L -					
			<u> </u>	%						S/L -	1				
	Add amounts in column														
<u>29</u>	Add amounts in column	ı (i), line 26. E											. 29		
_					B - Infor										
	mplete this section for ve														S
to	your employees, first ans	wer the que	stions in Sect	ion C to	see if you	u meet	an exce	otion to	o complet	ing this s	ection f	or those	vehicles	3.	
					(a)		/b.\		(0)	1	۵۱	,	۵)		
30	Total business/investment	miles driven d	luring the		(a) hicle		(b) hicle		(c) 'ehicle	Veh	d) nicle		e) hicle	(f Veh	
30	year (do not include com			V 6	HICIE	VG	IIICIG	 '	GIIICIG	Vei	IICIG	Vei	IIICIG	Ven	ICIC
31	Total commuting miles														
	Total other personal (no														
	driven														
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	able for perso	onal												
	use?														
		Section C	- Questions	for Emp	loyers W	/ho Pro	vide Ve	hicles	for Use b	y Their E	Employ	ees			
Ans	swer these questions to	determine if	you meet an	exceptio	n to com	pleting	Section	B for v	ehicles u	sed by er	nployee	s who a	re not m	ore than	5%
	ners or related persons.														
37	Do you maintain a writte employees?		tement that p								, by you	r		Yes	No
38	Do you maintain a writte	en policy sta	tement that p	rohibits	personal	use of	vehicles,	, excep	t commu	ting, by y	our				
	employees? See the ins													· -	
	Do you treat all use of v													.	_
40	Do you provide more th														
	the use of the vehicles,														_
41	Do you meet the require														
Б	Note: If your answer to	37, 38, 39, 4	U, or 41 is "Y	es," do n	ot compi	ete Sec	ction B to	or the c	covered v	enicies.					
P	art VI Amortization (a)			(b)		(0)			(4)		(0)			/ f \	
	Description o			(b) te amortization begins		(c) Amortiza amoun	ble t		(d) Code section		(e) Amortiza period or per	ition	Ai fo	(f) mortization or this year	
<u>42</u>	Amortization of costs th	at begins du	uring your 20	14 tax ye	ar:							,			
				1 1				+							
				<u>: :</u>								140		1	1 2 2
	Amortization of costs th											43			<u>123.</u> 123.
44	Total. Add amounts in o	colurnn (t). S	ee the instruc	LIONS FOR	wnere to	report						44		1 ,	

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number

	LTA	CHI	EDUCATION	DNAL	FOUNDATI	ON	FOF	RM 9	90	PAGE	10		42-6075434
Pa	art I	Election	To Expense Certa	in Prope	ty Under Section 1	79 Note : <i>If yo</i>	ou have any lis	sted pr	operty,	, complet	e Part	V before	you complete Part I.
1	Maximu	um amo	unt (see instruct	ions) .								1	500,000
2	Total co	ost of se	ection 179 prope	erty place	ed in service (see	instructions)						
					before reduction								2,000,000
4	Reduct	tion in Iir	mitation. Subtrac	ct line 3 f	rom line 2. If zero	or less, ent	er -0-						
5	Dollar lim	itation for			1. If zero or less, enter	-0 If married fil							
6			(a) Descri	ption of pro	pperty		(b) Cost (busin	ness use	only)	(c) Elected	d cost	_
													_
													_
													_
_					" 00				_				_
			y. Enter the amou				-\ ! 0		7				
					rty. Add amounts								1
					of line 5 or line 8 line 13 of your 2								
					maller of busines								
					nes 9 and 10, bu								
					015. Add lines 9				13			12	
					listed property.								
Pa	art II	Speci	ial Depreciation	Allowa	nce and Other D	epreciation	(Do not inclu	ıde liste	ed pro	perty.)			
14	Special	l depred	ciation allowance	for qual	ified property (ot	her than liste	d property) p	laced in	n servi	ce durino	ı		
	the tax	•		•						•		14	
15	Propert	ty subje			ction								
			ation (including A									16	
Ρί	art III	MACI	RS Depreciation	n (Do no	t include listed p	roperty.) (Se	e instructions	.)					
						92	ection A						
							CUOII A						
17	MACRS	S deduc	ctions for assets	placed i	n service in tax y			4				17	5,187
			group any assets pla	ced in serv	ice during the tax year	ears beginnir	ng before 201	counts, ch	neck here	e	<u> </u>		
			group any assets pla	ced in serv	ice during the tax year	ears beginnir into one or more ce During 20	ng before 201 general asset acc	counts, ch	neck here	e	<u> </u>		
		electing to	group any assets pla	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis fo (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use	Using	neck here	eneral De	<u> </u>	ation Sys	tem
18	If you are	(a) Classif	Section B -	ced in serv	Placed in Service (b) Month and	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation	Using	neck here the Ge	eneral De	eprecia	ation Sys	tem
18 19a	If you are	(a) Classif	Section B - fication of property Derty	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use	Using	neck here the Ge	eneral De	eprecia	ation Sys	tem
18 19a b	3-you 5-you	(a) Classif	Section B - Section B - fication of property Derty Derty	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use	Using	neck here the Ge	eneral De	eprecia	ation Sys	tem
19a	3-yo 5-yo 7-yo	(a) Classified rear properties of properties of the control of the	Section B - Section B - fication of property Derty Derty Derty	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use	Using	neck here the Ge	eneral De	eprecia	ation Sys	tem
19a	3-you 5-you 10-	(a) Classification properties of the control of the	Section B - Section B - fication of property Derrty Derrty Derrty Derrty Derrty Derrty Derrty	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use	Using	neck here the Ge	eneral De	eprecia	ation Sys	tem
19a	3-yu 5-yu 7-yu 10-	(a) Classif rear proper rear proper rear proper proper proper proper proper proper proper proper rear	Section B - Section B - fication of property Derrty Derrty Derrty Derrty Deperty Deperty Deperty Deperty Deperty	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use	Using	neck here the Ge	eneral De	eprecia	ation Sys	tem
19a b c c d e f	3-yu 5-yu 10- 15-20-	(a) Classifiear propear propea	Section B - Section B - fication of property Derrty Derrty Derrty Derrty Deperty Deperty Deperty Deperty Deperty Deperty Deperty Deperty Deperty	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use	Counts, cf	neck here the Ge Recovery period	eneral De	eprecia	(f) Method	tem
19a	3-yu 5-yu 10- 15-20-	(a) Classif rear proper rear proper rear proper proper proper proper proper proper proper proper rear proper rear proper rear proper pr	Section B - Section B - fication of property Derrty Derrty Derrty Derrty Deperty Deperty Deperty Deperty Deperty Deperty Deperty Deperty Deperty	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use	Using (d)	the General Recovery period	eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee	eprecia	(f) Method	tem
19a b c c d e f	3-yu 5-yu 10- 15- 20- 25-	(a) Classif ear propear propear propear propyear proyear proyear proyear proyear proyear proyear proyear proyear pro	Section B - Section B - fication of property Derrty Derrty Derrty Derrty Deperty Deperty Deperty Deperty Deperty Deperty Deperty Deperty Deperty	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use	Counts, ch	the General Recovery period 5 yrs.	e e eneral De (e) Co	peprecial nevention	(f) Method	tem
19a b c c d e f g	3-yu 3-yu 10- 10- 15- 20- 25-	ear propear propear proyear pr	Section B - Section B - fication of property Derrty Derrty Deprty Deperty	Assets	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use	counts, ch	the General Recovery period 5 yrs5 yrs5 yrs5 yrs.	e e eneral De	eprecial properties of the second sec	(f) Method S/L S/L S/L	tem
19a b c c d e f g	3-yu 3-yu 10- 10- 15- 20- 25-	ear propear propear proyear pr	Section B - Section B - fication of property Derrty Derrty Derrty Derrty Deperty	Assets	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use	counts, ch	the General Recovery period 5 yrs.	e e eneral De	eprecial properties of the second sec	S/L S/L S/L	tem
19a b c c d e f g	3-yu 3-yu 10- 10- 15- 20- 25-	ear propear propear proyear pr	Section B - Section B - fication of property Derrty Derrty Derrty Deperty Depe	Assets Assets	ice during the tax year Placed in Servic (b) Month and year placed in service // // // // //	ears beginnir into one or more ce During 20 (c) Basis for (business/i only - see	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use instructions)	22 27 33	the General Recovery period 5 yrs 5 yrs 5 yrs 5 yrs 9 yrs	e e eneral De	eprecianvention AM AM AM AM AM AM AM AM AM A	s/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c c d e e f g r	3-yu 5-yu 10- 15- 20- 25- Nor	(a) Classification properties of the control of the	Section B - Section B - fication of property Derrty Derrty Derrty Deperty Depe	Assets Assets	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i only - see	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use instructions)	22 27 33	the General Recovery period 5 yrs 5 yrs 5 yrs 5 yrs 9 yrs	e e eneral De	eprecianvention AM AM AM AM AM AM AM AM AM A	S/L	(g) Depreciation deduction
19a b c c d e e f g r	3-yu 3-yu 5-yu 10- 15-20- 25-Noi	ear propear propear proyear pr	Section B - Section B - fication of property Derrty Derrty Derrty Deperty Depe	Assets Assets	ice during the tax year Placed in Servic (b) Month and year placed in service // // // // //	ears beginnir into one or more ce During 20 (c) Basis for (business/i only - see	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use instructions)	counts, cf Using (d) 2 27 27 31	the General Recovery period 5 yrs 5 yrs 5 yrs 5 yrs 9 yrs	e e eneral De	eprecianvention AM AM AM AM AM AM AM AM AM A	s/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c c d e f g f i i 20a a	3-yu 3-yu 5-yu 10- 10- 15- 20- 1 25- 1 Res Noi	ear propear propear proyear pr	Section B - Section B - fication of property Derrty Derrty Derrty Deperty Depe	Assets Assets	ice during the tax year Placed in Servic (b) Month and year placed in service // // // // //	ears beginnir into one or more ce During 20 (c) Basis for (business/i only - see	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use instructions)	counts, cf Using (d) (d) 2: 27 27 3: Using th	5 yrs. 5 yrs. 5 yrs. 6 yrs. 6 yrs.	e eneral De	eprecianvention AM AM AM AM AM AM AM AM AM A	S/L	(g) Depreciation deduction
19a b c c d d e e f i i 20a k	3-yu 3-yu 5-yu 10- 10- 15- 20- 1 25- 1 Res Noi	(a) Classification (b) Classification (c) Classific	Section B - Section B - fication of property Derrty Derrty Derrty Deperty Depe	Assets y Assets P	ice during the tax year Placed in Servic (b) Month and year placed in service // // // // //	ears beginnir into one or more ce During 20 (c) Basis for (business/i only - see	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use instructions)	counts, cf Using (d) (d) 2: 27 27 3: Using th	5 yrs. 5 yrs. 5 yrs. 2 yrs.	e eneral De	Peprecial MM	S/L	(g) Depreciation deduction
19a b c d e f g h i i c c c t c c c c c c c c c c c c c c	3-yu 3-yu 10- 10- 15- 20- 25- 1 Res Noi	(a) Classif ear propear propea	Section B - Section C - A	y Assets P	ice during the tax year Placed in Service (b) Month and year placed in service (c) Month and year placed in service (d) Month and year placed in service	ears beginnir into one or more ce During 20 (c) Basis fc (business/i only - see	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use instructions)	2 27 27 3 3 4 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 10 yrs. 10 yrs.	e e e e e e e e e e e e e e e e e e e	Peprecial MM	S/L	(g) Depreciation deduction
19a b c d d e f g r i c 20a b c c 21	3-yu 5-yu 10- 15- 20- 25- Res Noi	(a) Classification of the control of	Section B - Section B - fication of property Derty Derty Derty Deperty	y Assets P ctions.)	ice during the tax year Placed in Service (b) Month and year placed in service (c) Month and year placed in service (d) Month and year placed in service	ears beginnir into one or more ce During 20 (c) Basis (c) (business/i only - see	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use instructions) 4 Tax Year U	2. 27 27 3' Sing th	5 yrs. 5 yrs. 5 yrs. 2 yrs. 0 yrs.	e eneral De (e) Col	Peprecial MM	S/L	(g) Depreciation deduction
19a b c d d e f g r i c 20a b c c 21	3-yu 5-yu 10- 15- 20- 25- Res Nor Cla 12- 40- art IV Listed Total. A	(a) Classification property car	Section B - Section B - fication of property Derty Derty Deperty De	y Assets P ctions.) from lines 2, lines	ice during the tax year Placed in Service (b) Month and year placed in service (r) Month and year placed in service (r) Month and year placed in service	ears beginnir into one or more ce During 20 (c) Basis fc (business/i only - see	ng before 201 general asset acc 114 Tax Year or depreciation myestment use instructions) 4 Tax Year U	2 27 27 3 3 4 sing th	5 yrs. 5 yrs. 5 yrs. 6 yrs. 7 yrs. 9 yrs. 10 yrs. 11 yrs. 12 yrs. 13 yrs. 14 yrs.	e e e e e e e e e e e e e e e e e e e	AM A	S/L	(g) Depreciation deduction
18 19a b c d e f g h	3-yu 5-yu 10- 15- 20- 25- Noi 12- 40- art IV Listed	(a) Classification property car	Section B - Section B - fication of property Derty Derty Deperty De	y Assets P ctions.) from lines 2, lines ate lines	ice during the tax year Placed in Service (b) Month and year placed in service // // // // // laced in Service // // // // // 14 through 17, lir	ears beginning into one or more ce During 20 (c) Basis for (business/ionly - see	general asset accepted to general asset acce	2 27 27 3 3 4 sing th	5 yrs. 5 yrs. 5 yrs. 6 yrs. 7 yrs. 9 yrs. 10 yrs. 11 yrs. 12 yrs. 13 yrs. 14 yrs.	e e e e e e e e e e e e e e e e e e e	AM A	S/L	(g) Depreciation deduction

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A	- Depreciati	on and Othe	er Inforr	nation (C	autio	n: Se	ee the i	nstruc	tions for l	imits for _l	passeng	er autor	nobiles.)		
248	Do you have evidence to s	support the bu	siness/invest	ment use	claimed?		Ye	s	No	24 b If "Y	es," is th	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busines investme use percen	nt	(d) Cost or other basis	8		(e) s for depre ness/inve use only	stment	(f) Recovery period	Me	g) thod/ rention	Depre	(h) eciation uction	Elec sectio	(i) cted n 179 ost
25	Special depreciation alle	owance for o	ualified liste	d prope	rty placed	l in se	ervice	e during	g the ta	ax year ar	nd					
	used more than 50% in								•	•		. 25				
26	Property used more that											•				
		1 1		%												
		1 1		%												
		: :		%												
<u>27</u>	Property used 50% or le	ess in a qual	ified busines	ss use:												
		1 1		%							S/L -					
		1 1		%							S/L -					
		: :		%							S/L -					
	Add amounts in column															
<u>29</u>	Add amounts in column	ı (i), line 26. E	nter here ar											. 29		
	mplete this section for ve				n B - Info			_								
to y	our employees, first ans	wer the ques	stions in Sec	ction C to	o see if yo	ou me	et ar		otion to	complet (c)	1 .	section f		vehicles e)	s. (f	١
30	Total business/investment	miles driven d	uring the		/ehicle		Vehi	-	l _v	'ehicle	1	nicle	1	nicle	Veh	
-	year (do not include com		•		-	<u> </u>			<u> </u>	-	1		1			
31	Total commuting miles															
	Total other personal (no															
	driven															
33	Total miles driven during															
	Add lines 30 through 32															
34	Was the vehicle availab			Yes	No	Υe	es	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?															
35	Was the vehicle used p	rimarily by a	more													
	than 5% owner or relate															
36	Is another vehicle availa	ble for perso	onal													
	use?															
			- Question:								-					
	swer these questions to	determine if	you meet an	excepti	on to con	npletii	ng S	ection	B for v	ehicles us	sed by er	nployee	s who a	re not m	ore than	5%
	ners or related persons.														1,,	T
	Do you maintain a writte employees?												r 		Yes	No
38	Do you maintain a writte			-	-				-							
	employees? See the ins															
	Do you treat all use of v															
40	Do you provide more th the use of the vehicles,															
11	Do you meet the require															
71	Note: If your answer to															
P	art VI Amortization	01,00,00,1	0, 01 11 10	700, 40	not comp	1010	30011	011 15 10	7 1110 0	7010104 11	31110100.					
	(a)			(b)		(c)			(d) Code		(e)			(f)	
	Description o			ate amortizati begins		Amor	tizable lount	e		Code section		Amortiza period or per	tion	Ar fo	nortization or this year	
42	Amortization of costs th	iai begins di	inng your 20		ear:											
				<u> </u>	+				+		+					
42	Amortization of costs th	at began ha	foro vous 20	14 tov v									43			
	Amortization of costs th												44			
44	Total. Add amounts in o	Joiui III (I). 30	se une misufu	CHOHS IC	wilete t	о гер	UIL.								a was 4500	· (0014)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

990-T

Identifying number

DE	LTA CHI	EDUCATIONAL	FOUNDATI	ON	FOR	M 9	90-5	r page 1		42-6075434
Pa	art Election	n To Expense Certain Prop	erty Under Section 1	79 Note: If yo	u have any lis	sted pro	operty,	complete Part	V before y	
1	Maximum amo	ount (see instructions)							1	500,000.
2	Total cost of s	section 179 property plac	ced in service (see	instructions)					2	
3	Threshold cos	st of section 179 propert	y before reduction	in limitation					3	2,000,000.
4	Reduction in li	imitation. Subtract line 3	from line 2. If zero	or less, ente	er -0-				4	
5	Dollar limitation for	r tax year. Subtract line 4 from lin	ne 1. If zero or less, enter	-0 If married fili	ng separately, see	e instruct	ions		5	
6		(a) Description of p	property		(b) Cost (busin	ness use	only)	(c) Elected	l cost	
7	Listed propert	ty. Enter the amount fror	n line 29				7			
8	Total elected	cost of section 179 prop	erty. Add amounts	s in column (c	c), lines 6 and	7			8	
9	Tentative ded	uction. Enter the smalle	r of line 5 or line 8						9	
		disallowed deduction from								
11	Business inco	me limitation. Enter the	smaller of busines	s income (not	t less than ze	ro) or li	ne 5		11	
12	Section 179 e	xpense deduction. Add	lines 9 and 10, but	t do not enter	r more than lii	ne 11			12	
13	Carryover of d	disallowed deduction to 2	2015. Add lines 9 a	and 10, less li	ine 12	▶	13			
		Part II or Part III below for	or listed property. I	Instead, use F	Part V.					
Pa	art II Spec	cial Depreciation Allow	ance and Other D	epreciation	(Do not inclu	de liste	ed prop	oerty.)		
14	Special depre	ciation allowance for qua	alified property (ot	her than listed	d property) pl	laced ir	n servi	ce during		
	the tax year								14	
15	Property subje	ect to section 168(f)(1) e	lection						15	
_		ation (including ACRS)							16	
Pa	art III MAC	RS Depreciation (Do n	ot include listed p	roperty.) (See	instructions.	.)				
					ction A				-	
17	MACRS dedu	ctions for assets placed	in service in tax ye	ears beginnin	g before 201	4			<u>.</u> 17	259.
18	If you are electing t	to group any assets placed in se								
		Section B - Assets				Using	the Ge	neral Deprecia	ition Syst	em
	(a) Class	sification of property	(b) Month and year placed	(business/in	r depreciation evestment use	(d) I	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
			in service	only - see	instructions)	<u> </u>				
<u>19a</u>		· · · · · · · · · · · · · · · · · · ·								
<u>b</u>		· · · · · · · · · · · · · · · · · · ·								
<u>c</u>		•								
d		· · · · · · · · · · · · · · · · · · ·								
<u>e</u>		<u> </u>								
f	20-year pr					<u> </u>	F		0."	
<u>g</u>	25-year pr	roperty	,				5 yrs.		S/L	
h	Residentia	al rental property	/			_	.5 yrs.	MM	S/L	
			/				.5 yrs.	MM	S/L S/L	
i							^		· · //	1
	Nonreside	ential real property	/			3	9 yrs.	MM		
	Nonreside		/ /	During 201	1 Tay Voor II			MM	S/L	atom
		ential real property Section C - Assets	/ // Placed in Service	During 2014	4 Tax Year U			MM	S/L iation Sy	stem
20a	Class life		/ // Placed in Service	During 2014	4 Tax Year U	sing th	ne Alte	MM	S/L iation Sy S/L	stem
b	Class life		/ Placed in Service	During 2014	4 Tax Year U	sing th	e Alte	MM rnative Depred	S/L siation Sy S/L S/L	stem
b	Class life 12-year 40-year	Section C - Assets	Placed in Service	During 2014	4 Tax Year U	sing th	ne Alte	MM	S/L iation Sy S/L	stem
Pá	Class life 12-year 40-year Surf IV Sum	Section C - Assets mary (See instructions.)	/			sing th	e Alte 2 yrs. 0 yrs.	MM rnative Depred	S/L siation Sy S/L S/L S/L	stem
Pa 21	Class life 12-year 40-year Art IV Sum Listed propert	Section C - Assets mary (See instructions.) ty. Enter amount from lin	/ le 28			sing th	e Alte 2 yrs. 0 yrs.	MM rnative Depred MM	S/L siation Sy S/L S/L	stem
Pa 21	Class life 12-year 40-year Total. Add am	Section C - Assets mary (See instructions.) ty. Enter amount from lin nounts from line 12, lines	/ le 28s 14 through 17, lir	nes 19 and 20) in column (g	sing th	2 yrs. 0 yrs.	MM rnative Deprec	S/L siation Sy S/L S/L S/L S/L	
21 22	Class life 12-year 40-year Art IV Sum Listed propert Total. Add arr Enter here and	Section C - Assets mary (See instructions.) ty. Enter amount from line nounts from line 12, lines d on the appropriate line	/ le 28	nes 19 and 20 artnerships a) in column (g	sing th	2 yrs. 0 yrs.	MM rnative Deprec	S/L siation Sy S/L S/L S/L S/L	stem 259.
21 22	Class life 12-year 40-year Art IV Sum Listed propert Total. Add arr Enter here and	Section C - Assets mary (See instructions.) ty. Enter amount from lin nounts from line 12, lines	/ se 28	nes 19 and 20 artnerships a e current yea) in column (g nd S corpora ır, enter the	sing th	2 yrs. 0 yrs.	MM rnative Deprec	S/L siation Sy S/L S/L S/L S/L	

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A	- Depreciati	on and Othe	er Inforr	nation (C	autio	n: Se	ee the i	nstruc	tions for l	imits for _l	passeng	er autor	nobiles.)		
248	Do you have evidence to s	support the bu	siness/invest	ment use	claimed?		Ye	s	No	24 b If "Y	es," is th	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busines investme use percen	nt	(d) Cost or other basis	8		(e) s for depre ness/inve use only	stment	(f) Recovery period	Me	g) thod/ rention	Depre	(h) eciation uction	Elec sectio	(i) cted n 179 ost
25	Special depreciation alle	owance for o	ualified liste	d prope	rty placed	l in se	ervice	e during	g the ta	ax year ar	nd					
	used more than 50% in								•	•		. 25				
26	Property used more that											•				
		1 1		%												
		1 1		%												
		: :		%												
<u>27</u>	Property used 50% or le	ess in a qual	ified busines	ss use:												
		1 1		%							S/L -					
		1 1		%							S/L -					
		: :		%							S/L -					
	Add amounts in column															
<u>29</u>	Add amounts in column	ı (i), line 26. E	nter here ar											. 29		
	mplete this section for ve				n B - Info			_								
to y	our employees, first ans	wer the ques	stions in Sec	ction C to	o see if yo	ou me	et ar		otion to	complet (c)	1 .	section f		vehicles e)	s. (f	١
30	Total business/investment	miles driven d	uring the		/ehicle		Vehi	-	l _v	'ehicle	1	nicle	1	nicle	Veh	
-	year (do not include com		•		0111010	<u> </u>			<u> </u>	-	1		1			
31	Total commuting miles															
	Total other personal (no															
	driven															
33	Total miles driven during															
	Add lines 30 through 32															
34	Was the vehicle availab			Yes	No	Υe	es	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?															
35	Was the vehicle used p	rimarily by a	more													
	than 5% owner or relate															
36	Is another vehicle availa	ble for perso	onal													
	use?															
			- Question:								-					
	swer these questions to	determine if	you meet an	excepti	on to con	npletii	ng S	ection	B for v	ehicles us	sed by er	nployee	s who a	re not m	ore than	5%
_	ners or related persons.														1,,	T
	Do you maintain a writte employees?												r 		Yes	No
38	Do you maintain a writte			-	-				-							
	employees? See the ins															
	Do you treat all use of v															
40	Do you provide more th the use of the vehicles,															
11	Do you meet the require															
71	Note: If your answer to															
P	art VI Amortization	01,00,00,1	0, 01 11 10	700, 40	not comp	1010 0	30011	011 15 10	7 1110 0	7010104 11	31110100.					
	(a)			(b)		(c)			(d) Code		(e)			(f)	
	Description o			ate amortizati begins		Amor	tizable lount	e		Code section		Amortiza period or per	tion	Ar fo	nortization or this year	
42	Amortization of costs th	iai begins di	inng your 20		ear:											
				<u> </u>	+				+		+					
42	Amortization of costs th	at began ha	foro vous 20	14 tay v									43			
	Amortization of costs th												44			
44	Total. Add amounts in o	Joiui III (I). 30	se une misufu	CHOHS IC	wilete t	о гер	UIL.								a was 4500	· (0014)

CHAR500

See the checklist on the

fee(s). Indicate fee(s) you

are submitting here:

next page to calculate your

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2014

Open to Public Inspection

1.General Information 01/01/2014 For Fiscal Year Beginning (mm/dd/yyyy) and Ending (mm/dd/yyyy) 12/31/2014 Check if Applicable: Name of Organization: Employer Identification Number (EIN): DELTA CHI EDUCATIONAL FOUNDATION 42-6075434 Address Change Name Change Mailing Address: NY Registration Number: 314 CHURCH STREET 42-97-21 Initial Filing X Final Filing City / State / ZIP: Telephone: IOWA CITY, IA Amended Filing 52245 319 337-4811 Reg ID Pending Website: Email: WWW.DCEF.COM FDNSTAFF@DCEF.COM Check your organization's Find your registration category in the X DUAL (7A & EPTL) EXEMPT registration category: 7A only EPTL only Charities Registry at www.CharitiesNYS.com 2. Certification See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. ROD ARNOLD President or Authorized Officer: TREASURER Signature Print Name and Title ROD ARNOLD TREASURER Chief Financial Officer or Treasurer: Signature Print Name and Title 3. Annual Reporting Exemption Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions). 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year. 4. Schedules and Attachments See the following page for a checklist of X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer schedules and for fund raising activity in NY State? If yes, complete Schedule 4a. attachments to No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. complete your filing. 5. Fee

25.

EPTL filing fee:

250.

Total fee:

275.

7A filing fee:

Make a single-check or money order

payable to:

"Department of Law"

DELTA CHI EDUCATIONAL FOUNDATION

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules including Schedule B (Schedule of Co IRS Form 990-T if applicable	ntributors).
If you are a 7A only or DUAL filer, submit the applicable independent Certified Publi Review Report if you received total revenue and support greater than \$250,000 Audit Report if you received total revenue and support greater than \$500,000 X No Review Report or Audit Report is required because total revenue and support greater than \$500,000 X	00 and up to \$500,000.
Note: The Audit and Review requirements are set to change in 2017 and 2021 in ac For more details, visit <u>www.CharitiesNYS.com.</u>	ecordance with the Non Profit Revitalization Act of 2013.
Calculate Your Fee	
	Is my organization a 7A, EPTL or DUAL filer?
For 7A and DUAL filers, calculate the 7A fee: \$0, if you marked the 7A exemption in Part 3a \$\tilde{X}\$ \$25, if you did not mark the 7A exemption in Part 3a	 - 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") - EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. - DUAL filers are registered under both 7A and EPTL.
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you marked the EPTL exemption in Part 3b	Check your registration category and learn more about NY law at www.CharitiesNYS.com
\$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: - IRS From 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	 IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

CT-2

New York State Department of Taxation and Finance

Corporation Tax Return Summary

2c Legal name of corporation

26. DELTA CHI EDUCATIONAL FOUNDATION

Payment enclosed

8. 250 . 00

- Return type
- 2a Employer ID number (EIN)
- 2b File number (FCC)
- 3 Period beginning date (mm-dd-yy)
- 4 Period ending date (mm-dd-yy)
- 5 Amended (Y=1; N=0)
- 6 Address change (Y=1; N=0)
- 7 Final (Y=1; N=0)
- 9 NAICS code
- 10 MTA indicator (None = 0, Y = 1, N = 2, Both = 3)
- 11a Type of bank Clearinghouse (Y = 1, N = 0)
- 11b Type of bank Savings (Y = 1, N = 0)
- 11c Type of bank Other commercial (Y = 1, N = 0)
- **12** Federal 1120-H filed (Y = 1, N = 0)
- 13 REIT/RIC indicator (Y = 1, N = 0)
- 14 QSSS indicator (Y = 1, N = 0)
- 15 Form ID number
- 16 Tax sub type
- 17 Tax due/MTA surcharge
- 18 Mandatory first installment (MFI) no extension filed and tax due is over \$1,000
- 19 Return a Gift to Wildlife
- 20 Breast Cancer Research and Education Fund
- 21 Prostate and Testicular Cancer Research and Education Fund
- 22 9/11 Memorial
- 23a Volunteer Firefighting & EMS Recruitment Fund
- 23b Veterans Remembrance
- 24 Balance due
- 25 Amount of overpayment credited to next period NYS
- 26 Refund of overpayment
- 27 Refund of unused tax credits
- 28 Tax credits to be credited as an overpayment to next year's return
- 29 Amount of overpayment credited to next period MTA
- 30 Amount of MTA surcharge retaliatory tax credit to be refunded
- 31 Total license fee
- 32 Maintenance fee due
- 33 Fixed dollar minimum
- 34 (Combined) parent's EIN
- 35 New York receipts
- 36 Alternative entire net income (ENI) percentage
- 37 Computation of issuer's allocation percentage
- 38 Issuer's allocation percentage
- 39 Paid preparer's EIN

THIS FORM MUST BE FILED WITH YOUR RETURN

9. 531110

			10			
			11a			
			11b			
			11c			
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For office use only

DELTA CHI EDUCATIONAL FOUNDATION

Page 2 of 2 CT-2 (2014)

Form CT-186-E filers only

40	Excise tax on telecommunication services - NYS	40.	
41	Tax on gross income - NYS	41.	
42	MTA surcharge related to telecommunication services	42.	
43	MTA surcharge on gross income	43.	
44	No CT-5.9-E filed and line 1 is over \$1,000 - NYS	44.	
45	No CT-5.9-E filed and line 1 is over \$1,000 - MTA	45.	
46	No CT-5.9-E filed and line 2 is over \$1,000 - NYS	46.	
47	No CT-5.9-E filed and line 2 is over \$1,000 - MTA	47.	
48	Add lines 8 and 9 - NYS	48.	
49	Add lines 8 and 9 - MTA	49.	
50	Balance due - NYS	50.	
51	Balance due - MTA	51.	
52	Provided telecommunication services in the MCTD this year? (None = 0, $Y = 1$, $N = 2$, $Both = 3$)	52.	
53	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non-	e = 0, Y = 1, N = 2, Both = 3) 53.	
54	Overpayment credited to next year's tax - NYS	54.	
55	Overpayment credited to next year's tax - MTA	55.	
56	Refund of overpayment - NYS	56.	
57	Refund of overpayment - MTA	57.	
58	Refund of unused tax credits - NYS	58.	
59	Refund of unused tax credits - MTA	59.	
60	Refundable tax credits to be credited to next year's tax - NYS	60.	
61	Refundable tax credits to be credited to next year's tax - MTA	61.	\neg

484952 10-21-14 **1019**



	CT-13
2014	J. . J

New York State Department of Taxation and Finance

Unrelated	Business	Income
Tax Datus		

	Amended Ta	ax Law - Article 1	3	he	eginnina	01-01-14		endi	ng 12-31-14
Е	mployer identification number (EIN)	File number		ess telephone nu		, <u> </u>		1	If you claim an overpayment, mark
ı	42-6075434	MM7	319	9-337-4					an χ in the box
L	egal name of corporation				Trade na	ame/DBA			
_	DELTA CHI EDUCATIONA	AL FOUNDAT	CION		Ctoto c	country of income availa-			
N	Mailing name (if different from legal name above)					country of incorporation	Date r	eceived	(for Tax Department use only)
	c/o Number and street or PO box				IOV	VA incorporation	4		
	314 CHURCH STREET		State Z	IP code	Foreign on	rporations: date began	-		
	•	<u>.</u>	- 1010 21	2000	business i	n NYS			
	IOWA CITY, IA 52245 NAICS business code number (from federal return)	If address/p	phone	If you need t	o update	e your address or	Audit	(for Tax Γ	Department use only)
	531110	above is ne		phone inforr	nation fo	or corporation tax,		, ,, .	
P	Principal unrelated business activity (see instructions		III UIC DOX	or other tax					
_T	UNRELATED DEBT FINAN	ICED		in Form CT-		s information	1		
Ľ		, , , , , ,							
Fο	rm CT-247, Application for Exemption	from Corporation	Eronobica Ta	oo bu a Nat F	or Dec	##			
	Organization - Have you filed this Nev								Yes X No
	irk an χ in this box if you are an employee tr								
	\mathbf{x} in this box if you ceased operating t								
	A. Pay amount shown on line 22. Make					<u> </u>			Payment enclosed
•	■ Attach your payment here. Detach a	all check stubs. (S	ee instructions	for details.)	•			Α	250.
	omputation of income and tax								
1	Federal unrelated business taxable in	come before net o	perating loss	deduction an	d after	\$1,000			
			-					1	<4,338.
2	New York State Article 13 and Article							2	
	Additions required for shareholders of							3	
	Grossed-up taxes for shareholders of							4	
5	Other additions (see instructions)	IRC section 199 d	eduction:			<u> </u>		5	
6	Add lines 1 through 5		<u>.</u>					6	<4,338.
	Other income (see instructions)								
	Federal S corporation shareholder sul				8]	
9	Other subtractions (see instructions)				9				
	Total subtractions (add lines 7, 8, and							10	
11	Taxable income before net operating	loss deduction (su	ıbtract line 10	from line 6) $_{\cdot\cdot}$				11	<4,338.
	New York net operating loss deduction							12	
13	Taxable income (subtract line 12 from	line 11)						13	<4,338.
14	Allocated taxable income (multiply line	e 13 by	% fro	m line 42; or	enter a	mount			4 222
	from line 13 if allocation is not clain	ned)					•	14	<4,338.
	Tax based on income (multiply line 14							15	0.
16	Minimum tax							16	250 • 00
17	Tax (line 15 or line 16, whichever is lar	ger)						17	250.
18	Total prepayments from line 46						•	18	0.50
	Balance (if line 18 is less than line 17,							19	250.
	Interest on late payment (see instruction							20	
	Late filing and late payment penalties							21	0.50
	Balance due (add lines 19, 20, and 21							22	250.
	Overpayment (if line 17 is less than line							23	
	Amount of overpayment on line 23 to							24	
25	Amount of overpayment on line 23 to	be refunded (sub	tract line 24 fro	om line 23)				25	

See page 3 for third-party designee, certification, and signature entry areas.



Have	you been audited by the Internal Revenue Se	ervice in the past 5 years	? Yes	No X	If Yes, list years	s:		
Fede	ral return was filed on: 990-T X Ot	her:	🗆	A	ttach a complete cop	oy of yo	our federal ret	turn.
Sch	edule A - Unrelated business alloc	ation						
ware	udid not maintain a regular place of business house, or other space regularly used by the ta ocation, nature of activities, and number and o	expayer in its unrelated b						
			Α		_ B			
Ave	rage value of:		New York	State	Everywhere	•		
26	Real estate owned	26						
27	Gross rents (attach list)	27						
28	Inventories owned	28						
29	Other tangible personal property owned	29						
30	Total (add lines 26 through 29)	30						
31	Percentage in New York State (divide line 30)	, column A, by line 30, co	olumn B)			. 31		%
Rec	eipts in the regular course of busi	ness from:					•	
32	Sales of tangible personal property shipped	to						
	points within New York State	32						
33	All sales of tangible personal property	33						
34	Services performed	34						
35	Rentals of property	35						
36	Other business receipts	36						
37	Total (add lines 32 through 36)	37						
38	Percentage in New York State (divide line 37	, column A, by line 3 <u>7,</u> co	olumn B)			38		%
39	Wages, salaries, and other compensation of	employees						
	(except general executive officers)	39						
40	Percentage in New York State (divide line 39	, column A, by line 39, co	olumn B)			. 40		%
41	Total of New York State percentages (add	lines 31, 38, and 40)				. 41		%
	Business allocation percentage (divide line 4		ber of percentage	es)		42		%
Cor	nposition of prepayments claimed	on line 18*			Date paid		Amount	
43	Payment with extension request, Form CT-5,	line 5		43				
44a	Second installment from Form CT-400			. 44a				
44b	Third installment from Form CT-400			. 44b				
	Fourth installment from Form CT-400							
	Amount of overpayment credited from prior				45	5		
	Total prepayments (add lines 43 through 45;					5		
	* Taxpayers subject to the unrelated busine If you did make these unrequired paymen	ess income tax are not re ts, report them on lines 4	equired to make e 14a, 44b, and 44d	stimated t	ax payments.			
Am	ended return information							
If filin	g an amended return, mark an χ in the box for	or any items that apply a	nd attach docum	entation.				
Final	federal determination	If marked, enter	date of determina	ation:				
Net o	operating loss (NOL) carryback •	Capital loss carry	/back			•[
Fede	ral return filed Form 1139 ●	Amended Form 9	990-T			•[



Third-party	Designee's name	(print)		Designee's phone number				
designee	Y Yes X No			317-469-0169				
	Designee's e-mail address			PIN				
Certification	n: I certify that this return and any attachmen	s are to the best of my knowledge and	d belief true, correct, and o	complete.				
Authorized	Printed name of authorized person ROD ARNOLD	Signature of authorized person	Official title TREASURER					
person	E-mail address of authorized person		Telephone number 7 7 0 - 205 - 67	Date 5/11/15				
	Firm's name (or yours if self-employed) VONLEHMAN & COMPANY IN	ıc.	Firm's EIN 31-0905417	Preparer's PTIN or SSN P00163431				
Paid preparer use	parer ise Signature of individual preparing this return 8250 WOODFIELD CROSSING BLVD. SUIT							
only	E-mail address of individual preparing this re YDECALONNE@VLCPA.COM	AMERICAN WORLD STREET,	Preparer's NYTPRIN	Date 05-01-15				

See instructions for where to file.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2014, or fiscal year beginning _______, 2014, and ending _______ Do not send to the IRS. Keep for your records.

, 2014, and ending

Department of the Treasury	•	The to the ind. Reep for your recor	us.	
Internal Revenue Service	► Information about Form 8879	9-EO and its instructions is at _{www}	w.irs.gov/form8879eo.	- '
Name of exempt organization			Employe	r identification number
DELTA CHI EDU	CATIONAL FOUNDATION	N	42-6	5075434
Name and title of officer				
ROD ARNOLD				
TREASURER				
Part I Type of I	Return and Return Informat	on (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5 a	rn for which you are using this Form a, below, and the amount on that line ank (do not enter -0-). But, if you enter	for the return being filed with this for	orm was blank, then leave	e line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if an	y (Form 990, Part VIII, column (A), lir	ne 12) 1b	-22,911.
2a Form 990-EZ check he	re b b Total revenue,	if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check	here b Total tax (F	orm 1120-POL, line 22)	3b	
4a Form 990-PF check he		nvestment income (Form 990-PF, F		
5a Form 8868 check here		8868, Part I, line 3c or Part II, line 8		
Part II Declarat	ion and Signature Authoriza	tion of Officer		
debit) entry to the financia return, and the financial ins 1-888-353-4537 no later th processing of the electronic payment. I have selected a	pplicable, I authorize the U.S. Treasul institution account indicated in the stitution to debit the entry to this account 2 business days prior to the paynic payment of taxes to receive confide a personal identification number (PIN electronic funds withdrawal.	ax preparation software for paymer ount. To revoke a payment, I must of thent (settlement) date. I also authorize the ential information necessary to answ	nt of the organization's fectoriate the U.S. Treasury ze the financial institutions wer inquiries and resolve it	deral taxes owed on this Financial Agent at s involved in the ssues related to the
Officer's PIN: check one	box only			
X I authorize VO	NLEHMAN & COMPANY	INC.	to enter n	nv PIN 75434
		O firm name		Enter five numbers, but do not enter all zeros
is being filed with	on the organization's tax year 2014 on the organization's tax year 2014 on the a state agency(ies) regulating charithe return's disclosure consent scre	ties as part of the IRS Fed/State pro		
indicated within	the organization, I will enter my PIN a this return that a copy of the return is nter my PIN on the return's disclosur	s being filed with a state agency(ies)	•	-
Officer's signature			Date	
Part III Certifica	tion and Authentication			
	our six-digit electronic filing identificat	on		
•	your five-digit self-selected PIN.	613	85241017 ot enter all zeros	
	meric entry is my PIN, which is my signg this return in accordance with the sa Returns.			

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

Date \triangleright 05/01/15

ERO's signature

Form	990-T	E	Exempt Organization Bu	sine	ss Income Ta	ax Return	· ⊢	OMB No. 1545-0687
			(and proxy tax un	der se	ction 6033(e))			0015
		For ca	lendar year 2014 or other tax year beginning		, and ending			2014
Depart	ment of the Treasury		▶ Information about Form 990-T and its instr				Ļ	
Interna	Revenue Service	•	Do not enter SSN numbers on this form as it m					Open to Public Inspection for 501(c)(3) Organizations Only
A L	Check box if address changed		Name of organization (Land Check box if name	changed	and see instructions.)		(Emplo	oyer identification number oyees' trust, see ctions.)
B Ex	empt under section	Print	DELTA CHI EDUCATIONAL	FOU	NDATION		4	2-6075434
X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. b	ox, see in	structions.			ated business activity codes
	408(e) 220(e)	Туре	314 CHURCH STREET				(,
	408A 530(a) 529(a)		City or town, state or province, country, and ZIP IOWA CITY, IA 52245	or foreigr	n postal code		531:	110
C Boo	k value of all assets	F Grou	p exemption number (See instructions.)					
2,	931,762.	G Chec	k organization type X 501(c) corporati	ion	501(c) trust	401(a) trust		Other trust
H Des	scribe the organizatio	n's prim	ary unrelated business activity. UNRELA	TED 1	DEBT FINANCE	D INCOME		
			poration a subsidiary in an affiliated group or a par				Ye	s X No
			tifying number of the parent corporation.					
J The	books are in care of	• •	JUSTIN SHERMAN		Telephor	ne number 🕨 (319) 337-4811
Par	t I Unrelate	d Tra	de or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sale	es						
b	Less returns and allo	wances	c Balance ▶	1c				
2	Cost of goods sold (S	Schedule	e A, line 7)	2				
	Gross profit. Subtrac							
			h Schedule D)					
			Part II, line 17) (attach Form 4797)					
			sts					
			ips and S corporations (attach statement)					
	Rent income (Schedu				40.00	4.0 -		
			me (Schedule E)		19,227.	13,7	86.	5,441.
		-	and rents from controlled organizations (Sch. F)					
			on 501(c)(7), (9), or (17) organization (Schedule (
			ome (Schedule I)					
11 .	Advertising income (Schedul	e J)	11				
			ns; attach schedule)		19,227.	13,7	06	5,441.
13 Par			gh 12ot Taken Elsewhere (See instructions			13,1	00.	5,441.
Fai			utions, deductions must be directly connect			income.)		
14	<u> </u>		rectors, and trustees (Schedule K)				14	
15							15	
16							16	
17							17	
18							18	
19							19	
20	Charitable contribut	ions (Se	e instructions for limitation rules)				20	
21	Depreciation (attach	Form 4	562)		21	259.		
22			n Schedule A and elsewhere on return				22b	259.
23	Depletion						23	
24	Contributions to def	ferred co	mpensation plans				24	
25							25	
26	Excess exempt expe	enses (S	chedule I)				26	
27	Excess readership of	osts (Sc	hedule J)				27	
28	Other deductions (a	ttach scl	nedule)		SEE STATE	MENT 2	28	9,520.
29	Total deductions	. Add lir	ies 14 through 28				29	9,779.
30			ncome before net operating loss deduction. Subtr				30	-4,338.
31			n (limited to the amount on line 30)				31	4 222
32			ncome before specific deduction. Subtract line 31				32	-4,338.
33			y \$1,000, but see line 33 instructions for exception				33	
34	Unrelated business	taxable	income. Subtract line 33 from line 32. If line 33 i	s greater t	tnan line 32, enter the sma	lier of zero or	_	1 220

35 Organizations Taxable as Corporations. See instructions for fax occumputation. Controlled group members (scalino 1561 and 1563) check here ▶ See instructions and: a First your share of the \$50,000, \$25,000 and \$9,050,000 taxable income brackets (in that order): (1)			ax Computation									_		
a faith your share of the \$0,000, \$20,000 and \$9,920,000 backle moone brackets (in that order): (1)	35	Orgar	izations Taxable as Corpora	t ions. See inst	ructions for tax co	mputati	on.							
the first organization is share of (1) Additional 5% tax (not more than \$11,000) (2) Additional 3% tax (not more than \$100,000) (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (4) Income tax on the amount on line 34 income. (4) Income tax on the amount on line 34 income. (5) Income tax on the amount on line 34 income. (6) Income tax on the amount on line 34 income. (7) Income tax on the amount on line 34 income. (8) Income tax on the amount on line 34 income. (8) Income tax on the amount on line 34 income. (9) Income tax on the amount on line 34 income. (9) Income tax on the amount on line 34 income. (9) Income tax on the amount on line 34 income. (10) Income tax on the amount on line 34 income. (11) Income tax on the amount on line 34 income. (12) Income tax on the amount on line 34 income. (13) Income tax on the amount on line 34 income. (14) Income tax on the amount on line 34 income. (15) Income tax on the amount on line 34 income. (16) Income tax on the amount on line 34 income. (17) Income tax on the amount on line 34 income. (18) Income tax on the amount on line 34 income. (18) Income tax on the amount on line 34 income. (18) Income tax on the amount on line 34 income. (18) Income tax on the amount on line 34 income. (18) Income tax on the amount on line 34 income. (18) Income tax on the amount on line 34 income. (18) Income tax on the amount on line 34 income. (18) Income tax on the amount on line		Contr	olled group members (section	s 1561 and 15	63) check here	▶ □	See instruction	ns and	i:					
b Enter organization is share of, (1) Additional 5% tax (not more than \$11,750) c) (2) Additional 3% tax (not more than \$10,000) c) Income tax on the amount on line 34 To this Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 5.True flates. See instructions Taxable 6.True flates. See instructions Taxable 7.True fla	а	Enter	your share of the \$50,000, \$2	5,000, and \$9	,925,000 taxable i	ncome b	rackets (in that	order):					
b Enter organization is share of, (1) Additional 5% tax (not more than \$11,750) c) (2) Additional 3% tax (not more than \$10,000) c) Income tax on the amount on line 34 To this Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 5.True flates. See instructions Taxable 6.True flates. See instructions Taxable 7.True fla		(1)	\$	(2) \$			(3) \$							
(2) Additional 3% its x (not more than \$100,000)							• •			Ī				
c income tax on the amount on time 34 Strests Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) Sab S														
Trists Taxable at Trists Rates. See instructions for tax computation, Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) See										<u></u>	35c			0.
Tax rate schedule or											000			
37 Proxy tax. See instructions 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 71 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 80 O. 81 Total Add lines 37 and 38 to line 35c or 36, whichever applies 82 O. 83 O. 840 Foreign tax credit (corporations attach Form 1116; trusts attach Form 1116) 85 Other credits (see instructions) 86 Ceneral business credit. Attach Form 3800 O. 86 Ceneral business credit. Attach Form 3800 O. 87 Total tax. Add lines 41 and 42 88 Total tax. Add lines 41 and 42 89 Outher taxes. Check if from: □ Form 425S □ Form 8611 □ Form 8687 □ Form 8666 □ Other taxes schedule 80 Alternative Add lines 41 and 42 81 Total tax. Add lines 41 and 42 81 Form 8688 □ 44c 91 Form 8688 □ 44c 92 Form 8688 □ 44c 93 Form 8688 □ 44c 94 Foreign organizations: Tax and or withheld at source (see instructions) 95 Eackup withholding (see instructions) 96 Eackup withholding (see instructions) 97 Credit for small employer health linesurance premiums (Attach Form 8941) 98 Estimated tax penniby (see instructions) Check if Form 2239 98 Estimated tax penniby (see instructions) Check if Form 2239 99 Form 4136 90 Other credits and payments. Add lines 44 in the total of lines 43 and 46, enter amount overpal 90 Estimated tax penniby (see instructions) Check if Form 2230 is attached ▶ 44g 90 Other credits and payments. Add lines 44 in the total of lines 43 and 46, enter amount overpal 90 Estimated tax penniby (see instructions) Check if Form 2230 is attached ▶ 47g 91 Form 4136 92 Form 4136 93	30				•						26			
38	27													
Total Add lines 37 and 38 to line 35co 78, whichever applies														
## 40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ## 40a ## 40b ## 40c #	30	Aiterri	auve minimum tax								30	-		_
40a Foreign tax cradit (corporations attach Form 1118; trusts attach Form 1116)	39	lotai.	Add lines 37 and 38 to line 3	oc or 36, which	never applies						39			0.
b Other credits (see instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 9827) e Total credits. Add lines 40a through 40d d 1 Subtract line 40e from line 39 42 Other taxes. Check if from 3 orn 4255 Form 8611 Form 8697 Form 8686 Other pattach scheduley 43 Total tax. Add lines 41 and 42 44 a Payments: A 2013 overpayment credited to 2014 b 2014 estimated tax payments c 1 ax deposed with Form 8868 d 6 Foreign organizations. Tax paid or withheld at source (see instructions) f 1 Credit for small employer health insurance promiums (Attach Form 8941) d 2 Foreign organizations. Tax paid or withheld at source (see instructions) f 2 Backup withholding (see instructions) f 3 Total payments. Add lines 44a through 44g d 5 Total payments. Add lines 44a through 44g d 6 Estimated tax penalty (see instructions) f 44d e 1												_		
c General business credit. Attach Form 8801 or 8827) d Credit for prior year minimum tax (attach Form 8801 or 8827) d Credit for prior year minimum tax (attach Form 8801 or 8827) d Total tax. Add lines 40 through 403 d 1 Subtract line 40 for form line 39 d Other taxesc. Check if from Form 4255														
d Credit for prior year minimum tax (attach Form 8801 or 8827) 1 Total credits. Add lines 40 through 40d 41 Subtract line 40e from line 39 42 Other taxes. Check if from:														
e Total credits. Add lines 40a through 40d 41 Subbract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8696 Other (antach schedule) 43 Total tax. Add lines 41 and 42 44 a Payments. Agd 3 weapyment credited to 2014 44 a Payments. Agd 3 weapyment credited to 2014 44 b 2014 estimated tax payments c Tax deposited with form 8686 6 Foreign organizations: Tax paid or withheld at source (see instructions) 6 Eackup withholding (see instructions) 7 Credit for small employee health insurance premiums (Altach Form 8941) 9 Other credits and payments. 1 Form 4136 Other health insurance premiums (Altach Form 8941) 9 Other credits and payments. 1 Form 4136 Other health insurance premiums (Altach Form 8941) 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check If Form 2220 is attached														
41 Subtract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (entach schedule) 43 Totat tax. Add lines 41 and 42 44 Payments. A 2013 overpayment credited to 2014 45 2014 Setsimated tax payments 5 Tax deposited with Form 8868 6 Foreign organizations: Tax paid or withheld at source (see instructions) 440 440 440 440 440 440 440 440 440 44														
42 Other taxes. Check if from:	е	Total	credits. Add lines 40a throug	n 40d							40e			
42 Other taxes. Check if from:	41	Subtra	act line 40e from line 39								41			0.
44 à Payments: A 2013 overpayment credited to 2014 b 2014 estimated tax payments c Tax deposited with Form 8688 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:	42	Other	taxes. Check if from: Fo	rm 4255 📖	Form 8611	Form	3697 🔲 Forr	m 886	66 🔲 C)ther (attach schedu	le) 42			
44 Payments: A 2013 overpayment credited to 2014 b 2014 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 4136	43	Total	tax. Add lines 41 and 42								43			0.
Description of the property o	44 a	Paym												
d Foreign organizations: Tax paid or withheld at source (see instructions) d Foreign organizations: Tax paid or withheld at source (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 4136														
e Backup withholding (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 form 1436 form 1946 form 1946 form 1947 form 1949 form 1436 form 1949 form 1449 form 1949 form 1449 form 1949 form 1449									44c					
e Backup withholding (see instructions) f Oredit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 4136 Other Total 449 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 49 Enter the amount of line 48y ouwant. Credited to 2015 estimated tax Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FincEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Part V 2 During the tax year, did the organization needed a distribution form, or was in the granter of, or transferred to, a foreign trust? If YES, enter the name of the foreign country here Part Y Schedule A - Cost of Goods Sold. Enter method of inventory valuation Part Part Part Part Part Part Part Part														
Credit for small employer health insurance premiums (Attach Form 8941) 441														
Gother credits and payments:														
Form 4136														
46 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶	9	$\overline{}$		<u></u>	1ther				440					
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 47	45								ן פרד					
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2015 estimated tax Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ 2 During the tax year, did the organization review a distribution from, or was it the grantor of, or transferor to, a toreign trust? 2 If YES, see instructions for other forms the organization from, or was it the grantor of, or transferor to, a toreign trust? 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 1 Inventory at beginning of year 1 6 Inventory at end of year 2 Purchases 2 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 4a Additional section 253A costs (att. schedule) 4b property produced or acquired for resale) apply to the organization? 5 Total. Add lines 1 through 4b 5 Date Preparer (other than taxpayer) is based on all information of which level and statements, and to the best of my knowledge and belief, it is true. 4 Print/Type preparer's name Preparer (other than taxpayer) is based on all information of which level has any knowledge. 4 Print/Type preparer's name Preparer (other than taxpayer) is based on all information of which level has any factor has any knowledge and belief, it is true. 5 If the costs (attach schedule) Print Property Produced or acquired for resale) apply to the organization of preparer (other than taxpayer) is based on all informat	40	- Total - Cotim	p ayments. Add illes 44a tille stad tay papalty (ean instruction	ugii 44y ane) Chack if [Form 2220 is attac	ahod -					40			
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want. Credited to 2015 estimated tax ▶ Refunded ▶ 49 Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ 2 During the tax year, did the organization from, or was it the grantor of, or transferor to, a foreign trust? 2 Purchases Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 1 Inventory at beginning of year 1 6 Inventory at end of year 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 form line 5. Enter here and in Part I, line 2 7 4a Additional section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Sign Here Paid Preparer Signature														Λ
Part V Statements Regarding Certain Activities and Other Information (see instructions) 1												-		
Part V Statements Regarding Certain Activities and Other Information (see instructions) 1												-		<u> </u>
1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Part of the caparization receive a distribution from, or was in the grantor of, or transferor to, a foreign trust? 2 During the tax year, did the organization receive a distribution from, or was in the grantor of, or transferor to, a foreign trust? 3 Enter the amount of tax-exempt interest received or accrued during the tax year. ▶\$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 1 Inventory at beginning of year 1								atio	n (coo ir		49			
securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it The grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions of other forms the organization may have to file The see instructions of the foreign country here Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A Inventory at beginning of year 1			<u>-</u>									/h l -	V	N
Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it The grantor of, or transferor to, a foreign trust?		-	-				-			-		•	Yes	NO
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X See instructions for other forms the organization may have to file.												icial		37
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 1 Inventory at beginning of year 1 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 7 Cost of goods sold. Subtract line 6 7 Cost of goods sold. Subtract line 6 7 From line 5. Enter here and in Part I, line 2 7 4a Additional section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 5 Total. Add lines 1 through 4b 5 the organization? Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name YVONNE B. DE CALONNE Preparer's signature TREASURER Print/Type preparer's name YVONNE B. DE CALONNE Print/Type preparer's name YVONNE B. DE CALONNE Firm's name ▶ VONLEHMAN & COMPANY INC. Firm's name ▶ VONLEHMAN & COMPANY INC. Firm's name ▶ VONLEHMAN & COMPANY INC. Firm's EIN ▶ 31-0905417	ACCC 2 Durin	unts.	If YES, enter the name of the	oreign country	y here ► om or was it the gran	ntor of or t	ransteror to a tore	ian trus	st?					
Schedule A - Cost of Goods Sold. Enter method of inventory valuation Inventory at beginning of year														X
1 Inventory at beginning of year 1 6 Inventory at end of year 6 7 Cost of goods sold. Subtract line 6 7 Cost of goods sold. Subtract line 6 7 7 8 7 8 7 8 7 8 7 8 7 8 8 7 8 7 8 7								- / -						
2 Purchases 2 7 Cost of goods sold. Subtract line 6 3 Cost of labor 3					ethod of invent									
3 Cost of labor	1 Inve	ntory	at beginning of year								6			
4 a Additional section 263A costs (att. schedule) b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 5 Total and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer Use Only Prim's name VONLEHMAN & COMPANY INC. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? TREASURER Title Primt/Type preparer's name Preparer's signature Primt's name VONLEHMAN & COMPANY INC. Primt's name VONLEHMAN & COMPANY INC. Primt's EIN 1 Date Primt's EIN 1 Date Primt's EIN 2 Date Primt's EIN 3 Date Primt's EIN 4 Date Primt's EI						7 C	ost of goods so	Id . Su	ıbtract line	: 6				
b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Total. Add lines 1 through 4b	3 Cost	of lab	or	3		fr	om line 5. Enter	here	and in Par	t I, line 2	7			
TREASURER Signature of officer Print/Type preparer's name Preparer Use Only Total. Add lines 1 through 4b Signature of officer Print/Type preparer's name Preparer Use Only Total. Add lines 1 through 4b Signature of officer TREASURER Title TREASURER Title TREASURER Title TREASURER Title TREASURER Title TREASURER Title Print/Type preparer's name YVONNE B. DE CALONNE CALONNE Firm's name VONLEHMAN & COMPANY INC. Saction Saction Firm's EIN Saction Sa	4a Addit	ional s	ection 263A costs (att. schedule)	4a		8 D	o the rules of se	ection	263A (wit	h respect to			Yes	No
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. TREASURER Title TREASURER Title Print/Type preparer's name YVONNE B. DE CALONNE CALONNE Firm's name VONLEHMAN & COMPANY INC. Firm's slin 8250 WOODFIELD CROSSING BLVD. SUITE 3	b Othe	r cost	s (attach schedule)	4b		рі	operty produce	d or a	cquired fo	or resale) apply to				
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. TREASURER	5 Tota													
Here TREASURER May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Print/Type preparer's name Preparer's signature Date Check if self- employed PTIN		Un	der penalties of perjury, I declare the	at I have examine	ed this return, includi	ng accom	panying schedules	and s	tatements, a	and to the best of my	knowledge	and belief, it is	true,	
Paid Preparer Use Only Primt/Type preparer's name	_	100	rect, and complete. Declaration of p	reparer (other th	an taxpayer) is baset	on an ini	ormation of which p	prepare	or mas arry k	nowledge.	May the I	RS discuss thi	s return v	with
Print/Type preparer's name YVONNE B. DE YVONNE B. DE CALONNE CALONNE Firm's name VONLEHMAN & COMPANY INC. 8250 WOODFIELD CROSSING BLVD. SUITE 3 Preparer's signature Obate Self- employed PO163431 P0163431 P0163431 P188 P188 P188 P188 P188 P188 P188 P1	Here		•				TREAS	SUR	ER					
Paid Preparer Use Only YVONNE B. DE YVONNE B. DE 05/01/15 CALONNE 05/01/15 Firm's name ► VONLEHMAN & COMPANY INC. Firm's EIN ► 31-0905417		▮▮	Signature of officer		Date		Title				instruction	ns)? X Y	es 🗀	No
Paid Preparer Use Only YVONNE B. DE YVONNE B. DE 05/01/15 CALONNE 05/01/15 P00163431 Firm's name ►VONLEHMAN & COMPANY INC. Firm's EIN ► 31-0905417			Print/Type preparer's name		Preparer's sign	ature		Dat	e	Check	if PT	IN		
Preparer Use Only CALONNE CALONNE CALONNE CALONNE CALONNE O5/01/15 P00163431 Firm's name ► VONLEHMAN & COMPANY INC. 8250 WOODFIELD CROSSING BLVD. SUITE 3	Daid						Œ			self- employ	ed			
Use Only Firm's name ► VONLEHMAN & COMPANY INC. Firm's EIN ► 31-0905417 8250 WOODFIELD CROSSING BLVD. SUITE 3								05	/01/1			00163	431	
8250 WOODFIELD CROSSING BLVD. SUITE 3	•	ei		HMAN &		INC	! •	1	, -					7
	use O	nıy						·	SUITE					
											(317	7) 469	-01	69

_	C - Rent Incom	e (From Real	Propei	rty and	Personal	Proper	ty Lease	ed With Real P	rope	erty)(see ilistructions)
1. Description o	of property									
(1)										
(2)										
(3)										
(4)		2. Rent receiv	red or accrue	ed						
(a) Fr	rom personal property (if the ent for personal property is n	percentage of nore than	(b) F	rom real ar	nd personal proper ersonal property ex	ceeds 50%	centage or if	3(a) Deductions dire columns 2(a	ctly cor i) and 2(nnected with the income in (b) (attach schedule)
(4)	10% but not more than 5	90%)		the ren	t is based on profit	or income)				
(1)										
(3)										
(4)										
Total		0.	Total				0.			
	me. Add totals of colum						0.	(b) Total deductions Enter here and on page		0.
	age 1, Part I, line 6, colu E - Unrelated D		Incom	1 A (coo i	inetructions)		<u> </u>	Part I, line 6, column (B)	🖊	<u> </u>
ochedule	L - Officiated D	ebt-i illancet	1110011	ic (see				3. Deductions directly	connect	ted with or allocable
					2. Gross in or allocable		(-)	to debt-fin		property
	1. Description of deb	t-financed property			financed		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
							S.	CATEMENT 4	S	STATEMENT 5
(1) CORNI	ELL HOUSE				9	2,571	L.	27,99	1.	38,382.
(2)										
(3)										
(4)										
debt on or a prope	nt of average acquisition allocable to debt-financed rty (attach schedule) FEMENT 6	of or	e adjusted ba allocable to anced proper hischedule)	rtv	6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	380,240		,831,		2	20.77%	<u>/</u> a	19,22	7.	13,786.
(2)	300,210	-	, , , ,			9	_	13,22		2377000
(3)						9/	_			
(4)						9/	6			
		•						nter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals								19,22	7.	13,786.
	ds-received deductions									0.
	F - Interest, An		ties, ar	nd Rer	ts From C	ontrolle	d Orga	nizations (see ir	nstruc	tions)
				Exemp	t Controlled C	Organizatio	ons			
1. Name	e of controlled organization	Employer id num	entification		3. nrelated income see instructions)		4. of specified lents made	5. Part of column 4 included in the contorganization's gross	trolling	connected with income
(1)										
(2)										
(3)										
(4)										
Nonexempt (Controlled Organizati	ons								
7 . Tax	able Income	 Net unrelated incon (see instructions) 		9 . To	tal of specified pay made	rments	in the con	column 9 that is included trolling organization's ross income		Deductions directly connected with income in column 10
(1)										
(2)										
(3)										
_(4)										
							Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Ent	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).
Totals								0.		0.
	<u> </u>				<u></u>					

Schedule G - Investm (see ins	ent In		Section (501(c)(7	'), (9), or (17) O	rganiza	tion			
1 . De	scription o	f income			2. Amount of income	directly	ductions connected schedule)		Set-asides ach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										, , , ,
(2)										
(3)										
(4)								+		
(4)					Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1, Part I, line 9, column (B).
Totals					0.					0.
Schedule I - Exploited (see inst	d Exer	npt Activity				ing Inc	ome			-
	\top	<u>, </u>			4. Net income (loss)					T -
1. Description of exploited activity	i	2. Gross elated business ncome from de or business	3. Experdirectly conwith produof unrelables business in	inected uction ited	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from ac	ss income tivity that unrelated as income		Expenses tributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)								1		
(3)										
(4)										
(+)	р	er here and on age 1, Part I, le 10, col. (A).	Enter here a page 1, F line 10, co	art I,						Enter here and on page 1, Part II, line 26.
Totals	▶	0.		0.						0.
Schedule J - Advertis	sing In	come (see i	nstructions							
					solidated Basis					
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		irculation ncome	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2) (3)										
(3)										
(4)										
, · · ·										
Totals (carry to Part II, line (5))	▶		0.	0						0.
Part II Income From columns 2 through	Perio			a Sepa	irate Basis (For	each peri	odical liste	d in Pa	ırt II, fill in	
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		irculation ncome	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)					1			İ		
(3)										
(4)										
Totals from Part I	_		0.	0						0.
Totals Holli's art		Enter here and o page 1, Part I, line 11, col. (A)	on Enter h page . line 1	ere and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	<u></u> nsatio		0 . rs. Direct	ors. an		instruction	ons)			0.
·	Name		,	<u> </u>	2. Title		3. Perce time devo	ted to		ensation attributable elated business
				1			busine			
(1)				-			1	%		
(2)				1			1	%		
(3)							1	%		
(4)								%		
Total. Enter here and on page 1,	, Part II, I	ine 14						▶		0.

FOOTNOTES		STATEMENT	1
FORM 8949, PART II, BOX F: LOSS CALCULATION ON DISPOSITION OF DEBT-FINANCED	PROPERTY		
AVG AQUISITION DEBT ON DEBT-FINANCED PROPERTY DIVIDED BY: AVG ADJUSTED BASIS OF PROPERTY ALLOCABLE DEBT-FINANCED PERCENTAGE	\$380,240 \$1,831,126 20.77%		
GROSS PROCEEDS: \$1,010,000 X 20.77% AVG ADJUSTED BASIS: \$1,831,126 X 20.77%		209,77 -380,32	
LONG-TERM CAPITAL LOSS ON DEBT-FINANCED PRO	PERTY	-170,54	48.

FORM 990-T		OTHER D	DEDUCTIONS	5	STATEMENT	2
DESCRIPTION	ī				AMOUNT	
	IPTION IES AND RELATED EXPENSES SSIONAL FEES LLANEOUS TY EXPENSE TO FORM 990-T, PAGE 1, LINE 28			1,2		
					3,3	
	RIPTION RIES AND RELATED EXPENSES ESSIONAL FEES ELLANEOUS ITY EXPENSE L TO FORM 990-T, PAGE 1, LINE 28 990-T NET OPERATING LOSS DEDUCTION LOSS PREVIOUSLY LOSS YEAR LOSS SUSTAINED APPLIED REMAININ 1/08 66,492. 0. 66, 1/09 28,158. 0. 28, 1/10 8,180. 0. 8, 1/11 8,553. 0. 8, 1/12 6,129. 0. 6, 1/13 1,601. 0. 1, CARRYOVER AVAILABLE THIS YEAR 119, 990-T SCHEDULE E - DEPRECIATION DEDUCTION RIPTION ACTIVITY NUMBER AM ECIATION AND AMORTIZATION			1,4' 3,4		
111110111 11111						
TOTAL TO FO	RM 990-T, PAGE 1,	LINE 28			9,5	20.
FORM 990-T	NET	OPERATING	LOSS DEDI	JCTION	STATEMENT	3
max	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				AVAILABLE	
TAX YEAR	LOSS SUSTAINED	APPLIE	:D	REMAINING	THIS YEAR	
12/31/08			0.		66,49	
12/31/09					28,158	
12/31/10					8,18	
12/31/11					8,55	
12/31/12					6,12	
12/31/13	1,601.		0.	1,601.	1,60	
NOL CARRYOV	ER AVAILABLE THIS	YEAR		119,113.	119,11	3.
						
FORM 990-T	SCHEDULE E	- DEPRECI	ATION DE	DUCTION	STATEMENT	4
			3.CMT37T1	ns <i>z</i>		
DESCRIPTION					TOTAL	
DEPRECIATIO	N AND AMORTIZATION			27,99		
	-	SUBTOTAL	- 1		27,9	91.
TOTAL OF FO	RM 990-T, SCHEDULE	E, COLUMN	3(A)		27,9	91.

FORM 990-T	SCHEDULE E - OTHE	R DEDUCTIONS		STATEMENT	5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
PROFESSIONAL FEES TELEPHONE PROPERTY TAXES REPAIRS AND MAINTI INTEREST MISCELLANEOUS BANK CHARGES INSURANCE INTERNET	ENANCE - SUBTOTAL	- 1	2,839. 567. 5,674. 1,783. 19,192. 24. 12. 7,568. 723.	38,3	82.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	3(B)		38,38	82.
FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FI			STATEMENT	6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
MORTGAGE	- SUBTOTAL	- 1	380,240.	380,2	40.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	4		380,2	40.

FORM 990-T	AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY			STATEMENT	7
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
PROPERTY	- SUBTOTAL -	1	1,831,126.	1,831,12	26.
TOTAL OF FORM 990	T, SCHEDULE E, COLUMN	5		1,831,12	26.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

Name

Employer identification number

DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

Part I	Short-Term Capital Ga	ins and Losses - As	sets Held One Year	or Less		
See instructi to enter on tl	ons for how to figure the amounts ne lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gair	1	(h) Gain or (loss). Subtract column (e) from column (d) and
This form ma round off cen	y be easier to complete if you its to whole dollars.	Proceeds (sales price)	Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 8949 Part I, line 2, column (g)	9,	column (e) from column (d) and combine the result with column (g)
reported was repo have no However transacti	r all short-term transactions on Form 1099-B for which basis orted to the IRS and for which you adjustments (see instructions). , if you choose to report all these ons on Form 8949, leave this line d go to line 1b					
1b Totals fo	r all transactions reported on					
Form(s)	8949 with Box A checked					
2 Totals fo	r all transactions reported on					
Form(s)	8949 with Box B checked					
	r all transactions reported on 8949 with Box C checked					
4 Short-ter	rm capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
	rm capital gain or (loss) from like-kind				5	
	capital loss carryover (attach comput				6	()
7 Net shor	t-term capital gain or (loss). Combin	e lines 1a through 6 in column	ıh		7	
Part II	Long-Term Capital Gai	ns and Losses - Ass	ets Held More Than	One Year		
See instructi	ons for how to figure the amounts ne lines below.	_ (d)	(e)	(n) Adjustments to gain		(h) Gain or (loss). Subtract
	ly be easier to complete if you its to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	(9) Adjustments to gair or loss from Form(s) 8949 Part II, line 2, column (g)))	column (e) from column (d) and combine the result with column (g)
on Form reported no adjus if you ch	r all long-term transactions reported 1099-B for which basis was to the IRS and for which you have tments (see instructions). However, oose to report all these transactions 8949, leave this line blank and go to					
	r all transactions reported on					
()	8949 with Box D checked					
	r all transactions reported on					
. ,	8949 with Box E checked					
	r all transactions reported on 8949 with Box F checked	209,777.	380,325.			-170,548.
	·				11	170,540.
•	rm capital gain from installment sales	from Form 6252 line 26 or 2			12	
	rm capital gain nom mstamment sales rm capital gain or (loss) from like-kin			Γ	13	
3	nn capital gain of (1055) from like-kill Dain distributions	u exchanges hom romi ooz4			14	
	,	lings 9s through 14 in solum	n h		15	-170,548.
	term capital gain or (loss). Combine Summary of Parts I and		II II		10	170,540.
	cess of net short-term capital gain (lir		Il loss (line 15)	T	16	
	tal gain. Enter excess of net long-term				17	
-	s 16 and 17. Enter here and on Form	,	. ,		18	0.
				L		
Note. If I	osses exceed gains, see Capital loss	es in the instructions.				

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) (2014)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification no.

DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or

	codes are required. Enter the								
Yo l	u must check Box D, E, or F below. but have more long-term transactions than wil (D) Long-term transactions rep	II fit on this page for or	ne or more of the boxe	s, complete as many for	rms with the same box c	hecked as yo	u need.	or each applicable box.	
	(E) Long-term transactions rep		-	-	· ·		,		
2	(F) Long-term transactions no			-					
1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If yo in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	Gain or (loss). Subtract column (e) from column (d) &	
			(wo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)	
	ALE OF CHAPTER								
	OUSE - DEBT							1 - 2 - 1 - 1	
F.	INANCED PROPERTY	VARIOUS	05/22/14	209,777.	380,325.			<170,548.>	
								_	
								_	
								_	
		-						 	
		 							
		 							
2	Totals. Add the amounts in colu	Imns (d) (e) (d) :	I and (h) (subtract						
_	negative amounts). Enter each t								
	Schedule D, line 8b (if Box D ab		-						
	above is checked), or line 10 (if			209,777.	380,325.			<170,548.>	
	above is officency, of title 10 (II	DOVI SPONE 12 (oriconcu)	,	1 222,020		L	1 ,	

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

RENT

1

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates Name(s) shown on return

Identifying number

DEI	LΤΑ	CHI	EDUCAT:	ONAL	FOUNDATI	ON	COF	RNEL	L H	OUS	SE			42-6075434
Pai	rt I	Election	To Expense Cer	tain Prope	rty Under Section 1	79 Note: If yo	ou have any lis	sted pr	operty	ı, con	nplete Part	V bef	ore y	ou complete Part I.
1 1	/laximu	ım amoı	unt (see instru	ctions)								[1	500,000.
2 T	otal co	ost of se	ection 179 pro	perty plac	ed in service (see	instructions	s)					[2	
3 T	hresho	old cost	of section 179	property	before reduction	in limitation						L	3	2,000,000.
4 F	Reduct	ion in lin	nitation. Subtr	act line 3	from line 2. If zero	or less, ent	er -0-					<u>L</u>	4	
5 D	ollar limi	tation for t	ax year. Subtract li	ne 4 from line	e 1. If zero or less, enter	-0 If married fi	ling separately, se	e instruc	tions				5	
6			(a) Des	cription of pr	roperty		(b) Cost (busin	ness use	only)		(c) Elected	cost		
									1					
			. Enter the am						7					
					erty. Add amounts								8	
					of line 5 or line 8								9	
					n line 13 of your 2								10	
					smaller of busines								11	
					ines 9 and 10, bu					<u> </u>			12	
					2015. Add lines 9			<u></u> ▶	13					
Pai					or listed property.						`			
					ance and Other D	-	•				-			
		•	iation allowand	ce for qua	alified property (ot	her than liste	ed property) p	laced i	n servi	ice di	uring			
	he tax												14	
					ection							├	15	26,868.
	rt III	_	tion (including		ot include listed p								16	20,000.
I a	C III	WACE	13 Depreciati	חו טם) ווט	ot include listed p		ection A	.)						
	44 CDC	· doduo	tions for socot	a placed	in service in tax y			1					17	
												i.		
10	you are	electing to			vice during the tax year Placed in Services							ation	Syst	em
				Addete	(b) Month and	(c) Basis fo	or depreciation		Recover					
		(a) Classifi	ication of property		year placed in service		nvestment use e instructions)	(4)	period	, ((e) Convention	(f) Me	thod	(g) Depreciation deduction
19a	3-ve	ear prop	ertv					1						
<u>b</u>		ear prop	•											
		ear prop	•											
d		year pro	•		_			1						
e		year pro	•					1						
f		year pro	<u> </u>											
g		year pro						2	5 yrs.			S	/L	
					/			1	.5 yrs.	.	MM	S	/L	
h	Res	sidential	rental propert	У	/			1	.5 yrs.		MM	S	/L	
					/			3	9 yrs.		MM	S	/L	
i	Nor	nresiden	ntial real prope	rty	/				-		MM	S	/L	
			Section C -	Assets I	Placed in Service	During 201	4 Tax Year U	lsing tl	ne Alte	ernat	ive Deprec	iatio	n Sys	stem
20a	Cla	ss life										S	/L	
b	12-	year						1	2 yrs.			S	/L	
С	40-	year			/			4	0 yrs.		MM	S	/L	
Pai	rt IV	Sumn	nary (See instr	uctions.)										
21 L	isted p	oroperty	. Enter amour	t from line	e 28							[21	
22 1	otal. A	Add amo	ounts from line	12, lines	14 through 17, lin	nes 19 and 2	0 in column (ຢູ	g), and	line 21	1.				
E	nter h	ere and	on the approp	riate lines	s of your return. P	artnerships a	and S corpora	ations -	see in	nstr			22	26,868.
23 F	or ass	ets shov	wn above and	placed in	service during th	e current yea	ar, enter the							
	ortion	of the b	asis attributat	ole to sec	tion 263A costs				23					

Form 4562 (2014) Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	tillough (c) or c	occion 71, an	or occitori b,	una occ	illori O ii	иррпо	uoic.								
	Section A	- Depreciati	on and Other	Informa	tion (Ca	aution:	: See th	e instru	ictions for l	imits for	passeng	er autor	nobiles.)	1	
248	Do you have evidence to s	support the bu	siness/investme	ent use cla	aimed?		Yes	No	24b If "Y	es," is tl	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta	:	(d) Cost or her basis	l (h	asis for de business/ir use d	preciatio vestmen		Me	(g) thod/ vention	Depre	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation alle	owance for o	ualified listed	property	/ placed	in serv	vice dur	ing the	tax year ar	nd					
	used more than 50% in	a qualified b	usiness use								. 25				
26	Property used more that	n 50% in a c	ualified busin	ess use:											
		: :	Ç	%											
		: :	Ç	%											
		: :	Ç	%											
<u>27</u>	Property used 50% or le	ess in a qual	ified business	use:											
		1 1	Ç	%						S/L -					
		1 1	<u> </u>	%						S/L -					
		: :		%						S/L -					
	Add amounts in column														
<u>29</u>	Add amounts in column	ı (i), line 26. E		on line									. 29		
	mplete this section for veryour employees, first ans		•								-	•	-	S.	
30	D Total business/investment miles driven during the			a) nicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	year (do not include com	muting miles)													
	Total commuting miles														
32	Total other personal (no	-	•												
	driven									-					
33	Total miles driven during														
	Add lines 30 through 32					L.,			- I	1	·				
34	Was the vehicle availab	•		Yes	No	Yes	No.	Ye	s No	Yes	No	Yes	No	Yes	No
٥-	during off-duty hours?							-		1					
35	Was the vehicle used p														
26	than 5% owner or relate							-		+					
30	Is another vehicle availa	•													
	use?		- Questions	or Emp	lovere M	/ho Dr	ovido V	obiolo.	o for Lloo h	 	 Employ				
Δno	swer these questions to			-	-					-			re not m	ore than	50%
	ners or related persons.	determine ii	you meet an e	xceptioi	i to com	pietirig	y Occilo	11 10 101	veriloles u	sed by e	прюусс	S WIIO a	i e not n	iore triar	1 370
	Do you maintain a writte		•		-				-	_		r		Yes	No
20															1
38	Do you maintain a writte														
20	employees? See the ins													.	
	Do you treat all use of v Do you provide more th													.	1
40	the use of the vehicles,		-					-							
41	Do you meet the require														
71	Note: If your answer to														
P	art VI Amortization	01,00,00,1	0, 01 11 10 10	0, 40 11	or comp.	010 00	otion B	101 1110	0070704 7	<i>31110100.</i>					
	(a) Description o	f costs	Date	(b) amortization		(c) Amortiz amou	zable		(d) Code section		(e) Amortiza		A	(f) mortization or this year	
42	Amortization of costs th	at begins di	ırina vour 201.	begins 4 tax vea	ı ar:						period or per	oenidyt		_ , 500	
		25g.10 dt		:	<u> </u>										
				1 1											
43	Amortization of costs th	at began be	fore your 2012	tax ves	ır.					1_		43		1.	123.
	Total. Add amounts in o											44			$\frac{123.}{123.}$
÷		22.6 (1). 00				, opoi	•								

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

2014

Open to Public Inspection

1.General Information

For Fiscal Year Beginning	g (mm/dd/yy	yy) 01/01/	2014 and Ending	(mm/dd/yyyy) 12/31/	2014					
Check if Applicable: Address Change	Name of Or DELTA		ATIONAL FOUND		Employer Identification Number (EIN): 42-6075434					
Name Change Initial Filing	Mailing Add	lress: HURCH STR	EET		NY Registration Number: 42-97-21					
X Final Filing Amended Filing	City / State		52245		Telephone: 319 337-4811					
Reg ID Pending	Website:	CEF.COM			Email: FDNSTAFF@DCEF.COM					
Check your organization's registration category:	s 7A o	only EPTL	only X DUAL (7A 8		Find your registration category in the Charities Registry at <u>www.CharitiesNYS.com</u>					
2. Certification										
See instructions for certif	ication requi	rements. Imprope	r certification is a violation	of law that may be subject	t to penalties.					
	See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.									
President or Authorized	Officer:			ROD ARNOLD TREASURER						
Chief Financial Officer o	r Tropeuror	Signature	Print Name and Title Date ROD ARNOLD TREASURER							
Officer virialicial Officer of	r rreasurer.	Signature		Print Name	e and Title Date					
3. Annual Reporting	g Exempti	ion								
categories (DUAL filers) additional attachments a	that apply to are required.	your registration, If you cannot clai	complete only parts 1, 2,	and 3, and submit the cert	egory (7A and EPTL only filers) or both ified Char500. No fee, schedules, or one exemption, you must file applicable					
schedules and attachme	ents and pay	applicable fees.								
exceed \$2	25,000 <u>and</u> th	- ne organization di	d not engage a profession		overnment agencies, etc, did not raising counsel (FRC) to solicit ee instructions).					
	filing exempt fiscal year.	ion: Gross receipt	s did not exceed \$25,000	and the market value of as	ssets did not exceed \$25,000 at any time					
4. Schedules and A	ttachmen	ite								
See the following page										
for a checklist of schedules and	Yes L			ofessional fund raiser, fund •? If yes, complete Schedul	raising counsel or commercial co-venturer					
attachments to		ior iuriu i	alsing activity in NY State	? II yes, complete scriedui	e 4a.					
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.										
5. Fee										
See the checklist on the next page to calculate yo	I	ig fee:	EPTL filing fee:	Total fee:	Make a single-check or money order payable to:					
fee(s). Indicate fee(s) you are submitting here: \$\begin{array}{c ccccccccccccccccccccccccccccccccccc										

DELTA CHI EDUCATIONAL FOUNDATION

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules including Schedule B (Schedule of Co IRS Form 990-T if applicable	ntributors).
If you are a 7A only or DUAL filer, submit the applicable independent Certified Publi Review Report if you received total revenue and support greater than \$250,000 Audit Report if you received total revenue and support greater than \$500,000 X No Review Report or Audit Report is required because total revenue and support greater than \$500,000 X	00 and up to \$500,000.
Note: The Audit and Review requirements are set to change in 2017 and 2021 in ac For more details, visit <u>www.CharitiesNYS.com.</u>	ecordance with the Non Profit Revitalization Act of 2013.
Calculate Your Fee	
	Is my organization a 7A, EPTL or DUAL filer?
For 7A and DUAL filers, calculate the 7A fee: \$0, if you marked the 7A exemption in Part 3a \$\overline{X}\$\$ \$25, if you did not mark the 7A exemption in Part 3a	 - 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") - EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. - DUAL filers are registered under both 7A and EPTL.
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you marked the EPTL exemption in Part 3b	Check your registration category and learn more about NY law at www.CharitiesNYS.com
\$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: - IRS From 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	 IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

CT-2

New York State Department of Taxation and Finance

Corporation Tax Return Summary

2c Legal name of corporation

2c. DELTA CHI EDUCATIONAL FOUNDATION

Payment enclosed

8. 250 .00

- Return type
- 2a Employer ID number (EIN)
- 2b File number (FCC)
- 3 Period beginning date (mm-dd-yy)
- 4 Period ending date (mm-dd-yy)
- 5 Amended (Y=1; N=0)
- 6 Address change (Y=1; N=0)
- 7 Final (Y=1; N=0)
- 9 NAICS code
- 10 MTA indicator (None = 0, Y = 1, N = 2, Both = 3)
- 11a Type of bank Clearinghouse (Y = 1, N = 0)
- 11b Type of bank Savings (Y = 1, N = 0)
- 11c Type of bank Other commercial (Y = 1, N = 0)
- **12** Federal 1120-H filed (Y = 1, N = 0)
- 13 REIT/RIC indicator (Y = 1, N = 0)
- 14 QSSS indicator (Y = 1, N = 0)
- 15 Form ID number
- 16 Tax sub type
- 17 Tax due/MTA surcharge
- 18 Mandatory first installment (MFI) no extension filed and tax due is over \$1,000
- 19 Return a Gift to Wildlife
- 20 Breast Cancer Research and Education Fund
- 21 Prostate and Testicular Cancer Research and Education Fund
- 22 9/11 Memorial
- 23a Volunteer Firefighting & EMS Recruitment Fund
- 23b Veterans Remembrance
- 24 Balance due
- 25 Amount of overpayment credited to next period NYS
- 26 Refund of overpayment
- 27 Refund of unused tax credits
- 28 Tax credits to be credited as an overpayment to next year's return
- 29 Amount of overpayment credited to next period MTA
- 30 Amount of MTA surcharge retaliatory tax credit to be refunded
- 31 Total license fee
- 32 Maintenance fee due
- 33 Fixed dollar minimum
- 34 (Combined) parent's EIN
- 35 New York receipts
- 36 Alternative entire net income (ENI) percentage
- 37 Computation of issuer's allocation percentage
- 38 Issuer's allocation percentage
- 39 Paid preparer's EIN

THIS FORM MUST BE FILED WITH YOUR RETURN

531110

		10			
		11a			
		11b			
		11c			
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For office use only

DELTA CHI EDUCATIONAL FOUNDATION

Page 2 of 2 CT-2 (2014)

Form CT-186-E filers only

40	Excise tax on telecommunication services - NYS	40.	
41	Tax on gross income - NYS	41.	
42	MTA surcharge related to telecommunication services	42.	
43	MTA surcharge on gross income	43.	
44	No CT-5.9-E filed and line 1 is over \$1,000 - NYS	44.	
45	No CT-5.9-E filed and line 1 is over \$1,000 - MTA	45.	
46	No CT-5.9-E filed and line 2 is over \$1,000 - NYS	46.	
47	No CT-5.9-E filed and line 2 is over \$1,000 - MTA	47.	
48	Add lines 8 and 9 - NYS	48.	
49	Add lines 8 and 9 - MTA	49.	
50	Balance due - NYS	50.	
51	Balance due - MTA	51.	
52	Provided telecommunication services in the MCTD this year? (None = 0, $Y = 1$, $N = 2$, $Both = 3$)	52.	
53	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non-	e = 0, Y = 1, N = 2, Both = 3) 53.	
54	Overpayment credited to next year's tax - NYS	54.	
55	Overpayment credited to next year's tax - MTA	55.	
56	Refund of overpayment - NYS	56.	
57	Refund of overpayment - MTA	57.	
58	Refund of unused tax credits - NYS	58.	
59	Refund of unused tax credits - MTA	59.	
60	Refundable tax credits to be credited to next year's tax - NYS	60.	
61	Refundable tax credits to be credited to next year's tax - MTA	61.	\neg

484952 10-21-14 **1019**



	CT-13
2014	J. . J

New York State Department of Taxation and Finance

Unrelated	Business	Income
Tax Datus		

	Amended Ta	ax Law - Article 1	3	he	eginnina	01-01-14		endi	ng 12-31-14			
Е	mployer identification number (EIN)	File number		ess telephone nu		, <u> </u>		1	If you claim an overpayment, mark			
ı	42-6075434	MM7	319	9-337-4					an χ in the box			
L	egal name of corporation				Trade na	ame/DBA						
_	DELTA CHI EDUCATIONA	AL FOUNDAT	CION		Ctoto c	country of income avail						
N	Mailing name (if different from legal name above)					country of incorporation	Date r	Date received (for Tax Department use only)				
	c/o Number and street or PO box				IOV	VA incorporation	4					
	314 CHURCH STREET		State Z	IP code	Foreign on	rporations: date began	-					
	•	<u>.</u>	- 1010 21	2000	business i	n NYS						
	IOWA CITY, IA 52245 NAICS business code number (from federal return)	If address/p	phone	If you need t	o update	e your address or	Audit	(for Tax Γ	Department use only)			
	531110	above is ne		phone inforr	nation fo	or corporation tax,		, ,, .				
P	Principal unrelated business activity (see instructions		III UIC DOX	or other tax								
_T	UNRELATED DEBT FINAN	ICED		in Form CT-		s information	1					
Ľ		, , , , , ,										
Fο	rm CT-247, Application for Exemption	from Corporation	Eronobica Ta	oo bu a Nat F	or Dec	##						
	Organization - Have you filed this Nev								Yes X No			
	irk an χ in this box if you are an employee tr											
	\mathbf{x} in this box if you ceased operating t											
	A. Pay amount shown on line 22. Make					·			Payment enclosed			
•	■ Attach your payment here. Detach a	all check stubs. (S	ee instructions	for details.)	•			Α	250.			
	omputation of income and tax											
1	Federal unrelated business taxable in	come before net o	perating loss	deduction an	d after	\$1,000						
			-					1	<4,338.			
2	New York State Article 13 and Article							2				
	Additions required for shareholders of							3				
	Grossed-up taxes for shareholders of							4				
5	Other additions (see instructions)	IRC section 199 d	eduction:			<u> </u>		5				
6	Add lines 1 through 5		<u>.</u>					6	<4,338.			
	Other income (see instructions)											
	Federal S corporation shareholder sul				8]				
9	Other subtractions (see instructions)				9							
	Total subtractions (add lines 7, 8, and							10				
11	Taxable income before net operating	loss deduction (su	ıbtract line 10	from line 6) $_{\cdot\cdot}$				11	<4,338.			
	New York net operating loss deduction							12				
13	Taxable income (subtract line 12 from	line 11)						13	<4,338.			
14	Allocated taxable income (multiply line	e 13 by	% fro	m line 42; or	enter a	mount			4 222			
	from line 13 if allocation is not clain	ned)					•	14	<4,338.			
	Tax based on income (multiply line 14							15	0.			
16	Minimum tax							16	250 • 00			
17	Tax (line 15 or line 16, whichever is lar	ger)						17	250.			
18	Total prepayments from line 46						•	18	0.50			
	Balance (if line 18 is less than line 17,							19	250.			
	Interest on late payment (see instruction							20				
	Late filing and late payment penalties							21	0.50			
	Balance due (add lines 19, 20, and 21							22	250.			
	Overpayment (if line 17 is less than line							23				
	Amount of overpayment on line 23 to							24				
25	Amount of overpayment on line 23 to	be refunded (sub	tract line 24 fro	om line 23)				25				

See page 3 for third-party designee, certification, and signature entry areas.



Have	you been audited by the Internal Revenue Se	ervice in the past 5 years	? Yes	No X	If Yes, list years	s:		
Fede	ral return was filed on: 990-T X Ot	her:	🗆	A	ttach a complete cop	oy of yo	our federal ret	turn.
Sch	edule A - Unrelated business alloc	ation						
ware	udid not maintain a regular place of business house, or other space regularly used by the ta ocation, nature of activities, and number and o	expayer in its unrelated b						
			Α		_ B			
Ave	rage value of:		New York	State	Everywhere	•		
26	Real estate owned	26						
27	Gross rents (attach list)	27						
28	Inventories owned	28						
29	Other tangible personal property owned	29						
30	Total (add lines 26 through 29)	30						
31	Percentage in New York State (divide line 30)	, column A, by line 30, co	olumn B)			. 31		%
Rec	eipts in the regular course of busi	ness from:					•	
32	Sales of tangible personal property shipped	to						
	points within New York State	32						
33	All sales of tangible personal property	33						
34	Services performed	34						
35	Rentals of property	35						
36	Other business receipts	36						
37	Total (add lines 32 through 36)	37						
38	Percentage in New York State (divide line 37	, column A, by line 3 <u>7,</u> co	olumn B)			38		%
39	Wages, salaries, and other compensation of	employees						
	(except general executive officers)	39						
40	Percentage in New York State (divide line 39	, column A, by line 39, co	olumn B)			. 40		%
41	Total of New York State percentages (add	lines 31, 38, and 40)				. 41		%
	Business allocation percentage (divide line 4		ber of percentage	es)		42		%
Cor	nposition of prepayments claimed	on line 18*			Date paid		Amount	
43	Payment with extension request, Form CT-5,	line 5		. 43				
44a	Second installment from Form CT-400			. 44a				
44b	Third installment from Form CT-400			. 44b				
	Fourth installment from Form CT-400							
	Amount of overpayment credited from prior				45	5		
	Total prepayments (add lines 43 through 45;					5		
	* Taxpayers subject to the unrelated busine If you did make these unrequired paymen	ess income tax are not re ts, report them on lines 4	equired to make e 14a, 44b, and 44d	stimated t	ax payments.			
Am	ended return information							
If filin	g an amended return, mark an χ in the box for	or any items that apply a	nd attach docum	entation.				
Final	federal determination	If marked, enter	date of determina	ation:	-			
Net o	operating loss (NOL) carryback •	Capital loss carry	/back			•[
Fede	ral return filed Form 1139 ●	Amended Form 9	990-T			•[



Third-party	Yes X No Designee's name (orint)			Desi	gnee's phone number						
designee (see					317	-469-0169						
,	Designee's e-mail address					PIN						
Certification	fication: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.											
Authorized person	Printed name of authorized person ROD ARNOLD		Official title TREASURER									
	E-mail address of authorized person	Telephone number		Date								
	Firm's name (or yours if self-employed) VONLEHMAN & COMPANY INC	C.	n's EIN -0905417		arer's PTIN or SSN 0163431							
Paid preparer use	Signature of individual preparing this return			ING BLVD. S	State ZIP code SUITE 300							
only	YVONNE B. DE CALONNE	INDIANAPOLIS, IN 4	462	40								
	E-mail address of individual preparing this retu		Preparer's NYTPRIN	Da	·							
	YDECALONNE@VLCPA.COM			05-01-15								

See instructions for where to file.

Form	990-T	E	Exempt Organization Bu	sine	ss Income Ta	ax Return	· ⊢	OMB No. 1545-0687
			(and proxy tax un	der se	ction 6033(e))			0015
		For ca	lendar year 2014 or other tax year beginning		, and ending			2014
Depart	ment of the Treasury		▶ Information about Form 990-T and its instr				Ļ	
Interna	Revenue Service	•	Do not enter SSN numbers on this form as it m					Open to Public Inspection for 501(c)(3) Organizations Only
A L	Check box if address changed		Name of organization (Land Check box if name	changed	and see instructions.)		(Emplo	oyer identification number oyees' trust, see ctions.)
B Ex	empt under section	Print	DELTA CHI EDUCATIONAL	FOU	NDATION		4	2-6075434
X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. b	ox, see in	structions.			ated business activity codes
	408(e) 220(e)	Туре	314 CHURCH STREET				(,
	408A530(a) 529(a)		City or town, state or province, country, and ZIP IOWA CITY, IA 52245	or foreigr	n postal code		531:	110
C Boo	k value of all assets	F Grou	p exemption number (See instructions.)					
2,	931,762.	G Chec	k organization type X 501(c) corporati	ion	501(c) trust	401(a) trust		Other trust
H Des	scribe the organizatio	n's prim	ary unrelated business activity. UNRELA	TED 1	DEBT FINANCE	D INCOME		
			poration a subsidiary in an affiliated group or a par				Ye	s X No
			tifying number of the parent corporation.					
J The	books are in care of	• •	JUSTIN SHERMAN		Telephor	ne number 🕨 (319) 337-4811
Par	t I Unrelate	d Tra	de or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sale	es						
b	Less returns and allo	wances	c Balance ▶	1c				
2	Cost of goods sold (S	Schedule	e A, line 7)	2				
	Gross profit. Subtrac							
			h Schedule D)					
			Part II, line 17) (attach Form 4797)					
			sts					
			ips and S corporations (attach statement)					
	Rent income (Schedu				19,227.	4.0 -		
	Unrelated debt-finand		86.	5,441.				
		-	and rents from controlled organizations (Sch. F)					
			on 501(c)(7), (9), or (17) organization (Schedule (
			ome (Schedule I)					
11 .	Advertising income (Schedul	e J)	11				
			ns; attach schedule)		19,227.	13,7	06	5,441.
13 Par			gh 12ot Taken Elsewhere (See instructions			13,1	00.	5,441.
Fai			utions, deductions must be directly connect			income.)		
14	<u> </u>		rectors, and trustees (Schedule K)				14	
15							15	
16							16	
17							17	
18							18	
19							19	
20	Charitable contribut	ions (Se	e instructions for limitation rules)				20	
21	Depreciation (attach	Form 4	562)		21	259.		
22			n Schedule A and elsewhere on return				22b	259.
23	Depletion						23	
24	Contributions to def	ferred co	mpensation plans				24	
25							25	
26	Excess exempt expe	enses (S	chedule I)				26	
27	Excess readership of	osts (Sc	hedule J)				27	
28	Other deductions (a	ttach scl	nedule)		SEE STATE	MENT 2	28	9,520.
29	Total deductions	. Add lir	ies 14 through 28				29	9,779.
30			ncome before net operating loss deduction. Subtr				30	-4,338.
31			n (limited to the amount on line 30)				31	4 222
32			ncome before specific deduction. Subtract line 31				32	-4,338.
33			y \$1,000, but see line 33 instructions for exception				33	
34	Unrelated business	taxable	income. Subtract line 33 from line 32. If line 33 i	s greater t	tnan line 32, enter the sma	lier of zero or	_	1 220

35 Organizations Taxable as Corporations. See instructions for fax occumputation. Controlled group members (scalino 1561 and 1563) check here ▶ See instructions and: a First your share of the \$50,000, \$25,000 and \$9,050,000 taxable income brackets (in that order): (1)			ax Computation									_		
a faith your share of the \$0,000, \$20,000 and \$9,920,000 backle moone brackets (in that order): (1)	35	Orgar	izations Taxable as Corpora	t ions. See inst	ructions for tax co	mputati	on.							
the first organization is share of (1) Additional 5% tax (not more than \$11,000) (2) Additional 3% tax (not more than \$100,000) (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (4) Income tax on the amount on line 34 income. (4) Income tax on the amount on line 34 income. (5) Income tax on the amount on line 34 income. (6) Income tax on the amount on line 34 income. (7) Income tax on the amount on line 34 income. (8) Income tax on the amount on line 34 income. (8) Income tax on the amount on line 34 income. (9) Income tax on the amount on line 34 income. (9) Income tax on the amount on line 34 income. (9) Income tax on the amount on line 34 income. (10) Income tax on the amount on line 34 income. (11) Income tax on the amount on line 34 income. (12) Income tax on the amount on line 34 income. (13) Income tax on the amount on line 34 income. (14) Income tax on the amount on line 34 income. (15) Income tax on the amount on line 34 income. (16) Income tax on the amount on line 34 income. (17) Income tax on the amount on line 34 income. (18) Income tax on the amount on line 34 income. (18) Income tax on the amount on line 34 income. (18) Income tax on the amount on line 34 income. (18) Income tax on the amount on line 34 income. (18) Income tax on the amount on line 34 income. (18) Income tax on the amount on line 34 income. (18) Income tax on the amount on line 34 income. (18) Income tax on the amount on line		Contr	olled group members (section	s 1561 and 15	63) check here	▶ □	See instruction	ns and	i:					
b Enter organization is share of, (1) Additional 5% tax (not more than \$11,750) c) (2) Additional 3% tax (not more than \$10,000) c) Income tax on the amount on line 34 To this Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 5.True flates. See instructions Taxable 6.True flates. See instructions Taxable 7.True fla	а	Enter	your share of the \$50,000, \$2	5,000, and \$9	,925,000 taxable i	ncome b	rackets (in that	order):					
b Enter organization is share of, (1) Additional 5% tax (not more than \$11,750) c) (2) Additional 3% tax (not more than \$10,000) c) Income tax on the amount on line 34 To this Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 4.True flates. See instructions Taxable 5.True flates. See instructions Taxable 6.True flates. See instructions Taxable 7.True fla		(1)	\$	(2) \$			(3) \$							
(2) Additional 3% its x (not more than \$100,000)							• •			Ī				
c income tax on the amount on time 34 Strests Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) Sab S														
Trists Taxable at Trists Rates. See instructions for tax computation, Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) See										<u></u>	35c			0.
Tax rate schedule or											000			
37 Proxy tax. See instructions 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 71 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 80 O. 81 Total Add lines 37 and 38 to line 35c or 36, whichever applies 82 O. 83 O. 83 O. 840 Foreign tax credit (corporations attach Form 1116; trusts attach Form 1116) 840 Local Cedents on Instructions) 840 Foreign tax credit (corporations attach Form 3800 O. 840 Cedents on Instructions) 840 Local Cedents on Instructions O. 841 Subtract line 40e from line 39 842 Other taxes. Check if from: □ Form 425S □ Form 8611 □ Form 8687 □ Form 8686 □ Other taxes schedule 841 Total tax, Add lines 41 and 42 842 Local Cedents on Instructions O. 843 Total tax, Add lines 41 and 42 844 Payments. A 2013 overpayment credited to 2014 844 Payments. A 2013 overpayment credited to 2014 844 Payments. A 2013 overpayment credited to 2014 845 Foreign appraisations: Tax and or withheld at source (see instructions) 846 Foreign organizations: Tax and or withheld at source (see instructions) 947 Credit for small employer health linesurance premiums (Attach Form 8941) 948 Chereign organizations: Tax and or withheld at local Cedents of the Add	30				•						26			
38	27													
Total Add lines 37 and 38 to line 35co 78, whichever applies														
## 40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ## 40a ## 40b ## 40c #	30	Aiterri	auve minimum tax								30	-		_
40a Foreign tax cradit (corporations attach Form 1118; trusts attach Form 1116)	39	lotai.	Add lines 37 and 38 to line 3	oc or 36, which	never applies						39			0.
b Other credits (see instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 9827) e Total credits. Add lines 40a through 40d d 1 Subtract line 40e from line 39 d 20 Other taxes. Check if from or Total and 40 lines 40a through 40d d 2												_		
c General business credit. Attach Form 8801 or 8827) d Credit for prior year minimum tax (attach Form 8801 or 8827) d Credit for prior year minimum tax (attach Form 8801 or 8827) d Total tax. Add lines 40a through 40a 41 Subtract line 40e from line 39 d Other taxesc. Check if from Form 4255														
d Credit for prior year minimum tax (attach Form 8801 or 8827) 1 Total credits. Add lines 40 through 40d 41 Subtract line 40e from line 39 42 Other taxes. Check if from:														
e Total credits. Add lines 40a through 40d 41 Subbract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8696 Other (antach schedule) 43 Total tax. Add lines 41 and 42 44 a Payments. Agd 3 weapyment credited to 2014 44 a Payments. Agd 3 weapyment credited to 2014 44 b 2014 estimated tax payments c Tax deposited with form 8686 6 Foreign organizations: Tax paid or withheld at source (see instructions) 6 Eackup withholding (see instructions) 7 Credit for small employee health insurance premiums (Altach Form 8941) 9 Other credits and payments. 1 Form 4136 Other health insurance premiums (Altach Form 8941) 9 Other credits and payments. 1 Form 4136 Other health insurance premiums (Altach Form 8941) 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check If Form 2220 is attached														
41 Subtract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (entach schedule) 43 Totat tax. Add lines 41 and 42 44 Payments. A 2013 overpayment credited to 2014 45 2014 Setsimated tax payments 5 Tax deposited with Form 8868 6 Foreign organizations: Tax paid or withheld at source (see instructions) 440 440 440 440 440 440 440 440 440 44														
42 Other taxes. Check if from:	е	Total	credits. Add lines 40a throug	n 40d							40e			
42 Other taxes. Check if from:	41	Subtra	act line 40e from line 39								41			0.
44 à Payments: A 2013 overpayment credited to 2014 b 2014 estimated tax payments c Tax deposited with Form 8688 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:	42	Other	taxes. Check if from: Fo	rm 4255 📖	Form 8611	Form	3697 🔲 Forr	m 886	66 🔲 C)ther (attach schedu	le) 42			
44 Payments: A 2013 overpayment credited to 2014 b 2014 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 4136	43	Total	tax. Add lines 41 and 42								43			0.
Description of the property o	44 a	Paym												
d Foreign organizations: Tax paid or withheld at source (see instructions) d Foreign organizations: Tax paid or withheld at source (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 4136														
e Backup withholding (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 form 1436 form 1946 for 1946 form 1946 for 1946 form 1946 for 1946 form 1946 fo									44c					
e Backup withholding (see instructions) f Oredit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 4136 Other Total 449 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 49 Enter the amount of line 48y ouwant. Credited to 2015 estimated tax Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FincEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Part V 2 During the tax year, did the organization needed a distribution form, or was in the granter of, or transferrer to, a foreign trust? If YES, enter the name of the foreign country here Part Y Schedule A - Cost of Goods Sold. Enter method of inventory valuation Part Part Part Part Part Part Part Part														
Credit for small employer health insurance premiums (Attach Form 8941) 441														
Gother credits and payments:														
Form 4136														
46 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶	9	$\overline{}$		<u></u>	1ther				440					
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 47	45								ן פרד					
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2015 estimated tax Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ 2 During the tax year, did the organization review a distribution from, or was it the grantor of, or transferor to, a toreign trust? 2 If YES, see instructions for other forms the organization from, or was it the grantor of, or transferor to, a toreign trust? 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 1 Inventory at beginning of year 1 6 Inventory at end of year 2 Purchases 2 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 4a Additional section 253A costs (att. schedule) 4b property produced or acquired for resale) apply to the organization? 5 Total. Add lines 1 through 4b 5 Date Preparer (other than taxpayer) is based on all information of which persent has any knowledge. 4 Print/Type preparer's name Preparer (other than taxpayer) is based on all information of which persent has any knowledge. 4 Print/Type preparer's name Preparer (other than taxpayer) is based on all information of which persent has any knowledge. 5 If the costs (attach schedule) A Date Preparer (other than taxpayer) is based on all information of which persent has any knowledge and belief, it is true. 5 If the costs (attach schedule) Preparer (other than taxpayer) is based on all information	40	- Total - Cotim	p ayments. Add illes 44a tille stad tay papalty (ean instruction	ugii 44y ane) Chack if [Form 2220 is attac	ahod -					40			
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want. Credited to 2015 estimated tax ▶ Refunded ▶ 49 Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ 2 During the tax year, did the organization from, or was it the grantor of, or transferor to, a foreign trust? 2 Purchases Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 1 Inventory at beginning of year 1 6 Inventory at end of year 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 form line 5. Enter here and in Part I, line 2 7 4a Additional section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Sign Here Paid Preparer Signature														Λ
Part V Statements Regarding Certain Activities and Other Information (see instructions) 1												-		
Part V Statements Regarding Certain Activities and Other Information (see instructions) 1												-		<u> </u>
1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Part of the caparization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 2 During the tax year of the corganization receive and estimation from the variety of the caparization receive and estimation from the result of the caparization creeded and the companization creeded and the caparization of the								atio	n (coo ir		49			
securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it The grantor of, or transferor to, a foreign trust? Tyes, see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions of other forms the organization may have to file The see instructions of the foreign country here The see instruction of the see instructions of the see instructions of the see instructions of the see instructions of the property produced or acquired for resale) apply to the organization? The self- employed or the self- employed property produced or acquired for resale) and the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. The self- employed produced or acquired for property produced or acquired for resale) and the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. The self- employed produced or accurate the property produced or accurate the preparer has any knowledge. The property produced or accurate the property produced or accurate the preparer h			<u>-</u>									/h l -	V	N
Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it The grantor of, or transferor to, a foreign trust?		-	-				-			-		•	Yes	NO
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X See instructions for other forms the organization may have to file.												icial		37
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 1 Inventory at beginning of year 1 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 7 Cost of goods sold. Subtract line 6 6 From line 5. Enter here and in Part I, line 2 7 4a Additional section 263A costs (att. schedule) 4 4 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 5 Total. Add lines 1 through 4b 5 the organization? Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name YVONNE B. DE CALONNE Print/Type preparer's name YVONNE B. DE CALONNE Firm's name ▶ VONLEHMAN & COMPANY INC. Firm's name ▶ VONLEHMAN & COMPANY INC. Firm's EIN ▶ 31-0905417	ACCC 2 Durin	unts.	If YES, enter the name of the	oreign country	y here ► om or was it the gran	ntor of or t	ransteror to a tore	ian trus	st?					
Schedule A - Cost of Goods Sold. Enter method of inventory valuation Inventory at beginning of year														X
1 Inventory at beginning of year 1 6 Inventory at end of year 6 7 Cost of goods sold. Subtract line 6 7 Cost of goods sold. Subtract line 6 7 7 8 8 Do the rules of sold sold lines 1 the prepared to the cos								- / -						
2 Purchases 2 7 Cost of goods sold. Subtract line 6 3 Cost of labor 3					ethod of invent									
3 Cost of labor	1 Inve	ntory	at beginning of year								6			
4 a Additional section 263A costs (att. schedule) b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 5 Total and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer Use Only Prim's name VONLEHMAN & COMPANY INC. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? TREASURER Title Primt/Type preparer's name Preparer's signature Primt's name VONLEHMAN & COMPANY INC. Primt's name VONLEHMAN & COMPANY INC. Primt's EIN 1 Date Primt's EIN 1 Date Primt's EIN 2 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 4 Date Primt's EI						7 C	ost of goods so	Id . Su	ıbtract line	: 6				
b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Total. Add lines 1 through 4b	3 Cost	of lab	or	3		fr	om line 5. Enter	here	and in Par	t I, line 2	7			
TREASURER Signature of officer Print/Type preparer's name Preparer Use Only Total. Add lines 1 through 4b Signature of officer Print/Type preparer's name Preparer Use Only Total. Add lines 1 through 4b Signature of officer TREASURER Title TREASURER Title TREASURER Title TREASURER Title TREASURER Title TREASURER Title Print/Type preparer's name YVONNE B. DE CALONNE CALONNE Firm's name VONLEHMAN & COMPANY INC. Saction Saction Firm's EIN Saction Sa	4a Addit	ional s	ection 263A costs (att. schedule)	4a		8 D	o the rules of se	ection	263A (wit	h respect to			Yes	No
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. TREASURER Title TREASURER Title Print/Type preparer's name YVONNE B. DE CALONNE CALONNE Firm's name VONLEHMAN & COMPANY INC. Firm's slin 8250 WOODFIELD CROSSING BLVD. SUITE 3	b Othe	r cost	s (attach schedule)	4b		рі	operty produce	d or a	cquired fo	or resale) apply to				
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. TREASURER	5 Tota													
Here TREASURER May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Print/Type preparer's name Preparer's signature Date Check if self- employed PTIN		Un	der penalties of perjury, I declare the	at I have examine	ed this return, includi	ng accom	panying schedules	and s	tatements, a	and to the best of my	knowledge	and belief, it is	true,	
Paid Preparer Use Only Primt/Type preparer's name	_	100	rect, and complete. Declaration of p	reparer (other th	an taxpayer) is baset	on an ini	ormation of which p	prepare	or mas arry k	nowledge.	May the I	RS discuss thi	s return v	with
Print/Type preparer's name YVONNE B. DE YVONNE B. DE CALONNE CALONNE Firm's name VONLEHMAN & COMPANY INC. 8250 WOODFIELD CROSSING BLVD. SUITE 3 Preparer's signature Obate Self- employed PO163431 P0163431 P0163431 P188 P188 P188 P188 P188 P188 P188 P1	Here		•				TREAS	SUR	ER					
Paid Preparer Use Only YVONNE B. DE YVONNE B. DE 05/01/15 CALONNE 05/01/15 Firm's name ► VONLEHMAN & COMPANY INC. Firm's EIN ► 31-0905417		▮▮	Signature of officer		Date		Title				instruction	ns)? X Y	es 🗀	No
Paid Preparer Use Only YVONNE B. DE YVONNE B. DE 05/01/15 CALONNE 05/01/15 P00163431 Firm's name ► VONLEHMAN & COMPANY INC. Firm's EIN ► 31-0905417			Print/Type preparer's name		Preparer's sign	ature		Dat	e	Check	if PT	IN		
Preparer Use Only CALONNE CALONNE CALONNE CALONNE CALONNE O5/01/15 P00163431 Firm's name ►VONLEHMAN & COMPANY INC. 8250 WOODFIELD CROSSING BLVD. SUITE 3	Daid						Œ			self- employ	ed			
Use Only Firm's name ► VONLEHMAN & COMPANY INC. Firm's EIN ► 31-0905417 8250 WOODFIELD CROSSING BLVD. SUITE 3								05	/01/1			00163	431	
8250 WOODFIELD CROSSING BLVD. SUITE 3	•	ei		HMAN &		INC	! •	1	, -					7
	use O	nıy							SUITE					
											(317	7) 469	-01	69

_	C - Rent Incom	e (From Real	Propei	rty and	Personal	Proper	ty Lease	ed With Real P	rope	erty)(see ilistructions)
1. Description o	of property									
(1)										
(2)										
(3)										
(4)		2. Rent receiv	red or accrue	ed						
(a) Fr	rom personal property (if the ent for personal property is n	percentage of nore than	(b) F	rom real ar	nd personal proper ersonal property ex	ceeds 50%	centage or if	3(a) Deductions dire columns 2(a	ctly cor i) and 2(nnected with the income in (b) (attach schedule)
(4)	10% but not more than 5	90%)		the ren	t is based on profit	or income)				
(1)										
(3)										
(4)										
Total		0.	Total				0.			
	me. Add totals of colum						0.	(b) Total deductions Enter here and on page		0.
	age 1, Part I, line 6, colu E - Unrelated D		Incom	1 A (coo i	inetructions)		<u> </u>	Part I, line 6, column (B)	🖊	<u> </u>
ochedule	L - Officiated D	ebt-i illancet	1110011	ic (see				3. Deductions directly	connect	ted with or allocable
					2. Gross in or allocable		(-)	to debt-fin		property
	1. Description of deb	t-financed property			financed		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
							S.	CATEMENT 4	S	STATEMENT 5
(1) CORNI	ELL HOUSE				9	2,571	L.	27,99	1.	38,382.
(2)										
(3)										
(4)										
debt on or a prope	debt on or allocable to debt-financed of control of con		e adjusted ba allocable to anced proper h schedule)	rtv	6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	380,240		,831,		2	20.77%	<u>/</u> a	19,22	7.	13,786.
(2)	300,210	-	, , , ,			9	_	13,22	- 	2377000
(3)						9/	_			
(4)						9/	6			
		•						nter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals								19,22	7.	13,786.
	ds-received deductions									0.
	F - Interest, An		ties, ar	nd Rer	ts From C	ontrolle	d Orga	nizations (see ir	nstruc	tions)
				Exemp	t Controlled C	Organizatio	ons			
1. Name	e of controlled organization	Employer id num	entification		3. nrelated income see instructions)		4. of specified lents made	5. Part of column 4 included in the contorganization's gross	trolling	connected with income
(1)										
(2)										
(3)										
(4)										
Nonexempt (Controlled Organizati	ons								
7 . Tax	able Income	 Net unrelated incon (see instructions) 		9 . To	tal of specified pay made	rments	in the con	column 9 that is included trolling organization's ross income		Deductions directly connected with income in column 10
(1)										
(2)										
(3)										
_(4)										
							Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Ent	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).
Totals								0.		0.
	<u> </u>				<u></u>					

Schedule G - Investm (see ins	ent In		Section (501(c)(7	'), (9), or (17) O	rganiza	tion			
1 . De	scription o	f income			2. Amount of income	directly	ductions connected schedule)		Set-asides ach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										, , , ,
(2)										
(3)										
(4)								+		
(4)					Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1, Part I, line 9, column (B).
Totals					0.					0.
Schedule I - Exploited (see inst	d Exer	npt Activity				ing Inc	ome			-
	\top	<u>, </u>			4. Net income (loss)					T -
1. Description of exploited activity	i	2. Gross elated business ncome from de or business	3. Experdirectly conwith produof unrelables business in	inected uction ited	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from ac	ss income tivity that unrelated as income		Expenses tributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)								1		
(3)										
(4)										
(+)	р	er here and on age 1, Part I, le 10, col. (A).	Enter here a page 1, F line 10, co	art I,						Enter here and on page 1, Part II, line 26.
Totals	▶	0.		0.						0.
Schedule J - Advertis	sing In	come (see i	nstructions							
					solidated Basis					
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		irculation ncome	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2) (3)										
(3)										
(4)										
, · · ·										
Totals (carry to Part II, line (5))	▶		0.	0						0.
Part II Income From columns 2 through	Perio			a Sepa	irate Basis (For	each peri	odical liste	d in Pa	ırt II, fill in	
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		irculation ncome	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)					1			İ		
(3)										
(4)										
Totals from Part I	_		0.	0						0.
Totals Holli's art		Enter here and o page 1, Part I, line 11, col. (A)	on Enter h page . line 1	ere and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	<u></u> nsatio		0 . rs. Direct	ors. an		instruction	ons)			0.
·	Name		,	<u> </u>	2. Title		3. Perce time devo	ted to		ensation attributable elated business
				1			busine			
(1)				-			1	%		
(2)				1			1	%		
(3)							1	%		
(4)								%		
Total. Enter here and on page 1,	, Part II, I	ine 14						▶		0.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

Employer identification number

42-6075434

DELTA CHI EDUCATIONAL FOUNDATION Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) to enter on the lines below. (e) Cost (d) (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on the lines below. (d) (e) Cost (or other basis) (h) Gain or (loss). Subtract column (e) from column (d) and ombine the result with column (g) (**g**) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) Proceeds (sales price) This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However. if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 209,777. 380,325 -170,548. Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 **14** Capital gain distributions 14 -170,54815 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III | Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 0.

Note. If losses exceed gains, see Capital losses in the instructions.

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) (2014)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification no.

DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or

	codes are required. Enter the							
Yo l	u must check Box D, E, or F below. but have more long-term transactions than wil (D) Long-term transactions rep	II fit on this page for or	ne or more of the boxe	s, complete as many for	rms with the same box c	hecked as yo	u need.	or each applicable box.
	(E) Long-term transactions rep		-	-	· ·		,	
2	(F) Long-term transactions no			-				
1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If yo in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	Gain or (loss). Subtract column (e) from column (d) &
			(wo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
	ALE OF CHAPTER							
	OUSE - DEBT							1 - 2 - 1 - 1
F.	INANCED PROPERTY	VARIOUS	05/22/14	209,777.	380,325.			<170,548.>
								_
								_
								_
								_
		-						
		 						
		 						
2	Totals. Add the amounts in colu	Imns (d) (e) (d) :	I and (h) (subtract					
_	negative amounts). Enter each t							
	Schedule D, line 8b (if Box D ab		-					
	above is checked), or line 10 (if			209,777.	380,325.			<170,548.>
	above is officency, of title 10 (II	DOVI SPONE 12 (oriconcu)	,	1 222,020		L	1 ,

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

FOOTNOTES		STATEMENT	1
FORM 8949, PART II, BOX F: LOSS CALCULATION ON DISPOSITION OF DEBT-FINANCED	PROPERTY		
AVG AQUISITION DEBT ON DEBT-FINANCED PROPERTY DIVIDED BY: AVG ADJUSTED BASIS OF PROPERTY ALLOCABLE DEBT-FINANCED PERCENTAGE	\$380,240 \$1,831,126 20.77%		
GROSS PROCEEDS: \$1,010,000 X 20.77% AVG ADJUSTED BASIS: \$1,831,126 X 20.77%		209,77 -380,32	
LONG-TERM CAPITAL LOSS ON DEBT-FINANCED PRO	PERTY	-170,54	48.

FORM 990-T		OTHER D	DEDUCTIONS	5	STATEMENT	2
DESCRIPTION	ī				AMOUNT	
	D RELATED EXPENSES				1,2	
PROFESSIONA					3,3	
MISCELLANEO ANNUITY EXP					1,4' 3,4	
111110111 11111						
TOTAL TO FO	RM 990-T, PAGE 1,	LINE 28			9,5	20.
FORM 990-T	NET	OPERATING	LOSS DEDI	JCTION	STATEMENT	3
		LOSS				
max	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PREVIOUS		LOSS	AVAILABLE	
TAX YEAR	LOSS SUSTAINED	APPLIE	:D	REMAINING	THIS YEAR	
12/31/08	66,492.		0.	66,492.	66,49	
12/31/09	28,158.		0.	28,158.	28,158	
12/31/10	8,180.		0.	8,180.	8,18	
12/31/11	8,553.		0.	8,553.	8,55	
12/31/12	6,129.		0.	6,129.	6,12	
12/31/13	1,601.		0.	1,601.	1,60	
NOL CARRYOV	ER AVAILABLE THIS	YEAR		119,113.	119,11	3.
						
FORM 990-T	SCHEDULE E	- DEPRECI	ATION DE	DUCTION	STATEMENT	4
			ACTIVI	ns <i>z</i>		
DESCRIPTION			NUMBER		TOTAL	
DEPRECIATIO	N AND AMORTIZATION			27,99		
	-	SUBTOTAL	- 1		27,9	91.
TOTAL OF FO	RM 990-T, SCHEDULE	E, COLUMN	3(A)		27,9	91.

FORM 990-T	SCHEDULE E - OTHE	R DEDUCTIONS		STATEMENT	5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
PROFESSIONAL FEES TELEPHONE PROPERTY TAXES REPAIRS AND MAINTI INTEREST MISCELLANEOUS BANK CHARGES INSURANCE INTERNET	ENANCE - SUBTOTAL	- 1	2,839. 567. 5,674. 1,783. 19,192. 24. 12. 7,568. 723.	38,3	82.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	3(B)		38,38	82.
FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FI			STATEMENT	6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
MORTGAGE	- SUBTOTAL	- 1	380,240.	380,2	40.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	4		380,2	40.

FORM 990-T	STATEMENT	7			
DESCRIPTION	TOTAL				
PROPERTY	- SUBTOTAL -	1	1,831,126.	1,831,12	26.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	5		1,831,12	26.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

RENT

1

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates Name(s) shown on return

Identifying number

DEI	LΤΑ	CHI	EDUCAT:	ONAL	FOUNDATI	ON	COF	RNEL	L H	OUS	SE			42-6075434
Pai	rt I	Election	To Expense Cer	tain Prope	rty Under Section 1	79 Note: If yo	ou have any lis	sted pr	operty	ı, con	nplete Part	V bef	ore y	ou complete Part I.
1 1	/laximu	ım amoı	unt (see instru	ctions)								[1	500,000.
2 T	otal co	ost of se	ection 179 pro	perty plac	ed in service (see	instructions	s)					[2	
3 T	hresho	old cost	of section 179	property	before reduction	in limitation						L	3	2,000,000.
4 F	Reduct	ion in lin	nitation. Subtr	act line 3	from line 2. If zero	or less, ent	er -0-					<u>L</u>	4	
5 D	ollar limi	tation for t	ax year. Subtract li	ne 4 from line	e 1. If zero or less, enter	-0 If married fi	ling separately, se	e instruc	tions				5	
6			(a) Des	cription of pr	roperty		(b) Cost (busin	ness use	only)		(c) Elected	cost		
									1					
			. Enter the am						7					
					erty. Add amounts								8	
					of line 5 or line 8								9	
					n line 13 of your 2								10	
					smaller of busines								11	
					ines 9 and 10, bu					<u> </u>			12	
					2015. Add lines 9			<u></u> ▶	13					
Pai					or listed property.						`			
					ance and Other D	-	•				-			
		•	iation allowand	ce for qua	alified property (ot	her than liste	ed property) p	laced i	n servi	ice di	uring			
	he tax												14	
					ection							├	15	26,868.
	rt III	_	tion (including		ot include listed p								16	20,000.
I a	C III	WACE	13 Depreciati	חו טם) ווט	ot include listed p		ection A	.)						
	44 CDC	· doduo	tions for socot	a placed	in service in tax y			1					17	
												i.		
10	you are	electing to			vice during the tax year Placed in Services							ation	Syst	em
				Addete	(b) Month and	(c) Basis fo	or depreciation		Recover					
		(a) Classifi	ication of property		year placed in service		nvestment use e instructions)	(4)	period	, ((e) Convention	(f) Me	thod	(g) Depreciation deduction
19a	3-ve	ear prop	ertv					1						
<u>b</u>		ear prop	•											
		ear prop	•											
d		year pro	•		_			1						
e		year pro	•					1						
f		year pro	<u> </u>											
g		year pro						2	5 yrs.			S	/L	
					/			1	.5 yrs.	.	MM	S	/L	
h	Res	sidential	rental propert	У	/			1	.5 yrs.		MM	S	/L	
					/			3	9 yrs.		MM	S	/L	
i	Nor	nresiden	ntial real prope	rty	/				-		MM	S	/L	
			Section C -	Assets I	Placed in Service	During 201	4 Tax Year U	lsing tl	ne Alte	ernat	ive Deprec	iatio	n Sys	stem
20a	Cla	ss life										S	/L	
b	12-	year						1	2 yrs.			S	/L	
С	40-	year			/			4	0 yrs.		MM	S	/L	
Pai	rt IV	Sumn	nary (See instr	uctions.)										
21 L	isted p	oroperty	. Enter amour	t from line	e 28							[21	
22 1	otal. A	Add amo	ounts from line	12, lines	14 through 17, lin	nes 19 and 2	0 in column (ຢູ	g), and	line 21	1.				
E	nter h	ere and	on the approp	riate lines	s of your return. P	artnerships a	and S corpora	ations -	see in	nstr			22	26,868.
23 F	or ass	ets shov	wn above and	placed in	service during th	e current yea	ar, enter the							
	ortion	of the b	asis attributat	ole to sec	tion 263A costs				23					

Part V Lis

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A	- Depreciati	on and Othe	r Inform	ation (Ca	ution:	See the	instruc	tions for l	imits for p	oasseng	er autor	nobiles.)		
248	a Do you have evidence to s	support the bu	ısiness/investm	ent use c	laimed?	Y	es _	No	24b If "\	es," is th	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business investmer use percent	it	(d) Cost or ther basis		(e) sis for depr usiness/inve use only	estment	(f) Recovery period	Met	g) thod/ ention	Depre	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation allo	owance for c	ualified listed	d propert	y placed	in servi	ce durin	g the t	ax year aı	nd					
	used more than 50% in	a qualified b	ousiness use								25				
26	Property used more that														
		1 1		%											
		: :		%											
		1 1		%											
<u>27</u>	Property used 50% or le	ess in a qual	ified business	s use:					1						
		: :		%						S/L -					
		1 1		%						S/L -					
				%						S/L -	1				
	Add amounts in column														
<u>29</u>	Add amounts in column	ı (i), line 26. E											. 29		
_					B - Infor										
	mplete this section for ve														S
to	your employees, first ans	wer the que	stions in Sect	ion C to	see if you	u meet	an exce	otion to	o complet	ing this s	ection f	or those	vehicles	3.	
					(a)		/b.\		(0)	1	٠,	,	۵)		
30	Total business/investment miles driven during the				(a) hicle		(b) hicle		(c) 'ehicle	Veh	d) nicle		e) hicle	(f Veh	
30	year (do not include com			V 6	HICIE	VG	IIICIG	 '	GIIICIG	Vei	IICIG	Vei	IIICIG	Ven	ICIC
31	Total commuting miles														
	Total other personal (no														
	driven														
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	able for perso	onal												
	use?														
		Section C	- Questions	for Emp	loyers W	/ho Pro	vide Ve	hicles	for Use b	y Their E	Employ	ees			
Ans	swer these questions to	determine if	you meet an	exceptio	n to com	pleting	Section	B for v	ehicles u	sed by er	nployee	s who a	re not m	ore than	5%
	ners or related persons.														
37	Do you maintain a writte employees?		tement that p								, by you	r		Yes	No
38	Do you maintain a writte	en policy sta	tement that p	rohibits	personal	use of	vehicles,	, excep	t commu	ting, by y	our				
	employees? See the ins													· -	
	Do you treat all use of v													.	_
40	Do you provide more th														
	the use of the vehicles,														_
41	Do you meet the require														
Б	Note: If your answer to	37, 38, 39, 4	U, or 41 is "Y	es," do n	ot compi	ete Sec	ction B to	or the c	covered v	enicies.					
P	art VI Amortization (a)			(b)		(0)			(4)		(0)			/ f \	
	Description o			(b) te amortization begins		(c) Amortiza amoun	ble t		(d) Code section		(e) Amortiza period or per	ition	Ai fo	(f) mortization or this year	
<u>42</u>	Amortization of costs th	at begins du	uring your 20	14 tax ye	ar:							,			
				1 1				+							
				<u>: :</u>								140		1	1 2 2
	Amortization of costs th											43			<u>123.</u> 123.
44	Total. Add amounts in o	colurnn (t). S	ee the instruc	LIONS FOR	wnere to	report						44		1 ,	

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number

	LTA	CHI	EDUCATION	DNAL	FOUNDATI	ON	FOF	RM 9	90	PAGE	10		42-6075434
Pa	art I	Election	To Expense Certa	in Prope	ty Under Section 1	79 Note : <i>If yo</i>	ou have any lis	sted pr	operty,	, complet	e Part	V before	you complete Part I.
1	Maximu	um amo	unt (see instruct	ions) .								1	500,000
2	Total co	ost of se	ection 179 prope	erty place	ed in service (see	instructions)						
					before reduction								2,000,000
4	Reduct	tion in Iir	mitation. Subtrac	ct line 3 f	rom line 2. If zero	or less, ent	er -0-						
5	Dollar lim	itation for			1. If zero or less, enter	-0 If married fil							
6			(a) Descri	ption of pro	pperty		(b) Cost (busin	ness use	only)	(c) Elected	d cost	_
													_
													_
													_
_					" 00				_				_
			y. Enter the amou				-\ ! 0		7				
					rty. Add amounts								1
					of line 5 or line 8 line 13 of your 2								
					maller of busines								
					nes 9 and 10, bu								
					015. Add lines 9				13			12	
					listed property.								
Pa	art II	Speci	ial Depreciation	Allowa	nce and Other D	epreciation	(Do not inclu	ıde liste	ed pro	perty.)			
14	Special	l depred	ciation allowance	for qual	ified property (ot	her than liste	d property) p	laced in	n servi	ce durino	ı		
	the tax	•		•						•		14	
15	Propert	ty subje			ction								
			ation (including A									16	
Ρί	art III	MACI	RS Depreciation	n (Do no	t include listed p	roperty.) (Se	e instructions	.)					
						92	ection A						
							CUOII A						
17	MACRS	S deduc	ctions for assets	placed i	n service in tax y			4				17	5,187
			group any assets pla	ced in serv	ice during the tax year	ears beginnir	ng before 201	counts, ch	neck here	e	<u> </u>		
			group any assets pla	ced in serv	ice during the tax year	ears beginnir into one or more ce During 20	ng before 201 general asset acc	counts, ch	neck here	e	<u> </u>		
		electing to	group any assets pla	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use	Using	neck here	eneral De	<u> </u>	ation Sys	tem
18	If you are	(a) Classif	Section B -	ced in serv	Placed in Service (b) Month and	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation	Using	neck here the Ge	eneral De	eprecia	ation Sys	tem
18 19a	If you are	(a) Classif	Section B - fication of property Derty	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use	Using	neck here the Ge	eneral De	eprecia	ation Sys	tem
18 19a b	3-you 5-you	(a) Classif	Section B - Section B - fication of property Derty Derty	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use	Using	neck here the Ge	eneral De	eprecia	ation Sys	tem
19a	3-yo 5-yo 7-yo	(a) Classified rear properties ar properties are pro	Section B - Section B - fication of property Derty Derty Derty	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use	Using	neck here the Ge	eneral De	eprecia	ation Sys	tem
19a	3-you 5-you 10-	(a) Classification properties of the control of the	Section B - Section B - fication of property Derrty Derrty Derrty Derrty Derrty Derrty Derrty	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use	Using	neck here the Ge	eneral De	eprecia	ation Sys	tem
19a	3-yu 5-yu 7-yu 10-	(a) Classif rear proper rear proper rear proper proper proper proper proper proper proper proper rear	Section B - Section B - fication of property Derrty Derrty Derrty Derrty Deprty Deprty Deprty Deprty Deprty	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use	Using	neck here the Ge	eneral De	eprecia	ation Sys	tem
19a b c c d e f	3-yu 5-yu 10- 10- 20-	(a) Classifiear proper ear proper pro	Section B - Section B - fication of property Derrty Derrty Derrty Derrty Deperty Deperty Deperty Deperty Deperty Deperty Deperty Deperty Deperty	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use	Counts, cf	neck here the Ge Recovery period	eneral De	eprecia	(f) Method	tem
19a	3-yu 5-yu 10- 10- 20-	(a) Classif rear proper rear proper rear proper proper proper proper proper proper proper proper rear	Section B - Section B - fication of property Derrty Derrty Derrty Derrty Deperty Deperty Deperty Deperty Deperty Deperty Deperty Deperty Deperty	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use	Using (d)	the General Recovery period	eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee	eprecia	(f) Method	tem
19a b c c d e f	3-yu 5-yu 10- 15- 20- 25-	(a) Classif ear propear propear propear propyear proyear proyear proyear proyear proyear proyear proyear proyear pro	Section B - Section B - fication of property Derrty Derrty Derrty Derrty Deperty Deperty Deperty Deperty Deperty Deperty Deperty Deperty Deperty	ced in serv	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use	Counts, ch	the General Recovery period 5 yrs.	e e eneral De (e) Co	peprecial nevention	f) Method	tem
19a b c c d e f g	3-yu 3-yu 10- 10- 15- 20- 25-	ear propear propear proyear pr	Section B - Section B - fication of property Derrty Derrty Deprty Deperty	Assets	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use	counts, ch	the General Recovery period 5 yrs5 yrs5 yrs5 yrs.	e e eneral De	eprecial properties of the second sec	(f) Method S/L S/L S/L	tem
19a b c c d e f g	3-yu 3-yu 10- 10- 15- 20- 25-	ear propear propear proyear pr	Section B - Section B - fication of property Derrty Derrty Derrty Derrty Deperty	Assets	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use	counts, ch	the General Recovery period 5 yrs.	e e eneral De	eprecial properties of the second sec	S/L S/L S/L	tem
19a b c c d e f g	3-yu 3-yu 10- 10- 15- 20- 25-	ear propear propear proyear pr	Section B - Section B - fication of property Derrty Derrty Derrty Deperty Depe	Assets Assets	ice during the tax year Placed in Servic (b) Month and year placed in service // // // // //	ears beginnir into one or more ce During 20 (c) Basis for (business/i only - see	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use instructions)	22 27 33	the General Recovery period 5 yrs 5 yrs 5 yrs 5 yrs 9 yrs	e e eneral De	eprecianvention AM AM AM AM AM AM AM AM AM A	s/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c c d e e f g r	3-yu 5-yu 10- 15- 20- 25- Nor	(a) Classification properties of the control of the	Section B - Section B - fication of property Derrty Derrty Derrty Deperty Depe	Assets Assets	Placed in Servic (b) Month and year placed	ears beginnir into one or more ce During 20 (c) Basis for (business/i only - see	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use instructions)	22 27 33	the General Recovery period 5 yrs 5 yrs 5 yrs 5 yrs 9 yrs	e e eneral De	eprecianvention AM AM AM AM AM AM AM AM AM A	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c c d e e f g r	3-yu 3-yu 5-yu 10- 15-20- 25-Noi	ear propear propear proyear pr	Section B - Section B - fication of property Derrty Derrty Derrty Deperty Depe	Assets Assets	ice during the tax year Placed in Servic (b) Month and year placed in service // // // // //	ears beginnir into one or more ce During 20 (c) Basis for (business/i only - see	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use instructions)	counts, cf Using (d) 2 27 27 31	the General Recovery period 5 yrs 5 yrs 5 yrs 5 yrs 9 yrs	e e eneral De	eprecianvention AM AM AM AM AM AM AM AM AM A	s/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c c d e f g f i i 20a a	3-yu 3-yu 5-yu 10- 115-20- 125- 1 Res	ear propear propear proyear pr	Section B - Section B - fication of property Derrty Derrty Derrty Deperty Depe	Assets Assets	ice during the tax year Placed in Servic (b) Month and year placed in service // // // // //	ears beginnir into one or more ce During 20 (c) Basis for (business/i only - see	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use instructions)	counts, cf Using (d) (d) 2: 27 27 3: Using th	5 yrs. 5 yrs. 5 yrs. 6 yrs. 6 yrs.	e eneral De	eprecianvention AM AM AM AM AM AM AM AM AM A	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c c d d e e f i i 20a k	3-yu 3-yu 5-yu 10- 115-20- 125- 1 Res	(a) Classification (b) Classification (c) Classific	Section B - Section B - fication of property Derrty Derrty Derrty Deperty Depe	Assets y Assets P	ice during the tax year Placed in Servic (b) Month and year placed in service // // // // //	ears beginnir into one or more ce During 20 (c) Basis for (business/i only - see	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use instructions)	counts, cf Using (d) (d) 2: 27 27 3: Using th	5 yrs. 5 yrs. 5 yrs. 2 yrs.	e eneral De	AM AM AM AM Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c d e f g h i i c c c t c c c c c c c c c c c c c c	3-yu 5-yu 10- 15- 20- 25- Noi Cla 12- 40- art IV	(a) Classif ear propear	Section B - Section B - Section B - Section B - Section B - Section B - Section B - Section B - Section B - Section B - Section B - Section B - Section B - Section B - Section C - A	y Assets P	ice during the tax year Placed in Service (b) Month and year placed in service (c) Month and year placed in service (d) Month and year placed in service	ears beginnir into one or more ce During 20 (c) Basis fc (business/i only - see	ng before 201 general asset acc 114 Tax Year or depreciation nivestment use instructions)	2 27 27 3 3 4 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 10 yrs. 10 yrs.	e e e e e e e e e e e e e e e e e e e	AM AM AM AM Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c d d e f g r i c 20a b c c 21	3-yu 5-yu 10- 15- 20- 25- Res Noi	(a) Classification of the control of	Section B - Section B - fication of property Derty Derty Derty Deperty	y Assets P ctions.)	ice during the tax year Placed in Service (b) Month and year placed in service (c) Month and year placed in service (d) Month and year placed in service	ears beginnir into one or more ce During 20 (c) Basis (c) (business/i only - see	ng before 201 general asset acc 114 Tax Year or depreciation nvestment use instructions) 4 Tax Year U	2. 27 27 3's	5 yrs. 5 yrs. 5 yrs. 2 yrs. 0 yrs.	e eneral De (e) Col	AM AM AM AM Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c d d e f g r i c 20a b c c 21	3-yu 5-yu 10- 15- 20- 25- Res Nor Cla 12- 40- art IV Listed Total. A	(a) Classification property car property car property car property car property car property car property car property car property car property car property car property car property car property car car car car car car car car car car	Section B - Section B - fication of property Derty Derty Deperty De	y Assets P ctions.) from lines 2, lines	ice during the tax year Placed in Service (b) Month and year placed in service (r) Month and year placed in service (r) Month and year placed in service	ears beginnir into one or more ce During 20 (c) Basis fc (business/i only - see	ng before 201 general asset acc 114 Tax Year or depreciation myestment use instructions) 4 Tax Year U	2 27 27 33 Using the distribution of the distr	5 yrs. 5 yrs. 5 yrs. 6 yrs. 7 yrs. 9 yrs. 10 yrs. 11 yrs. 12 yrs. 13 yrs. 14 yrs.	e e e e e e e e e e e e e e e e e e e	AM AM AM AM AM AM AM AM AM AM AM AM AM A	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
18 19a b c d e f g h	3-yu 5-yu 10- 15- 20- 25- Noi 12- 40- art IV Listed	(a) Classification property car property car property car property car property car property car property car property car property car property car property car property car property car car car car car car car car car car	Section B - Section B - fication of property Derty Derty Deperty De	y Assets P ctions.) from lines 2, lines ate lines	ice during the tax year Placed in Service (b) Month and year placed in service // // // // // laced in Service // // // // // 14 through 17, lir	ears beginning into one or more ce During 20 (c) Basis for (business/ionly - see	general asset accepted to general asset acce	2 27 27 3 3 4 sing th	5 yrs. 5 yrs. 5 yrs. 6 yrs. 7 yrs. 9 yrs. 10 yrs. 11 yrs. 12 yrs. 13 yrs. 14 yrs.	e e e e e e e e e e e e e e e e e e e	AM AM AM AM AM AM AM AM AM AM AM AM AM A	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A	- Depreciati	on and Othe	er Inforr	nation (C	autio	n: Se	ee the i	nstruc	tions for l	imits for _l	passeng	er autor	nobiles.)		
248	Do you have evidence to s	support the bu	siness/invest	ment use	claimed?		Ye	s	No	24 b If "Y	es," is th	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busines investme use percen	nt	(d) Cost or other basis	8		(e) s for depre ness/inve use only	stment	(f) Recovery period	Me	g) thod/ rention	Depre	(h) eciation uction	Elec sectio	(i) cted n 179 ost
25	Special depreciation alle	owance for o	ualified liste	d prope	rty placed	l in se	ervice	e during	g the ta	ax year ar	nd					
	used more than 50% in								-	•		. 25				
26	Property used more that											•				
		1 1		%												
		1 1		%												
		: :		%												
<u>27</u>	Property used 50% or le	ess in a qual	ified busines	ss use:												
		1 1		%							S/L -					
		1 1		%							S/L -					
		: :		%							S/L -					
	Add amounts in column															
<u>29</u>	Add amounts in column	ı (i), line 26. E	nter here ar											. 29		
	mplete this section for ve				n B - Info			_								
to y	our employees, first ans	wer the ques	stions in Sec	ction C to	o see if yo	ou me	et ar		otion to	complet (c)	1 .	section f		vehicles e)	s. (f	١
30	Total business/investment miles driven during the				/ehicle		Vehi	-	l _v	'ehicle	1	nicle	1	nicle	Veh	
-	year (do not include com		•		0111010	<u> </u>			<u> </u>	-	1		1			
31	Total commuting miles															
	Total other personal (no															
	driven															
33	Total miles driven during															
	Add lines 30 through 32															
34	Was the vehicle availab			Yes	No	Υe	es	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?															
35	Was the vehicle used p	rimarily by a	more													
	than 5% owner or relate															
36	Is another vehicle availa	ble for perso	onal													
	use?															
			- Question:								-					
	swer these questions to	determine if	you meet an	excepti	on to con	npletii	ng S	ection	B for v	ehicles us	sed by er	nployee	s who a	re not m	ore than	5%
_	ners or related persons.														1,,	T
	Do you maintain a writte employees?												r 		Yes	No
38	Do you maintain a writte			-	-				-							
	employees? See the ins															
	Do you treat all use of v															
40	Do you provide more th the use of the vehicles,															
11	Do you meet the require															
71	Note: If your answer to															
P	art VI Amortization	01,00,00,1	0, 01 11 10	700, 40	not comp	1010	30011	011 15 10	7 1110 0	7010104 11	31110100.					
	(a)			(b)		(c)			(d) Code		(e)			(f)	
	Description o			ate amortizati begins		Amor	tizable lount	e		Code section		Amortiza period or per	tion	Ar fo	nortization or this year	
42	Amortization of costs th	iai begins di	inng your 20		ear:											
				<u> </u>	+				+		+					
42	Amortization of costs th	at began ha	foro vous 20	14 tay v									43			
	Amortization of costs th												44			
44	Total. Add amounts in o	Joiui III (I). 30	se une misufu	CHOHS IC	wilete t	о гер	UIL.								a was 4500	· (0014)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

990-T

Identifying number

DE	LTA CHI	EDUCATIONAL	FOUNDATI	ON	FOR	M 9	90-5	r page 1		42-6075434
Pa	art Election	n To Expense Certain Prop	erty Under Section 1	79 Note: If yo	u have any lis	sted pro	operty,	complete Part	V before y	
1	Maximum amo	ount (see instructions)							1	500,000.
2	Total cost of s	section 179 property plac	ced in service (see	instructions)					2	
3	Threshold cos	st of section 179 propert	y before reduction	in limitation					3	2,000,000.
4	Reduction in li	imitation. Subtract line 3	from line 2. If zero	or less, ente	er -0-				4	
5	Dollar limitation for	r tax year. Subtract line 4 from lin	ne 1. If zero or less, enter	-0 If married fili	ng separately, see	e instruct	ions		5	
6		(a) Description of p	property		(b) Cost (busin	ness use	only)	(c) Elected	l cost	
7	Listed propert	ty. Enter the amount fror	n line 29				7			
8	Total elected	cost of section 179 prop	erty. Add amounts	s in column (c	c), lines 6 and	7			8	
9	Tentative ded	uction. Enter the smalle	r of line 5 or line 8						9	
		disallowed deduction from								
11	Business inco	me limitation. Enter the	smaller of busines	s income (not	t less than ze	ro) or li	ne 5		11	
12	Section 179 e	xpense deduction. Add	lines 9 and 10, but	t do not enter	r more than lii	ne 11			12	
13	Carryover of d	disallowed deduction to 2	2015. Add lines 9 a	and 10, less li	ine 12	▶	13			
		Part II or Part III below for	or listed property. I	Instead, use F	Part V.					
Pa	art II Spec	cial Depreciation Allow	ance and Other D	epreciation	(Do not inclu	de liste	ed prop	oerty.)		
14	Special depre	ciation allowance for qua	alified property (ot	her than listed	d property) pl	laced ir	n servi	ce during		
	the tax year								14	
15	Property subje	ect to section 168(f)(1) e	lection						15	
_		ation (including ACRS)							16	
Pa	art III MAC	RS Depreciation (Do n	ot include listed p	roperty.) (See	instructions.	.)				
					ction A				-	
17	MACRS dedu	ctions for assets placed	in service in tax ye	ears beginnin	g before 201	4			<u>.</u> 17	259.
18	If you are electing t	to group any assets placed in se								
		Section B - Assets				Using	the Ge	neral Deprecia	ition Syst	em
	(a) Class	sification of property	(b) Month and year placed	(business/in	r depreciation evestment use	(d) I	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
			in service	only - see	instructions)	<u> </u>				
<u>19a</u>		· · · · · · · · · · · · · · · · · · ·								
<u>b</u>		· · · · · · · · · · · · · · · · · · ·								
<u>c</u>		•								
d		· · · · · · · · · · · · · · · · · · ·								
<u>e</u>		<u> </u>								
f	20-year pr					<u> </u>	F		0."	
<u>g</u>	25-year pr	roperty	,				5 yrs.		S/L	
h	Residentia	al rental property	/				.5 yrs.	MM	S/L	
			/				.5 yrs.	MM	S/L S/L	
i							^		· •/I	1
	Nonreside	ential real property	/			3	9 yrs.	MM		
	Nonreside		/ /	During 201	1 Tay Voor II			MM	S/L	atom
		ential real property Section C - Assets	/ // Placed in Service	During 2014	4 Tax Year U			MM	S/L iation Sy	stem
20a	Class life		/ // Placed in Service	During 2014	4 Tax Year U	sing th	ie Alte	MM	S/L iation Sy S/L	stem
b	Class life		/ Placed in Service	During 2014	4 Tax Year U	sing th	e Alte	MM rnative Depred	S/L siation Sy S/L S/L	stem
b	Class life 12-year 40-year	Section C - Assets	Placed in Service	During 2014	4 Tax Year U	sing th	ie Alte	MM	S/L iation Sy S/L	stem
Pá	Class life 12-year 40-year Surf IV Sum	Section C - Assets mary (See instructions.)	/			sing th	e Alte 2 yrs. 0 yrs.	MM rnative Depred	S/L siation Sy S/L S/L S/L	stem
Pa 21	Class life 12-year 40-year Art IV Sum Listed propert	Section C - Assets mary (See instructions.) ty. Enter amount from lin	/ le 28			sing th	e Alte 2 yrs. 0 yrs.	MM rnative Deprec	S/L siation Sy S/L S/L	stem
Pa 21	Class life 12-year 40-year Total. Add am	Section C - Assets mary (See instructions.) ty. Enter amount from lin nounts from line 12, lines	/ le 28s 14 through 17, lir	nes 19 and 20) in column (g	sing th	2 yrs. 0 yrs.	MM rnative Deprec	S/L siation Sy S/L S/L S/L S/L	
21 22	Class life 12-year 40-year Art IV Sum Listed propert Total. Add arr Enter here and	Section C - Assets mary (See instructions.) ty. Enter amount from line nounts from line 12, lines d on the appropriate line	/ le 28	nes 19 and 20 artnerships a) in column (g	sing th	2 yrs. 0 yrs.	MM rnative Deprec	S/L siation Sy S/L S/L S/L S/L	stem 259.
21 22	Class life 12-year 40-year Art IV Sum Listed propert Total. Add arr Enter here and	Section C - Assets mary (See instructions.) ty. Enter amount from lin nounts from line 12, lines	/ se 28	nes 19 and 20 artnerships a e current yea) in column (g nd S corpora ır, enter the	sing th	2 yrs. 0 yrs.	MM rnative Deprec	S/L siation Sy S/L S/L S/L S/L	

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A	- Depreciati	on and Othe	er Inforr	nation (C	autio	n: Se	ee the i	nstruc	tions for l	imits for _l	passeng	er autor	nobiles.)		
248	Do you have evidence to s	support the bu	siness/invest	ment use	claimed?		Ye	s	No	24 b If "Y	es," is th	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busines investme use percen	nt	(d) Cost or other basis	8		(e) s for depre ness/inve use only	stment	(f) Recovery period	Me	g) thod/ rention	Depre	(h) eciation uction	Elec sectio	(i) cted n 179 ost
25	Special depreciation alle	owance for o	ualified liste	d prope	rty placed	l in se	ervice	e during	g the ta	ax year ar	nd					
	used more than 50% in								-	•		. 25				
26	Property used more that											•				
		1 1		%												
		1 1		%												
		: :		%												
<u>27</u>	Property used 50% or le	ess in a qual	ified busines	ss use:												
		1 1		%							S/L -					
		1 1		%							S/L -					
		: :		%							S/L -					
	Add amounts in column															
<u>29</u>	Add amounts in column	ı (i), line 26. E	nter here ar											. 29		
	mplete this section for ve				n B - Info			_								
to y	our employees, first ans	wer the ques	stions in Sec	ction C to	o see if yo	ou me	et ar		otion to	complet (c)	1 .	section f		vehicles e)	s. (f	١
30	Total business/investment miles driven during the				/ehicle		Vehi	-	l _v	'ehicle	1	nicle	1	nicle	Veh	
-	year (do not include com		•		-	<u> </u>			<u> </u>	-	1		1			
31	Total commuting miles															
	Total other personal (no															
	driven															
33	Total miles driven during															
	Add lines 30 through 32															
34	Was the vehicle availab			Yes	No	Υe	es	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?															
35	Was the vehicle used p	rimarily by a	more													
	than 5% owner or relate															
36	Is another vehicle availa	ble for perso	onal													
	use?															
			- Question:								-					
	swer these questions to	determine if	you meet an	excepti	on to con	npletii	ng S	ection	B for v	ehicles us	sed by er	nployee	s who a	re not m	ore than	5%
_	ners or related persons.														1,,	T
	Do you maintain a writte employees?												r 		Yes	No
38	Do you maintain a writte			-	-				-							
	employees? See the ins															
	Do you treat all use of v															
40	Do you provide more th the use of the vehicles,															
11	Do you meet the require															
71	Note: If your answer to															
P	art VI Amortization	01,00,00,1	0, 01 11 10	700, 40	not comp	1010 0	30011	011 15 10	7 1110 0	7010104 11	31110100.					
	(a)			(b)		(c)			(d) Code		(e)			(f)	
	Description o			ate amortizati begins		Amor	tizable lount	e		Code section		Amortiza period or per	tion	Ar fo	nortization or this year	
42	Amortization of costs th	iai begins di	inng your 20		ear:											
				<u> </u>	+				+		+					
42	Amortization of costs th	at began ha	foro vous 20	14 tov v									43			
	Amortization of costs th												44			
44	Total. Add amounts in o	Joiui III (I). 30	se une misufu	CHOHS IC	wilete t	о гер	UIL.								a was 4500	· (0014)

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

and ending

Inspection

В	Check if applicable	C Name of organization		D Employer identifie	cation number				
_	Addres								
H	Name			12_6	075434				
H	change lnitial		n/suite						
F	return Fiṇal	314 CHURCH STREET	ii/Suite	E Telephone numbe) 337-4811				
_	return/ termin- ated			G Gross receipts \$	2,588,331.				
Г	Ameno			H(a) Is this a group return					
F	Applic	,		for subordinates					
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in					
\overline{I}	Tax-exe	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or □	527	, ,	list. (see instructions)				
J	Websit	e: ► WWW.DCEF.COM		H(c) Group exemptio					
		organization: X Corporation Trust Association Other I	L Year o	of formation: 1954 N	State of legal domicile: IA				
P		Summary							
ą	1	Briefly describe the organization's mission or most significant activities: ${f THE \ \ MIS}$	SSIO	N OF THE DE	LTA CHI				
Governance		EDUCATIONAL FOUNDATION IS TO PROVIDE LEADER							
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of	of more	1 1					
્રે	3	Number of voting members of the governing body (Part VI, line 1a)			14				
	4	Number of independent voting members of the governing body (Part VI, line 1b)			14				
Activities &		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			0				
Ęi	6	Total number of volunteers (estimate if necessary)		6					
Ä		Total unrelated business revenue from Part VIII, column (C), line 12			5,441.				
	d	Net unrelated business taxable income from Form 990-T, line 34	·····		Current Year				
	8	Contributions and grants (Part VIII line 1b)		Prior Year 499,024.	679,399.				
Revenue	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0,5,555				
š	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		71,551.	-753,406.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,649.	51,096.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		608,224.	-22,911.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		445,808.	250,061.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Ś	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		109,730.	115,033.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
x be	b	Total fundraising expenses (Part IX, column (D), line 25) 158,327.	•						
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		215,320.	271,400.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		770,858.	636,494.				
	19	Revenue less expenses. Subtract line 18 from line 12		-162,634.	-659,405.				
Net Assets or	3		Be	ginning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)		3,774,365.	2,931,762.				
HAS H	21	Total liabilities (Part X, line 26)	.	1,092,544.	242,111.				
	22	Net assets or fund balances. Subtract line 21 from line 20	.	2,681,821.	2,689,651.				
	art II	Signature Block			. Imperior and ballet it is				
		lties of perjury, I declare that I have examined this return, including accompanying schedules and t, and complete. Declaration of preparer (other than officer) is based on all information of which p			/ Knowledge and Deller, it is				
uu	5, 001160	t, and complete. Declaration of preparer (other than officer) is based on an information of which p	Герагег	lias arry knowledge.					
Sig	ın	Signature of officer		I Date					
He		ROD ARNOLD, TREASURER							
	. •	Type or print name and title							
_		Print/Type preparer's name Preparer's signature		ate Check	PTIN				
Pai	d	YVONNE B. DE CALONNE YVONNE B. DE CALON	ME 0	5/01/15 if self-employed	P00163431				
Pre	parer	Firm's name VONLEHMAN & COMPANY INC.		Firm's EIN	31-0905417				
Use	Only	Firm's address 8250 WOODFIELD CROSSING BLVD. SUIT	E 3						
		INDIANAPOLIS, IN 46240		Phone no. (3					
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF DELTA CHI EDUCATIONAL FOUNDATION IS TO PROVIDE
	LEADERSHIP, SCHOLARSHIP, AND OTHER EDUCATIONAL SUPPORT TO THE
	UNDERGRADUATE MEMBERS AND CHAPTERS OF THE DELTA CHI FRATERNITY.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 149,259 • including grants of \$ 142,117 •) (Revenue \$)
	CHAPTERS AND COLONIES SEEKING TO BUILD OR RENOVATE A CHAPTER HOUSE CAN
	UTILIZE AN E-CHI ACCOUNT TO ACCUMULATE TAX-FREE DONATIONS TO BE APPLIED
	TOWARD ITS CONSTRUCTION OR RENOVATION.
4b	(Code:) (Expenses \$ 28,850 • including grants of \$ 27,469 •) (Revenue \$
40	(Code:) (Expenses \$ 20,000 including grants of \$ 27,409) (Revenue \$ CHAPTER SCHOLARSHIP ACCOUNTS ("CSA'S") ENABLE INTERESTED ALUMNI OF EACH
	UNDERGRADUATE CHAPTER TO FUND SUCH ACCOUNTS TO PROMOTE AND REWARD
	ACADEMIC ACHIEVEMENT TO THE UNDERGRADUATES BY GIVING SCHOLARSHIPS TO
	RECOGNIZE AND ENCOURAGE OUTSTANDING STUDENTS.
	RECOGNIZE AND ENCOURAGE COIDIANDING DIODENID:
	04 500 00 475
4c	(Code:) (Expenses \$ 84,520 including grants of \$ 80,475 including grants
	THE PRESIDENTS "A"'S FROM EACH UNDERGRADUATE DELTA CHI CHAPTER ATTEND A
	LEADERSHIP AND MANAGEMENT SEMINAR AT A LOCATION IN SOUTHERN INDIANA.
	IT IS THE FRATERNITY'S PREMIER LEADERSHIP AND MANAGEMENT SKILLS
	DEVELOPMENT PROGRAM FOR LEADERS OF THE UNDERGRADUATE CHAPTERS. IT IS
	PROVIDED AT NO COST TO THE UNDERGRADUATE ATTENDEES. THE DELTA CHI
	EDUCATIONAL FOUNDATION ASSISTS IN RAISING MONEY TO FUND THIS IMPORTANT
	EDUCATIONAL SEMINAR.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 262,629.

Form 990 (2014) DELTA CHI EDUCATIONAL FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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, 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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of 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	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "		
ızu	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	4		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			177
	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,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
g	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ц

Form 990 (2014) DELTA CHI EDUCATIO Part 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			
	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or 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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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		X
b	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		Х
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		Х
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) DELTA CHI EDUCATIONAL FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Part V					Ш
	1		1 4		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
	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 re			4.		
20	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		I	1c		
Za		2a	0			
h	filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			20		
32				За	х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			0.0		
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		Х
b	If "Yes," enter the name of the foreign country:		,.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons c	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		='			77
	to file Form 8282?		I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit continuous and the continuous continuous and the continuous con			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are strictly a depart advised funds. Did a depart advised funds points in advised funds.			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			•		
	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:			0.0		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	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	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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		I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	υ		14b		

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 1	4										
	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.											
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	4										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
_	officer, director, trustee, or key employee?	2		Х								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_										
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		х								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X								
6	Did the organization become aware during the year or a significant diversion of the organization sassets?	6	Х									
_	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
1 a	7a	x										
L	more members of the governing body?											
D	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
	persons other than the governing body?	7b		X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х									
a	The governing body?	8a	X	_								
b	Each committee with authority to act on behalf of the governing body?	8b	122	_								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ.								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1,,									
		L.a	Yes	No X								
	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>									
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х									
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		₩.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	in Schedule O how this was done	12c	X									
13	Did the organization have a written whistleblower policy?	13	Х	37								
14	Did the organization have a written document retention and destruction policy?	14		X								
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a	l	X								
b	Other officers or key employees of the organization	15b	Х									
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
	taxable entity during the year?	16a		X								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?	16b										
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ► NY											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	availal	ole									
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request Other (explain in Schedule O)											
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	nd finar	ncial									
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's books and records:											
	JUSTIN SHERMAN - (319) 337-4811											
	314 CHURCH STREET, IOWA CITY, IA 52245											

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

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

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.

X Check this box if neither the organization		orga	aniza			mpe	nsat	I .		
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week	offi				or/trus		from	from related	other
	(list any	or director						the	organizations	compensation
	hours for	or din	gg.			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e e	suadı		(W-2/1099-MISC)		organization and related
	organizations below	lual tr	tional	١.	nploye	st con	_			organizations
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			organization o
(1) JAMES M. MARASCIO	1.00	Ι-	_		Ť	1 0	_			
PRESIDENT		x		x				0.	0.	0.
(2) DONALD L. LA PLANTE	1.00									
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(3) LYLE E. SPRINKLE	1.00									
SECRETARY	0.00	X		Х				0.	0.	0.
(4) ROD ARNOLD	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(5) STEVEN R. MICHELS	1.00									
MEMBER AT LARGE		X						0.	0.	0.
(6) JOHN G. TUNILA	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(7) LEE P. BERLIN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MICHAEL L. CARROLL	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) RATHEEN C. DAMLE	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ROY R. PAYNE JR.	1.00	l								
DIRECTOR		Х						0.	0.	0.
(11) J. DONALD (DON) TURK	1.00	١								
DIRECTOR		Х				_		0.	0.	0.
(12) CHAD M. WOLETT	1.00	ļ ,,								_
DIRECTOR		Х				-		0.	0.	0.
(13) PATRICK F. WEBER	1.00	Ψ,						0.	0.	0.
DIRECTOR	1.00	Х				┢		0.	0.	0.
(14) ROBERT D. HENDERSHOT	0.00	₩.						0.	0.	0.
OIRECTOR (15) JUSTIN SHERMAN	1.00					-		0.	0.	0.
EXECUTIVE DIRECTOR	0.00			x				0.	0.	0.
DARGOTTVE DIRECTOR	1 0.00	\vdash				\vdash				•
		ł								
						+				
		1								

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Par	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	compensated Employe	es (continued)				
	(A)	(B)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)	(E)			(F)	
	Name and title	Average						one	Reportable	Reportable compensation		Estimated		
		hours per						h an	compensation			amount of		
		week (list any	-	CCI ai	10 0	T CCIC	Ji/ ti do	100)	from	from related			other	
		hours for	lirecto				L		the organization	organization (W-2/1099-MI			pensa om the	
		related	e or 0	stee			ısatec		(W-2/1099-MISC)	(***27 1099*10110	30)		anizati	
		organizations	trust	al tru		yee	educ					_	d relate	
		below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			ļ	orga	nizatio	ons
		line)	Indi	Inst	Officer	Key	High	Forr				<u> </u>		
			1											
			_											
			-											
1b	Sub-total							<u> </u>	0.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)		<u></u>					<u> </u>	0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ıose	liste	ed a	bov	e) wł	no re	eceived more than \$100	0,000 of reportab	le			,
	compensation from the organization											—	Yes	No
3	Did the organization list any former officer,	director or tru	ıcto	o ko	w or	mnle	N/00	orl	highest componented o	mployoo on			163	NO
3	-				-	-	-		-		ļ	3		Х
4	line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization													
-	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										4		Х	
5										3				
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										npens	ation f	rom	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B)											(C		
	Name and business	NO	NONE					Description of services			Compensation			
											1			
								_						
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0													

42-6075434 DELTA CHI EDUCATIONAL FOUNDATION Page 9 Form 990 (2014) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Total revenue Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 679,399 15,476. g Noncash contributions included in lines 1a-1f: \$ 679,399 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 64,057. other similar amounts) 64,057. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 92,571. 6 a Gross rents 66,373. **b** Less: rental expenses 26,198. c Rental income or (loss) 26,198, 5,441 20,757. d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 717,406. 1,010,000. assets other than inventory b Less: cost or other basis 705,138. 1,839,731 and sales expenses 12,268. -829,731. c Gain or (loss) -817,463 -817,463. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory

Business Code

24,898

24,898. -22,911. 24,898

24,898.

900099

Miscellaneous Revenue

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

11 a OTHER INCOME

b

-732,649.

5,441

Part IX Statement of Functional Expenses

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

0001	On 50 (c)(5) and 50 (c)(4) organizations must comp				
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
7b,	8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	222,592.	222,592.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	27,469.	27,469.		
3	Grants and other assistance to foreign	,	,		
3					
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		115,033.	11,387.	24,973.	78,673.
7	Other salaries and wages	110,000	±±,507•	22,3,3,	,
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
	Legal	15,702.		15,702.	_
	Accounting	49,485.		49,485.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	4,496.		4,496.	
		-, -, -, -,		-/	
g	·	1,395.		1,395.	
	column (A) amount, list line 11g expenses on Sch O.)	1,393.		1,393.	
12	Advertising and promotion	27 406		F 71F	01 (01
13	Office expenses	27,406.		5,715.	21,691.
14	Information technology	19,930.		1,844.	18,086.
15	Royalties				
16	Occupancy	3,900.	1,050.	2,700.	150.
17	Travel	29,419.		15,476.	13,943.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,981.			8,981.
20		- ,			- ,
21	Payments to affiliates				
	Depreciation, depletion, and amortization	5,187.		5,187.	
22	Inquironos	7,197.		7,197.	
23	Other expanses Itemize expanses not severed	1,1010		1,1010	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	60 004		60 071	^
а	ANNUITY EXPENSE	69,271.	0.	69,271.	0.
b	MISCELLANEOUS	27,357.	131.	10,423.	16,803.
С	DUES AND SUBSCRIPTIONS	1,674.	0.	1,674.	0.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	636,494.	262,629.	215,538.	158,327.
26	Joint costs. Complete this line only if the organization		-	•	<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
1005	, ,,,,,				Form 990 (2014)
43201	0 11-07-14				EOOD 21201 (2014)

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Part X | Balance Sheet

Pai	πλ	Balance Sneet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			569,046.	1	570,463.
	2	Savings and temporary cash investments	433,309.	2	520,294.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)((3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(d	c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	. Complet	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			0.	7	70,000.
ğ	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	793.			
	b	Less: accumulated depreciation		225.	1,105,603.	10c	568.
	11	Investments - publicly traded securities			1,594,398.	11	1,718,471.
	12	Investments - other securities. See Part IV, line		Г		12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			32,052.	14	9,362.
	15	Other assets. See Part IV, line 11			39,957.	15	42,604.
	16	Total assets. Add lines 1 through 15 (must equ	3,774,365.	16	2,931,762.		
	17	Accounts payable and accrued expenses	107,252.	17	17,397.		
	18	Grants payable		18			
	19	Deferred revenue			20,142.	19	0.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	r officers,	directors, trustees,			
≝		key employees, highest compensated employee	es, and di	isqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third pa	arties	760,480.	24	0.
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). (Complete Part X of			
		Schedule D			204,670.	25	224,714.
	26	Total liabilities. Add lines 17 through 25			1,092,544.	26	242,111.
		Organizations that follow SFAS 117 (ASC 958	3), check	here ▶ X and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
anc anc	27	Unrestricted net assets			171,640.	27	7,672.
3ale	28	Temporarily restricted net assets			1,702,303.	28	1,856,822.
Jd E	29				807,878.	29	825,157.
Ē		Organizations that do not follow SFAS 117 (A	SC 958),	check here			
þ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipment	fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			2,681,821.	33	2,689,651.
	34	Total liabilities and net assets/fund balances			3,774,365.	34	2,931,762.

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2		2,9 6,4			
3							
4							
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	72	2,5	83.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	2,68	9,6	51.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				37		
2a	7 1		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			v			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in School	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>		

Form **990** (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DELTA CHI EDUCATIONAL FOUNDATION

Employer identification number 42-6075434

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.					
The	organ	ization is not a private found										
1												
2	一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
_	H	1										
3	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
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	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in				
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X											
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An organization that norma				contributi	ons membershin fees a	nd aross receints from				
·		activities related to its exen	•	•	-		· · · · · · · · · · · · · · · · · · ·					
			-	•				-				
		income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	ired by the organization	arter June 30, 1975.				
40		See section 509(a)(2). (Cor	•				201 1141					
10	Н	An organization organized a	•	*	-			_				
11		An organization organized a	•	•	•		•					
		more publicly supported or	•					Check the box in				
	_	lines 11a through 11d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 11e, 11f, and 11g.					
а			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	a majority (of the dire	ctors or trustees of the s	supporting				
		organization. You must o	omplete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organization(s), by ha	ving				
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported				
		organization(s). You mus			·			•				
С		Type III functionally inte			in connec	tion with.	and functionally integrate	ed with.				
•		its supported organization					• •					
d		Type III non-functionally		•				zation(s)				
u		that is not functionally int	= ::				• • • • • • • • • • • • • • • • • • • •	* *				
		•	-	•	•		•	IVELIESS				
		requirement (see instruct	•	-								
е		☐ Check this box if the orga					ı Type I, Type II, Type III					
	_	functionally integrated, or										
f	Ente	er the number of supported o	organizations									
g		vide the following information		<u> </u>	V:- A I - 4I							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i		(v) Amount of monetary	(vi) Amount of				
		organization		above or IRC section	governing of	document?	support (see Instructions)	other support (see Instructions)				
				(see instructions))	Yes	No	matructions)	instructions)				
Tota	d .											

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.)

Sec	ction A. Public Support		•	•			
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	. ,	,	,	,	,	
	membership fees received. (Do not						
	include any "unusual grants.")	388,674.	351,328.	528,884.	499,024.	679,399.	2447309.
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=4	
4	Total. Add lines 1 through 3	388,674.	351,328.	528,884.	499,024.	679,399.	2447309.
5	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)						2447309.
	Public support. Subtract line 5 from line 4.						244/309.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 0011	(a) 2012	(4) 2012	(a) 2014	(f) Total
	Amounts from line 4	(a) 2010 388,674.	(b) 2011 351,328.	(c) 2012 528,884.	(d) 2013 499,024.	(e) 2014 679, 399.	(f) Total 2447309.
	Gross income from interest,	300,071	331,3201	320,0010	133,0210	0737333	21173034
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	27,028.	29,449.	36,391.	31,028.	83,284.	207,180.
9	Net income from unrelated business			,		727	
•	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.)	12,478.	2,577.	2,182.	125.	24,898.	42,260.
11	Total support. Add lines 7 through 10						2696749.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	_
	organization, check this box and stop						>
	ction C. Computation of Publ		<u> </u>				
	Public support percentage for 2014 (I					14	90.75 %
	Public support percentage from 2013					15	86.31 %
16a	33 1/3% support test - 2014. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the c	•		•		•	
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	ū					*
	and if the organization meets the "fac		•	-	•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	ū				*	
	more, and if the organization meets the				-		,
19	organization meets the "facts-and-circ						
ΙQ	Private foundation. If the organization	n dia not check a	oox on line 13, 16	a, 100, 1/a, or 1/k	ט, כחופכא נחוא box a	ina see instruction	s

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	now, produce com	proto r ure m.,				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		, ,	, ,			,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						_
	ction C. Computation of Publi					1 1	
	Public support percentage for 2014 (li					15	<u>%</u>
	Public support percentage from 2013					16	<u>%</u>
	ction D. Computation of Inves					14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18 22.1/20/ and line:	% 17 is not
198	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2013. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						······· [

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 **p**_{art 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 <code>part VI</code>, 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, loan, 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.)

		Yes	No
Ī		162	NO
	1		
	2		
ı			
	3a		
	3b		
	3с		
	40		
	4a		
ł	4b		
	4c		
	5a		
Ì			
	5b		
ļ	5c		
	6		
	7		
	8		
	9a		
	Эd		
	9b		
	9с		
	10a		
	10b		
n 99	90 or 99	0-EZ)	2014

Pa	rt IV	Supporting Organizations (continued)			
	_	(VIIIIIIV)		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		v, the governing body of a supported organization?	11a		
b		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations			
		Dr. Type i eapperaing enganizatione		Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to		103	140
•		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-				
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4		
_		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		η how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
		·		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion [D. Type III Supporting Organizations			
		·		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year,	(2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
	that th	hese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? Provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	Ŭ
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970. See instr u	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	ly-integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Par	rt V Type III Non-Functionally Integrate	d 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organizations to accompl				
2	Amounts paid to perform activity that directly furthers				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt p				
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval requir	ed)			
6	Other distributions (describe in Part VI). See instruction	ns.			
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to v	vhich t	he organization is responsive	е	
	(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		T	Г	
			(i)	(ii)	(iii)
Secti	tion 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:				
<u>a</u>					
<u>b</u>					
C					
<u>d</u>	From 2013				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to underdistributions of phoryears Applied to 2014 distributable amount				
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2014 from Section D,				
	line 7: \$				
a	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				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2014. Subtract lines	3h			
	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2015. Add lines 3				
	and 4c.				
8	Breakdown of line 7:				
а					
b					
С					
d	Excess from 2013				
_	Excess from 2014				

Schedule A (Form 990 or 990-EZ) 2014

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

Organiza	ation type (check or	1e):
Filers of	:	Section:
Form 990	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990	O-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it mu	ıst answer "No" on l	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	DAVID G. FALCONER 314 CHURCH STREET IOWA CITY, IA 52245	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	H. KEITH HELLEMS		Person X
	314 CHURCH STREET	\$\$23,782.	Payroll Noncash
	IOWA CITY, IA 52245		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
	· · · · · · · · · · · · · · · · · · ·	Total contributions	Type of contribution
3	HOWARD K. GANDELOT 314 CHURCH STREET IOWA CITY, IA 52245	\$ 20,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 JOEL F. PLOTKIN 314 CHURCH STREET IOWA CITY, IA 52245	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ROBERT E. COLE 314 CHURCH STREET IOWA CITY, IA 52245	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(-)	(h)	(-)	(-1)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	STEVEN R. MICHELS		Person X Payroll
		i	. ~,. ~
	314 CHURCH STREET	\$ 25,000.	Noncash (Complete Part II for

DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WIRCO MANUFACTURING LLC 314 CHURCH STREET IOWA CITY, IA 52245	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

inie oi orga	IIIIZALIOII			Employer Identification number					
ELTA (CHI EDUCATIONAL FOUNDA	TION		42-6075434					
art III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	ributions to organizations describe columns (a) through (e) and the follo	d in section 50 owing line entry	1(c)(7), (8), or (10) that total more than \$1,000 for /- For organizations					
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition		or less for the yea	r- (Enter this info. once.)					
) No. rom art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
— -									
		(e) Transfer of gi	ft						
-	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transferee					
) No.									
om art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
— -			_						
	(e) Transfer of gift								
	Transferee's name, address, a	nd 7 IP + 4	Relatio	onship of transferor to transferee					
-	Transfer de C'hanne, adai eest, a		1101011	one in provide the state of the					
-									
) No. rom art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
-									
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transferee					
-									
) No. rom art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
— -									
		(e) Transfer of gi	ft						
	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transferee					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DELTA CHI EDUCATIONAL FOUNDATION

Employer identification number 42-6075434

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds 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 advise	ed 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 a	advisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat include, if applicable, the text of the footnote to the organization.		
	conservation easements.	tion's illiancial statements that describes t	The organization's accounting for
Pa	rt III Organizations Maintaining Collections o	of Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	mn		. .
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		~
а	Revenue included in Form 990, Part VIII, line 1		> \$
h	Assets included in Form 900. Part V		•

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asse	ts (contin	ued)			
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а											
b											
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how they further th	ne organization's ex	empt purpo	ose in Par	t XIII.				
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other simil	ar assets		_				
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's co	ollection?			Yes	No_			
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes" to	o Form 990	, Part IV, I	ine 9, or				
	reported an amount on Form 990, Part	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other assets no	t included		_				
	on Form 990, Part X?					L	Yes	└── No			
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:								
							Amount				
С	Beginning balance				1c						
d	Additions during the year				1d						
е	Distributions during the year				1e						
f	Ending balance				1f						
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	oility?	L	Yes	└─ No			
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes" to Fo								
	_	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y			years back			
1a	·····	755,712.	718,300.	721,306.	1,3	05,351.	1,	269,683.			
b											
С	Net investment earnings, gains, and losses	-21,269.	25,603.	-21,167.	-	29,897.		22,132.			
d	Grants or scholarships										
е	e Other expenditures for facilities										
	and programs				1	54,403.					
f	Administrative expenses	5,250.	5,269.	-	+	9,171.		-23,425.			
g	End of year balance	747,175.	755,712.	· · · · · · · · · · · · · · · · · · ·	. 7	21,306.	1,	352,201.			
2	Provide the estimated percentage of the curre			a)) held as:							
а	Board designated or quasi-endowment	.00	_%								
b		<u>%</u>									
С	Temporarily restricted endowment ▶ 99										
_	The percentages in lines 2a, 2b, and 2c should										
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are held a	nd administered for	the organiz	zation	г				
	by:							Yes No X			
	(i) unrelated organizations						3a(i)	X			
	(ii) related organizations							<u> </u>			
b	If "Yes" to 3a(ii), are the related organizations						3b				
Dai	rt VI Land, Buildings, and Equipm		wment tunds.								
rai	Complete if the organization answered		Dort IV line 11e C	as Form 000 Dort V	line 10						
		<u> </u>	<u> </u>	'	<u> </u>		(-I) D1				
	Description of property	(a) Cost or of basis (investment)	' '	' '	Accumulate epreciation	ea	(d) Book	value			
1a	Land										
d	Equipment			793.	2	25.		568.			
	Other										
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B), line 1	0c.)				568.			

Schedule D (Form 990) 2014 DELTA CHI E	DUCATIONAL	FOUNDATION	42	-6075434	Page 3
Part VII Investments - Other Securities.					
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		/aluation: Cost or end	d-of-year market v	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 990. Part IV.	line 11c. See Form 990.	Part X. line 13.		
(a) Description of investment	(b) Book value	(c) Method of v	/aluation: Cost or end	d-of-year market v	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"	to Form 990. Part IV.	line 11d. See Form 990.	Part X. line 15.		
	Description	,		(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)				
Part X Other Liabilities.	·				
Complete if the organization answered "Yes"	to Form 990 Part IV	line 11e or 11f See Forn	n 990. Part X line 25		
1. (a) Description of liability	12 . 5 555, 1 4.111	(b) Book value	255, 1 2.171, 1110 20		
(1) Federal income taxes			-		

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	GIFT ANNUITY PAYABLE	224,714.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	224,714.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Scriedule D	(1 01111 330	7) 2014		J	O O				`
Part XI	Recond	ciliation	of Revenue	per Audi	ed Financia	al Statements	: With I	Revenue per	Return

	meral per ra					
	Complete if the organization answered "Yes	s" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited	d financial statements			1	813,349.
2	2 Amounts included on line 1 but not on Form 990, F	Part VIII, line 12:				
а	a Net unrealized gains (losses) on investments		2a	-55,348.		
b	b Donated services and use of facilities		2b			
С	c Recoveries of prior year grants		2c			
d	d Other (Describe in Part XIII.)		2d			
е	e Add lines 2a through 2d				2e	-55,348.
3	Subtract line 2e from line 1				3	868,697.
4	Amounts included on Form 990, Part VIII, line 12, b	out not on line 1:				
а	a Investment expenses not included on Form 990, P	art VIII, line 7b	4a	4,496.		
b	b Other (Describe in Part XIII.)		4b	-896,104.		
С	c Add lines 4a and 4b				4c	-891,608.
	Total revenue. Add lines 3 and 4c. (This must equa				5	-22,911.
Pa	art XII Reconciliation of Expenses per A	Audited Financial Stateme	nts W	th Expenses per	Retu	ırn.
	Complete if the organization answered "Yes	s" to Form 990, Part IV, line 12a.				
						600 220

Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b

2c c Other losses 67,332. d Other (Describe in Part XIII.)

67,332. e Add lines 2a through 2d 631,998. 3 Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1:

4,496. a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4,496. c Add lines 4a and 4b 4c 636,494.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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:

THE DELTA CHI EDUCATIONAL FOUNDATION INTENDS TO USE IT'S ENDOWMENT FUNDS FOR ACADEMIC SCHOLARSHIPS.

PART X, LINE 2:

THE FOUNDATION FILES ANNUAL RETURNS IN THE U.S. FEDERAL, INDIANA, AND NEW YORK JURISDICTIONS. CURRENTLY THE PRIOR THREE TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, INDIANA DEPARTMENT OF REVENUE, AND THE NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE. THE FOUNDATION IS NOT CURRENTLY UNDER AUDIT NOR HAS IT BEEN HOWEVER, CONTACTED BY THESE JURISDICTIONS. BASED ON THE EVALUATION OF THE

Schedule D (Form 990) 2014 DELTA CHI EDUCATIONAL FOUNDATION Part XIII Supplemental Information (continued)	42-6075434 Page 5
TAKEN WOULD BE UPHELD UNDER AN EXAMINATION.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	-66,373.
BOOK DIFFERENCE IN SALE OF CHAPTER HOUSE	-723,542.
LOSS ON SALE OF CHAPTER HOUSE	-106,189.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-896,104.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	66,373.
BOOK DIFFERENCE IN DEPRECIATION	959.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	67,332.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **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.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014

Open to Public Inspection

Name of the organization DELTA CHI	EDUCATIO	NAL FOUNDA	TION				Employer identification number $42-6075434$
Part I General Information on Grants a	nd Assistance					<u></u>	
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?					sistance, and the selec	₹
Part II Grants and Other Assistance to	Domestic Organi	zations and Domest	ic Governments. C	Complete if the org	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addi	tional space is need	ded.		_	
(a) Name and address of organization or government	(b) EIN	(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
DELTA CHI FRATERNITY							
P.O. BOX 1817 IOWA CITY, IA 52244	42-0212285		74,901.	0.	NOT APPLICABLE	NOT APPLICABLE	LEADERSHIP CONFERENCE
UPSILON ALUMNI CORP P.O. BOX 145							
STEGER, IL 60475	37-6055868		21,000.	0.	NOT APPLICABLE	NOT APPLICABLE	RESIDENCE REFURBISHING
KNOLL MANAGEMENT 410 EAST UPLAND RD							PROPERTY IMPROVEMENTS ANI
ITHACA, NY 14850	20-5689545		6,553.	0.	NOT APPLICABLE	NOT APPLICABLE	EDUCATIONAL GRANT
MISSISSIPPI STATE BUILDING CORPORATION - P.O. BOX 790 - STARKSVILLE, MS 39760	34-0435674		63,728.	0	NOT APPLICABLE	NOT APPLICABLE	PROPERTY IMPROVEMENTS AND
LOUISIANA TECH DELTA CHI HOUSE CORPORATION - 5723 RIDGEFIELD LANE	01 0100071		33,720.				PROPERTY IMPROVEMENTS AND
- LITTLE ROCK, AR 72223	72-1190334		50,346.	0.	NOT APPLICABLE	NOT APPLICABLE	EDUCATIONAL GRANT
2 Enter total number of section 501(c)(3) a	ınd government or	I ganizations listed in t	he line 1 table				> 0.
3 Enter total number of other organization	e lietad in tha lina :	1 table					5.

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(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			
CHAPTER SCHOLARSHIP & AWARDS	78	27,469.	0.	NOT APPLICABLE	NOT APPLICABLE			
Dest IV Complemental Information Desired the information	and the Double like	- O Port III - a kurus	(h)					
Part IV Supplemental Information. Provide the information req	uired in Part I, iin	e 2, Part III, column	(b), and any other a	idditional information.				
A GRANT IS AWARDED TO DELTA CHI FR	ATERNITY	FOR THEIR	LEADERSHI	P CONFERENCE.				
A REQUEST FOR THE GRANT IS RETAINE	D ALONG	WITH THE S	CHEDULE OF	' EDUCATIONAL				
ACTIVITIES THAT ARE PART OF THE LE	ADERSHIP	CONFERENC	E.					
SCHOLARSHIP AWARDS PROVIDED TO IND	IVIDUALS	ARE BASED	UPON SCHO	LARSHIP				
REQUESTS. THE REQUEST MUST DEMONST	RATE THE	INDIVIDUA	L'S ACCOMP	PLISHMENTS OR				
ENDEAVORS TO SUPPORT AWARDING A SC	HOLARSHI	P						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Attach to Form 990 or 990-EZ.

2014 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

DELTA CHI EDUCATIONAL FOUNDATION

Employer identification number 42-6075434

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

OTHER EDUCATIONAL SUPPORT TO THE UNDERGRADUATE MEMBERS AND CHAPTERS OF

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

THE DELTA CHI FRATERNITY.

DELTA CHI'S WHO HAVE MADE A CONTRIBUTION OF MONEY OR PERSONAL PROPERTY

TOTALING \$200 OR MORE IN A CALENDAR YEAR BECOME VOTING MEMBERS OF THE DELTA

CHI EDUCATIONAL FOUNDATION. MEMBERS OF THE DCEF BOARD OF DIRECTORS MUST

MAINTAIN A YEARLY CONTRIBUTION LEVEL OF \$1,000 WHILE THEY SERVE ON THE

BOARD. THE BOARD OF DIRECTORS ELECTS IT'S OFFICERS AND MEMBERS OF ITS

EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ARE ENTITLED TO BE ABLE TO CAST VOTES IN ELECTING MEMBERS OF THE

BOARD OF DIRECTORS. DCEF MEMBERS WITH VOTING RIGHTS MAY VOTE IN PERSON, BY

MAIL, OR BY PROXY EXECUTED IN WRITING.

FORM 990, PART VI, SECTION B, LINE 11:

THE GOVERNING BOARD RECEIVES A DRAFT COPY OF THE INFORMATION RETURN

ELECTRONICALLY FOR THEIR REVIEW. THE TREASURER COORDINATES THE APPROVAL OF

THE GOVERNING BOARD. AFTER APPROVAL IS RECEIVED, THE INFORMATION RETURN IS

SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE DCEF BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE SITUATIONS

THAT COME TO THEIR ATTENTION WHEREBY THEY MAY HAVE A CONFLICT OF INTEREST.

Name of the organization **Employer identification number** DELTA CHI EDUCATIONAL FOUNDATION 42-6075434 EMPLOYEES OF DELTA CHI EDUCATIONAL FOUNDATION (DCEF) ARE REQUIRED TO DISCLOSE BUSINESS SITUATIONS THAT WOULD BE IN CONFLICT WITH THE INTERESTS ALL EMPLOYEES MUST DISCLOSE ALL PERSONAL OR PROFESSIONAL OF DCEF. INVOLVEMENT WITH ANY OTHER FRATERNAL ORGANIZATION BEFORE ACCEPTING AT THAT TIME IT WILL BE DETERMINED BY THE DCEF BOARD EMPLOYMENT WITH DCEF. OF DIRECTORS IF SAID INVOLVEMENT WOULD CREATE A CONFLICT OF INTEREST. VIOLATION OF THIS POLICY MAY RESULT IN DISCIPLINARY ACTION, INCLUDING TERMINATION OF EMPLOYMENT. FORM 990, PART VI, SECTION B, LINE 15B: DCEF DOES NOT PAY COMPENSATION TO THE MEMBERS OF THE BOARD OF DIRECTORS. THE ORGANIZATION DOES NOT HAVE A CEO. THE TWO EMPLOYEES ARE KEY EMPLOYEES. THEIR COMPENSATION IS DETERMINED AND APPROVED BY THE INDEPENDENT BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE NOT REQUIRED DISCLOSURES PURSUANT TO IRC SEC 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: BOOK DEPRECIATION IN EXCESS OF TAX DEPRECIATION -959.TAX LOSS IN EXCESS OF BOOK LOSS FROM SALES OF OTHER ASSETS 723,542. TOTAL TO FORM 990, PART XI, LINE 9 722,583. FORM 990, PART XII, LINE 2C: THE PROCESSES DID NOT CHANGE DURING THE TAX YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2014 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

DELTA CHI EDUCATIONAL FOUNDATION

 $\begin{array}{c} \text{Employer identification number} \\ 42-6075434 \end{array}$

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CEF CORNELL LLC					
.O. BOX 383					
OLUMBUS, IN 47202	REAL ESTATE	INDIANA	92,571.	363,115.	N/A

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	
				501(c)(3))		Yes	No
DELTA CHI FRATERNITY - 42-0212285							
P.O. BOX 1817							
IOWA CITY, IA 52244-1817	FRATERNITY	IOWA	501(C)(7)	N/A	N/A		X

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

Schedule R (Form 990) 2014

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

Grantzations treated as a partitioning title tax year.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		ng Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin partner?	Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>	
	1											
											 	
	1											
	-											
	1											
									1			

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) ction (b)(13) trolled tity?
								100	

Page 3

Yes No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
_	•						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related orga				11		Х
	Performance of services or membership or fundraising solicitations by related orga				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a-s)					
1)]	DELTA CHI FRATERNITY	В	74,901.	COST			
2)							
3)							
4)							
5)							
6)							
3216	3 08-14-14			Schedule I	R (Forn	n 990)	2014

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	o
	1											
	1											
	1											
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Form	990-T	E	Exempt Organization Bu	sine	ss Income Ta	ax Return	· ⊢	OMB No. 1545-0687
			(and proxy tax un		0015			
		For ca	lendar year 2014 or other tax year beginning		, and ending			2014
Depart	ment of the Treasury		▶ Information about Form 990-T and its instr				Ļ	
Interna	Revenue Service	•	Do not enter SSN numbers on this form as it m					Open to Public Inspection for 501(c)(3) Organizations Only
A L	Check box if address changed		Name of organization (Lagrand Check box if name	changed	and see instructions.)		(Emplo	oyer identification number oyees' trust, see ctions.)
B Ex	empt under section	Print	DELTA CHI EDUCATIONAL	FOU	NDATION		4	2-6075434
X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. b	ox, see in	structions.			ated business activity codes
	408(e) 220(e)	Туре	314 CHURCH STREET				(,
	408A 530(a) 529(a)		City or town, state or province, country, and ZIP IOWA CITY, IA 52245	or foreigr	n postal code		531:	110
C Boo	k value of all assets	F Grou	p exemption number (See instructions.)					
2,	931,762.	G Chec	k organization type X 501(c) corporati	ion	501(c) trust	401(a) trust		Other trust
H Des	scribe the organizatio	n's prim	ary unrelated business activity. UNRELA	TED 1	DEBT FINANCE	D INCOME		
			poration a subsidiary in an affiliated group or a par				Ye	s X No
			tifying number of the parent corporation.					
J The	books are in care of	• •	JUSTIN SHERMAN		Telephor	ne number 🕨 (319) 337-4811
Par	t I Unrelate	d Trad	de or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sale	es						
b	Less returns and allo	wances	c Balance ▶	1c				
2	Cost of goods sold (S	Schedule	e A, line 7)	2				
	Gross profit. Subtrac							
			h Schedule D)					
			Part II, line 17) (attach Form 4797)					
			sts					
			ips and S corporations (attach statement)					
	Rent income (Schedu				40.00	4.0 -		
			me (Schedule E)		19,227.	13,7	86.	5,441.
		-	and rents from controlled organizations (Sch. F)					
			on 501(c)(7), (9), or (17) organization (Schedule (
			ome (Schedule I)					
11 .	Advertising income (Schedul	e J)	11				
			ns; attach schedule)		19,227.	13,7	06	5,441.
13 Par			gh 12ot Taken Elsewhere (See instructions			13,7	00.	5,441.
Fai			utions, deductions must be directly connect			income.)		
14	<u> </u>		rectors, and trustees (Schedule K)				14	
15							15	
16							16	
17							17	
18							18	
19							19	
20	Charitable contribut	ions (Se	e instructions for limitation rules)				20	
21	Depreciation (attach	Form 4	562)		21	259.		
22			n Schedule A and elsewhere on return				22b	259.
23	Depletion						23	
24	Contributions to def	ferred co	mpensation plans				24	
25							25	
26	Excess exempt expe	enses (S	chedule I)				26	
27	Excess readership of	osts (Sc	hedule J)				27	
28	Other deductions (a	ttach scl	nedule)		SEE STATE	MENT 2	28	9,520.
29	Total deductions	. Add lir	ies 14 through 28				29	9,779.
30			ncome before net operating loss deduction. Subtr				30	-4,338.
31			n (limited to the amount on line 30)				31	4 222
32			ncome before specific deduction. Subtract line 31				32	-4,338.
33			y \$1,000, but see line 33 instructions for exception				33	
34	Unrelated business	taxable	income. Subtract line 33 from line 32. If line 33 i	s greater t	tnan line 32, enter the sma	lier of zero or	_	1 220

35 Organizations Taxable as Corporations. See instructions for fax occumputation. Controlled group members (scalino 1561 and 1563) check here ▶ See instructions and: a First your share of the \$50,000, \$25,000 and \$9,050,000 taxable income brackets (in that order): (1)			ax Computation									_		
a faith your share of the \$0,000, \$20,000 and \$9,920,000 backle moone brackets (in that order): (1)	35	Orgar	izations Taxable as Corpora	t ions. See inst	ructions for tax co	mputati	on.							
the first organization is share of (1) Additional 5% tax (not more than \$11,000) (2) Additional 3% tax (not more than \$100,000) (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (4) Income tax on the amount on line 34 income. (4) Income tax on the amount on line 34 income. (5) Income tax on the amount on line 34 income. (6) Income tax on the amount on line 34 income. (7) Income tax on the amount on line 34 income. (8) Income tax on the amount on line 34 income. (8) Income tax on the amount on line 34 income. (9) Income tax on the amount on line 34 income. (9) Income tax on the amount on line 34 income. (9) Income tax on the amount on line 34 income. (9) Income tax on the amount on line 34 income. (9) Income tax on the amount on line 34 income. (1) Income tax on the amount on line 34 income. (1) Income tax on the amount on line 34 income. (1) Income tax on the amount on line 34 income. (1) Income tax on the amount on line 34 income. (2) Income tax on the amount on line 34 income. (3) Income tax on the amount on line 34 income. (4) Income tax on the amount on line 34 income. (4) Income tax on the amount on line 34 income. (4) Income tax on the amount on line 34 income. (4) Income tax on the amount on line 34 income. (4) Income tax on the amount on line 34 income. (4) Income tax on the amount on line 34 income. (4) Income tax on the amount on line 34 income. (5) Income tax on the amount on line 34 income. (6)		Contr	olled group members (section	s 1561 and 15	63) check here	▶ □	See instruction	ns and	i:					
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(2) Additional 3% its x (not more than \$100,000)							• •			Ī				
c income tax on the amount on time 34 Strests Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) Sab S														
Trists Taxable at Trists Rates. See instructions for tax computation, Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) See										<u>_</u>	35c			0.
Tax rate schedule or											000			
37 Proxy tax. See instructions 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 71 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 80 O. 81 Total Add lines 37 and 38 to line 35c or 36, whichever applies 82 O. 83 O. 83 O. 840 Foreign tax credit (corporations attach Form 1116; trusts attach Form 1116) 840 Local Cedents on Instructions) 840 Foreign tax credit (corporations attach Form 3800 O. 840 Cedents on Instructions) 840 Local Cedents on Instructions O. 841 Subtract line 40e from line 39 842 Other taxes. Check if from: □ Form 425S □ Form 8611 □ Form 8687 □ Form 8686 □ Other taxes schedule 841 Total tax, Add lines 41 and 42 842 Local Cedents on Instructions O. 843 Total tax, Add lines 41 and 42 844 Payments. A 2013 overpayment credited to 2014 844 Payments. A 2013 overpayment credited to 2014 844 Payments. A 2013 overpayment credited to 2014 845 Foreign appraisations: Tax and or withheld at source (see instructions) 846 Foreign organizations: Tax and or withheld at source (see instructions) 947 Credit for small employer health linesurance premiums (Attach Form 8941) 948 Chereign organizations: Tax and or withheld at local Cedents of the Add	30				•						26			
38	27													
Total Add lines 37 and 38 to line 35co 78, whichever applies														
## 40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ## 40a ## 40b ## 40c #	30	Aiterri	auve minimum tax								30	-		_
40a Foreign tax cradit (corporations attach Form 1118; trusts attach Form 1116)	39	lotai.	Add lines 37 and 38 to line 3	oc or 36, which	never applies						39			0.
b Other credits (see instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 9827) e Total credits. Add lines 40a through 40d d 1 Subtract line 40e from line 39 d 20 Other taxes. Check if from or Total and 40 lines 40a through 40d d 2												_		
c General business credit. Attach Form 8801 or 8827) d Credit for prior year minimum tax (attach Form 8801 or 8827) d Credit for prior year minimum tax (attach Form 8801 or 8827) d Total tax. Add lines 40 through 403 d 1 Subtract line 40 for form line 39 d Other taxesc. Check if from Form 4255														
d Credit for prior year minimum tax (attach Form 8801 or 8827) 1 Total credits. Add lines 40 through 40d 41 Subtract line 40e from line 39 42 Other taxes. Check if from:														
e Total credits. Add lines 40a through 40d 41 Subbract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8696 Other (antach schedule) 43 Total tax. Add lines 41 and 42 44 a Payments. Agd 3 weapyment credited to 2014 44 a Payments. Agd 3 weapyment credited to 2014 44 b 2014 estimated tax payments c Tax deposited with form 8686 6 Foreign organizations: Tax paid or withheld at source (see instructions) 6 Eackup withholding (see instructions) 7 Credit for small employee health insurance premiums (Altach Form 8941) 9 Other credits and payments. 1 Form 4136 Other health insurance premiums (Altach Form 8941) 9 Other credits and payments. 1 Form 4136 Other health insurance premiums (Altach Form 8941) 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check If Form 2220 is attached														
41 Subtract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (entach schedule) 43 Totat tax. Add lines 41 and 42 44 Payments. A 2013 overpayment credited to 2014 45 2014 Setsimated tax payments 5 Tax deposited with Form 8868 6 Foreign organizations: Tax paid or withheld at source (see instructions) 440 440 440 440 440 440 440 440 440 44														
42 Other taxes. Check if from:	е	Total	credits. Add lines 40a throug	n 40d							40e			
42 Other taxes. Check if from:	41	Subtra	act line 40e from line 39								41			0.
44 à Payments: A 2013 overpayment credited to 2014 b 2014 estimated tax payments c Tax deposited with Form 8688 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:	42	Other	taxes. Check if from: Fo	rm 4255 📖	Form 8611	Form	3697 🔲 Forr	m 886	66 🔲 C)ther (attach schedu	le) 42			
44 Payments: A 2013 overpayment credited to 2014 b 2014 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 4136	43	Total	tax. Add lines 41 and 42								43			0.
Description of the property o	44 a	Paym												
d Foreign organizations: Tax paid or withheld at source (see instructions) d Foreign organizations: Tax paid or withheld at source (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 4136														
e Backup withholding (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 form 1436 form 1946 form 1946 form 1947 form 1949 form 1436 form 1949 form 1436 form 1949 form 1436 form 1949 form 1436 form 1949 form 1436 form 1949 form 1436 form 1949 form 1449 form 1949 form 1449 form 1949 form 1449									44c					
e Backup withholding (see instructions) f Oredit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 4136 Other Total 449 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 49 Enter the amount of line 48y ouwant. Credited to 2015 estimated tax Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FincEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Part V 2 During the tax year, did the organization needed a distribution form, or was in the granter of, or transferrer to, a foreign trust? If YES, enter the name of the foreign country here Part Y Schedule A - Cost of Goods Sold. Enter method of inventory valuation Part Part Part Part Part Part Part Part														
Credit for small employer health insurance premiums (Attach Form 8941) 441														
Gother credits and payments:														
Form 4136														
46 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶	9	$\overline{}$		<u></u>	1ther				440					
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 47	45								ן פרד					
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2015 estimated tax Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ 2 During the tax year, did the organization review a distribution from, or was it the grantor of, or transferor to, a toreign trust? 2 If YES, see instructions for other forms the organization from, or was it the grantor of, or transferor to, a toreign trust? 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 1 Inventory at beginning of year 1 6 Inventory at end of year 2 Purchases 2 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 4a Additional section 253A costs (att. schedule) 4b property produced or acquired for resale) apply to the organization? 5 Total. Add lines 1 through 4b 5 Date Preparer (other than taxpayer) is based on all information of which level and statements, and to the best of my knowledge and belief, it is true. 4 Print/Type preparer's name Preparer (other than taxpayer) is based on all information of which level has any knowledge. 4 Print/Type preparer's name Preparer (other than taxpayer) is based on all information of which level has any factor has any knowledge and belief, it is true. 5 If the costs (attach schedule) Print Property Produced or acquired for resale) apply to the organization of preparer (other than taxpayer) is based on all informat	40	- Total - Cotim	p ayments. Add illes 44a tille stad tay papalty (ean instruction	ugii 44y ane) Chack if [Form 2220 is attac	ahod -					40			
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want. Credited to 2015 estimated tax ▶ Refunded ▶ 49 Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ 2 During the tax year, did the organization from, or was it the grantor of, or transferor to, a foreign trust? 2 Purchases Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 1 Inventory at beginning of year 1 6 Inventory at end of year 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 form line 5. Enter here and in Part I, line 2 7 4a Additional section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Sign Here Paid Preparer Signature														Λ
Part V Statements Regarding Certain Activities and Other Information (see instructions) 1												-		
Part V Statements Regarding Certain Activities and Other Information (see instructions) 1												-		<u> </u>
1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Part of the caparization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 2 During the tax year of the corganization receive and estimation from the results of router forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 1 Inventory at beginning of year 1								atio	n (coo ir		49			
securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it The grantor of, or transferor to, a foreign trust? Tyes, see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions for other forms the organization may have to file The see instructions of other forms the organization may have to file The see instructions of the foreign country here The see instruction of the see instructions of the see instructions of the see instructions of the see instructions of the property produced or acquired for resale) apply to the organization? The self- employed or the self- employed property produced or acquired for resale) and the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. The self- employed produced or acquired for property produced or acquired for resale) apply to the organization? The Assurer print the preparer has any knowledge. The print type preparer's name preparer's signature print the preparer has any knowledge. The print type preparer's name produced or accurate the property produced or accurate the preparer has any knowledge. The print type preparer's name property produced or accurate the preparer has any knowle			<u>-</u>									/h l -	V	N
Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it The grantor of, or transferor to, a foreign trust?		-	-				-			-		•	Yes	NO
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X See instructions for other forms the organization may have to file.												icial		37
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 1 Inventory at beginning of year 1 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 7 Cost of goods sold. Subtract line 6 6 From line 5. Enter here and in Part I, line 2 7 4a Additional section 263A costs (att. schedule) 4 4 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 5 Total. Add lines 1 through 4b 5 the organization? Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name YVONNE B. DE CALONNE Print/Type preparer's name YVONNE B. DE CALONNE Firm's name ▶ VONLEHMAN & COMPANY INC. Firm's name ▶ VONLEHMAN & COMPANY INC. Firm's EIN ▶ 31-0905417	ACCC 2 Durin	unts.	If YES, enter the name of the	oreign country	y here ► om or was it the gran	ntor of or t	ransteror to a tore	ian trus	st?					
Schedule A - Cost of Goods Sold. Enter method of inventory valuation Inventory at beginning of year														X
1 Inventory at beginning of year 1 6 Inventory at end of year 6 7 Cost of goods sold. Subtract line 6 7 Cost of goods sold. Subtract line 6 7 7 8 8 Do the rules of sold sold lines 1 the prepared to the cos								- / -						
2 Purchases 2 7 Cost of goods sold. Subtract line 6 3 Cost of labor 3					ethod of invent									
3 Cost of labor	1 Inve	ntory	at beginning of year								6			
4 a Additional section 263A costs (att. schedule) b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 5 Total and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer Use Only Prim's name VONLEHMAN & COMPANY INC. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? TREASURER Title Primt/Type preparer's name Preparer's signature Primt's name VONLEHMAN & COMPANY INC. Primt's name VONLEHMAN & COMPANY INC. Primt's EIN 1 Date Primt's EIN 1 Date Primt's EIN 2 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 3 Date Primt's EIN 4 Date Primt's EI						7 C	ost of goods so	Id . Su	ıbtract line	: 6				
b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Total. Add lines 1 through 4b	3 Cost	of lab	or	3		fr	om line 5. Enter	here	and in Par	t I, line 2	7			
TREASURER Signature of officer Print/Type preparer's name Preparer Use Only Total. Add lines 1 through 4b Signature of officer Print/Type preparer's name Preparer Use Only Total. Add lines 1 through 4b Signature of officer TREASURER Title TREASURER Title TREASURER Title TREASURER Title TREASURER Title TREASURER Title Print/Type preparer's name YVONNE B. DE CALONNE CALONNE Firm's name VONLEHMAN & COMPANY INC. Saction Saction Firm's EIN Saction Sa	4a Addit	ional s	ection 263A costs (att. schedule)	4a		8 D	o the rules of se	ection	263A (wit	h respect to			Yes	No
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. TREASURER Title TREASURER Title Print/Type preparer's name YVONNE B. DE CALONNE CALONNE Firm's name VONLEHMAN & COMPANY INC. Firm's slin 8250 WOODFIELD CROSSING BLVD. SUITE 3	b Othe	r cost	s (attach schedule)	4b		рі	operty produce	d or a	cquired fo	or resale) apply to				
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. TREASURER	5 Tota													
Here TREASURER May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Print/Type preparer's name Preparer's signature Date Check if self- employed PTIN		Un	der penalties of perjury, I declare the	at I have examine	ed this return, includi	ng accom	panying schedules	and s	tatements, a	and to the best of my	knowledge	and belief, it is	true,	
Paid Preparer Use Only Primt/Type preparer's name	_	100	rect, and complete. Declaration of p	reparer (other th	an taxpayer) is baset	on an ini	ormation of which p	prepare	or mas arry k	nowledge.	May the I	RS discuss thi	s return v	with
Print/Type preparer's name YVONNE B. DE YVONNE B. DE CALONNE CALONNE Firm's name VONLEHMAN & COMPANY INC. 8250 WOODFIELD CROSSING BLVD. SUITE 3 Preparer's signature Obate Self- employed PO163431 P0163431 P0163431 P188 P188 P188 P188 P188 P188 P188 P1	Here		•				TREAS	SUR	ER					
Paid Preparer Use Only YVONNE B. DE YVONNE B. DE 05/01/15 CALONNE 05/01/15 Firm's name ► VONLEHMAN & COMPANY INC. Firm's EIN ► 31-0905417		▮▮	Signature of officer		Date		Title				instruction	ns)? X Y	es 🗀	No
Paid Preparer Use Only YVONNE B. DE YVONNE B. DE 05/01/15 CALONNE 05/01/15 P00163431 Firm's name ►VONLEHMAN & COMPANY INC. Firm's EIN ► 31-0905417			Print/Type preparer's name		Preparer's sign	ature		Dat	е	Check	if PT	IN		
Preparer Use Only CALONNE CALONNE CALONNE CALONNE CALONNE O5/01/15 P00163431 Firm's name ► VONLEHMAN & COMPANY INC. 8250 WOODFIELD CROSSING BLVD. SUITE 3	Daid						Œ			self- employ	ed			
Use Only Firm's name ► VONLEHMAN & COMPANY INC. Firm's EIN ► 31-0905417 8250 WOODFIELD CROSSING BLVD. SUITE 3								05	/01/1			00163	431	
8250 WOODFIELD CROSSING BLVD. SUITE 3	•	ei		HMAN &		INC	! •	1	, -					7
	use O	nıy						·	SUITE					
											(317	7) 469	-01	69

_	C - Rent Incom	e (From Real	Propei	rty and	Personal	Proper	ty Lease	ed With Real P	rope	erty)(see ilistructions)
1. Description o	of property									
(1)										
(2)										
(3)										
(4)		2. Rent receiv	red or accrue	ed						
(a) Fr	rom personal property (if the ent for personal property is n	percentage of nore than	(b) F	rom real ar	nd personal proper ersonal property ex	ceeds 50%	centage or if	3(a) Deductions dire columns 2(a	ctly cor i) and 2(nnected with the income in (b) (attach schedule)
(4)	10% but not more than 5	90%)		the ren	t is based on profit	or income)				
(1)										
(3)										
(4)										
Total		0.	Total				0.			
	me. Add totals of colum						0.	(b) Total deductions Enter here and on page		0.
	age 1, Part I, line 6, colu E - Unrelated D		Incom	1 A (coo i	inetructions)		<u> </u>	Part I, line 6, column (B)	🖊	<u> </u>
ochedule	L - Officiated D	ebt-i illancet	1110011	ic (see				3. Deductions directly	connect	ted with or allocable
					2. Gross in or allocable		(-)	to debt-fin		property
	1. Description of deb	t-financed property			financed		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
							S	CATEMENT 4	S	STATEMENT 5
(1) CORNI	ELL HOUSE				9	2,571	L.	27,99	1.	38,382.
(2)										
(3)										
(4)										
debt on or a prope	nt of average acquisition allocable to debt-financed rty (attach schedule) FEMENT 6	of or	e adjusted ba allocable to anced proper hischedule)	rtv	6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	380,240		,831,		2	20.77%	<u>/</u> a	19,22	7.	13,786.
(2)	300,210	-	, , , ,			9	_	13,22		2377000
(3)						9/	_			
(4)						9/	6			
		•						nter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals								19,22	7.	13,786.
	ds-received deductions									0.
	F - Interest, An		ties, ar	nd Rer	ts From C	ontrolle	d Orga	nizations (see ir	nstruc	tions)
				Exemp	t Controlled C	Organizatio	ons			
1. Name	e of controlled organization	Employer id num	entification		3. nrelated income see instructions)		4. of specified lents made	5. Part of column 4 included in the contorganization's gross	trolling	connected with income
(1)										
(2)										
(3)										
(4)										
Nonexempt (Controlled Organizati	ons								
7 . Tax	able Income	 Net unrelated incon (see instructions) 		9 . To	tal of specified pay made	rments	in the con	column 9 that is included trolling organization's ross income		Deductions directly connected with income in column 10
(1)										
(2)										
(3)										
_(4)										
							Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Ent	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).
Totals								0.		0.
	<u> </u>				<u></u>					

Schedule G - Investm (see ins	ent In		Section (501(c)(7	'), (9), or (17) O	rganiza	tion			
1 . De	scription o	f income			2. Amount of income	directly	ductions connected schedule)		Set-asides ach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										, , , ,
(2)										
(3)										
(4)								+		
(4)					Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1, Part I, line 9, column (B).
Totals					0.					0.
Schedule I - Exploited (see inst	d Exer	npt Activity				ing Inc	ome			-
	\top	<u>, </u>			4. Net income (loss)					T -
1. Description of exploited activity	i	2. Gross elated business ncome from de or business	3. Experdirectly conwith produof unrelables business in	inected uction ited	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from ac	ss income tivity that unrelated as income		Expenses tributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)								1		
(3)										
(4)										
(+)	р	er here and on age 1, Part I, le 10, col. (A).	Enter here a page 1, F line 10, co	art I,						Enter here and on page 1, Part II, line 26.
Totals	otals • 0.									0.
Schedule J - Advertis	sing In	come (see i	nstructions							
					solidated Basis					
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		irculation ncome	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2) (3)										
(3)										
(4)										
, · · ·										
Totals (carry to Part II, line (5))			0.	0						0.
Part II Income From columns 2 through	Perio			a Sepa	irate Basis (For	each peri	odical liste	d in Pa	ırt II, fill in	
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		irculation ncome	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)					1			İ		
(3)										
(4)										
Totals from Part I	_		0.	0						0.
Totals Holli's art		Enter here and o page 1, Part I, line 11, col. (A)	on Enter h page . line 1	ere and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	<u></u> nsatio		0 . rs. Direct	ors. an		instruction	ons)			0.
·	Name		,	<u> </u>	2. Title		3. Perce time devo	ted to		ensation attributable elated business
				1			busine			
(1)				-			1	%		
(2)				1			1	%		
(3)							1	%		
(4)								%		
Total. Enter here and on page 1,	, Part II, I	ine 14						▶		0.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

Employer identification number

42-6075434

DELTA CHI EDUCATIONAL FOUNDATION Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) to enter on the lines below. (e) Cost (d) (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on the lines below. (d) (e) Cost (or other basis) (h) Gain or (loss). Subtract column (e) from column (d) and ombine the result with column (g) (**g**) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) Proceeds (sales price) This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However. if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 209,777. 380,325 -170,548. Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 **14** Capital gain distributions 14 -170,54815 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III | Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 0.

Note. If losses exceed gains, see Capital losses in the instructions.

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) (2014)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification no.

DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or

	codes are required. Enter the							
Yo l	u must check Box D, E, or F below. but have more long-term transactions than wil (D) Long-term transactions rep	II fit on this page for or	ne or more of the boxe	s, complete as many for	ms with the same box c	hecked as yo	u need.	or each applicable box.
	(E) Long-term transactions rep		-	-	· ·		,	
2	(F) Long-term transactions no		•	-				
1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If yo in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	Gain or (loss). Subtract column (e) from column (d) &
			(wo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
	ALE OF CHAPTER							
	OUSE - DEBT							1 - 2 - 1 - 1
F.	INANCED PROPERTY	VARIOUS	05/22/14	209,777.	380,325.			<170,548.
								_
								_
								_
								_
								_
		-						
		 						
		 						
2	Totals. Add the amounts in colu	Imns (d) (e) (d) :	and (h) (subtract					
_	negative amounts). Enter each t							
	Schedule D, line 8b (if Box D ab		-					
	above is checked), or line 10 (if			209,777.	380,325.			<170,548.>
	above is officency, of title 10 (II	DOVI SPONE 12 (oriconcu)	,	1 2 2 2 7 2 2 3 4		L	

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

RENT

1

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates Name(s) shown on return

Identifying number

DEI	LΤΑ	CHI	EDUCAT:	ONAL	FOUNDATI	ON	COF	RNEL	L H	OUS	SE			42-6075434
Pai	rt I	Election	To Expense Cer	tain Prope	rty Under Section 1	79 Note: If yo	ou have any lis	sted pr	operty	ı, con	nplete Part	V bef	ore y	ou complete Part I.
1 1	/laximu	ım amoı	unt (see instru	ctions)								[1	500,000.
2 T	otal co	ost of se	ection 179 pro	perty plac	ed in service (see	instructions	s)					[2	
3 T	hresho	old cost	of section 179	property	before reduction	in limitation						L	3	2,000,000.
4 F	Reduct	ion in lin	nitation. Subtr	act line 3	from line 2. If zero	or less, ent	er -0-					<u>L</u>	4	
5 D	ollar limi	tation for t	ax year. Subtract li	ne 4 from line	e 1. If zero or less, enter	-0 If married fi	ling separately, se	e instruc	tions				5	
6			(a) Des	cription of pr	roperty		(b) Cost (busin	ness use	only)		(c) Elected	cost		
									1					
			. Enter the am						7					
					erty. Add amounts								8	
					of line 5 or line 8								9	
					n line 13 of your 2								10	
					smaller of busines								11	
					ines 9 and 10, bu					<u> </u>			12	
					2015. Add lines 9			<u></u> ▶	13					
Pai					or listed property.						`			
					ance and Other D	-	•				-			
		•	iation allowand	ce for qua	alified property (ot	her than liste	ed property) p	laced i	n servi	ice di	uring			
	he tax												14	
					ection							├	15	26,868.
	rt III	_	tion (including		ot include listed p								16	20,000.
I a	C III	WACE	13 Depreciati	חו טם) ווט	ot include listed p		ection A	.)						
	44 CDC	· doduo	tions for socot	a placed	in service in tax y			1					17	
												i.		
10	you are	electing to			vice during the tax year Placed in Services							ation	Syst	em
				Addete	(b) Month and	(c) Basis fo	or depreciation		Recover					
		(a) Classifi	ication of property		year placed in service		nvestment use e instructions)	(4)	period	, ((e) Convention	(f) Me	thod	(g) Depreciation deduction
19a	3-ve	ear prop	ertv					1						
<u>b</u>		ear prop	•											
		ear prop	•											
d		year pro	•		_			1						
e		year pro	•					1						
f		year pro	<u> </u>											
g		year pro						2	5 yrs.			S	/L	
		<u> </u>			/			1	.5 yrs.	.	MM	S	/L	
h	Res	sidential	rental propert	У	/			1	.5 yrs.		MM	S	/L	
					/			3	9 yrs.		MM	S	/L	
i	Nor	nresiden	ntial real prope	rty	/				-		MM	S	/L	
			Section C -	Assets I	Placed in Service	During 201	4 Tax Year U	lsing tl	ne Alte	ernat	ive Deprec	iatio	n Sys	stem
20a	Cla	ss life										S	/L	
b	12-	year						1	2 yrs.			S	/L	
С	40-	year			/			4	0 yrs.		MM	S	/L	
Pai	rt IV	Sumn	nary (See instr	uctions.)										
21 L	isted p	oroperty	. Enter amour	t from line	e 28							[21	
22 1	otal. A	Add amo	ounts from line	12, lines	14 through 17, lin	nes 19 and 2	0 in column (ຢູ	g), and	line 21	1.				
E	nter h	ere and	on the approp	riate lines	s of your return. P	artnerships a	and S corpora	ations -	see in	nstr			22	26,868.
23 F	or ass	ets shov	wn above and	placed in	service during th	e current yea	ar, enter the							
	ortion	of the b	asis attributat	ole to sec	tion 263A costs				23					

Part V Lis

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A	- Depreciati	on and Other	Informa	ation (Ca	ution: S	See the i	instruc	tions for l	mits for p	oasseng	er autor	nobiles.)		
248	Do you have evidence to s	support the bu	siness/investm	ent use cl	aimed?	Y	es	No	24b If "Y	es," is th	e evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(a) e of property vehicles first) (b) Date placed in service use percenta		t "	(d) Cost or ther basis		Basis for depreciation (business/investment use only)		(f) Recovery period	Met	(g) Method/ Convention		(h) Depreciation deduction		(i) cted on 179 ost
25	Special depreciation allo	property	y placed i	n servi	ce durin	g the ta	ax year ar	nd							
	used more than 50% in	a qualified b	usiness use .		· · ·						25				
26	Property used more that										•				
		: :		%											
		1 1		%											
		: :		%											
27	Property used 50% or le	ess in a qual	ified business	use:											
		1 1		%						S/L -					
		: :		%						S/L -					
		: :		%						S/L -					
	Add amounts in column														
<u>29</u>	Add amounts in column	ı (i), line 26. E											. 29		
					B - Inforr										
	mplete this section for ve														3
to y	our employees, first ans	wer the ques	stions in Secti	ion C to	see if you	meet a	an excep	otion to	complet	ing this s	ection f	or those	vehicles	3.	
				1 .							n	,			<u> </u>
	Total husings /investment	milaa driwan d	uring the	1	(a)	(b) Vehicle		١ ,,	(c)	\ (c		1	e)	(f)	
30	Total business/investment			Ve	hicle	vei	licie	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Vehicle		icle	Vei	hicle	Vehicle	
24	year (do not include com														
	Total commuting miles of Total other personal (no														
32															
33	driven Total miles driven during														
55	Add lines 30 through 32														
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
٠.	during off-duty hours?			100	110			1.00	1.0	1.00	110	1	 	100	
35	Was the vehicle used p														
	than 5% owner or relate	1 0													
36	Is another vehicle availa														
	use?	•													
			- Questions	for Emp	loyers W	ho Pro	vide Vel	nicles	for Use b	y Their E	Employe	ees	<u>. </u>		
Ans	swer these questions to												re not m	ore than	5%
owi	ners or related persons.														
37	Do you maintain a writte employees?		tement that p								by you	r		Yes	No
38	Do you maintain a writte										our				
	employees? See the ins		-	-				-						.	
39	Do you treat all use of v	ehicles by er	mployees as p	personal	use?										
	Do you provide more th														
	the use of the vehicles,	and retain th	ne information	receive	d?										
41	Do you meet the require														
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	es," do n	ot comple	ete Sec	tion B fo	or the c	overed ve	ehicles.					
P	art VI Amortization														
	(a) Description o	f costs	Date	(b) e amortization begins		(c) Amortizal amouni	ole t		(d) Code section		(e) Amortiza period or per	tion	Ar fc	(f) mortization or this year	
42	Amortization of costs th	nat begins du	ıring your 201	4 tax ye	ar:										
				1 1											
				: :											
43	Amortization of costs th	nat began be	fore your 201	4 tax yea	ar							43			123.
	Total. Add amounts in o											44		1,	123.
4400	250 01 00 15													orm 456	2 (2014)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number

DE	LTA	CHI	EDUCA	TIONAL	FOUNDATI	ON	FOF	RM 9	90	PAG	E 10			42-6075434
Pa	art I	Election	To Expense	Certain Proper	ty Under Section 1	79 Note: <i>If yo</i>	ou have any lis	sted pr	operty	, com	plete Part	V befor	e yo	ou complete Part I.
1	Maxim	um amo	unt (see ins	tructions)									1	500,000.
2	Total c	ost of se	ection 179 p	property place	ed in service (see	instructions)					··· ⊢	2	
					before reduction							—	3	2,000,000.
4	Reduc	tion in li	mitation. Su	btract line 3 f	rom line 2. If zero	or less, ent	er -0					⊢	4	
5	Dollar lim	nitation for			1. If zero or less, enter	-0 If married fi							5	
6			(a)	Description of pro	perty		(b) Cost (busin	ness use	only)		(c) Elected	cost	_	
													\dashv	
													\dashv	
													\dashv	
_			<u> </u>		" 00				_				\dashv	
				amount from			-\ " 0		7			Τ,	\dashv	
					rty. Add amounts								8 2	
					of line 5 or line 8								9	
					line 13 of your 2								0 1	
					naller of busines: nes 9 and 10, bu								2	
					ies 9 and 10, bu)15. Add lines 9 a				13	 I		'	-	
					listed property.				IS					
	rt II				nce and Other D			ıde liste	ed pro	nerty)			
14	Specia		•		fied property (ot	·	`			. ,	<u> </u>			
•		•		•							ū	1	4	
15	the tax year Froperty subject to section 168(f)(1) election										⊢	5		
	16 Other depreciation (including ACRS)												6	
_	rt III				t include listed p							-		
		•				Se	ection A							
17	MACR	S deduc	tions for as	sets placed ir	n service in tax ye	ears beginnir	ng before 201	4				1	7	5,187.
					ice during the tax year									
			Sectio	n B - Assets	Placed in Service			Using	the G	enera	l Deprecia	tion S	yste	em
		(a) Classi	fication of prope	erty	(b) Month and year placed		or depreciation nvestment use	(d) l	Recovery	у (e) Convention	(f) Meth	od	(g) Depreciation deduction
					in service	only - see	instructions)		Jeriou					
19a	3-у	ear prop	perty											
b	5-y	ear prop	perty										_	
С	7-y	ear prop	perty										\Box	
d	10	-year pro	perty										\Box	
<u>e</u>		-year pro	<u> </u>										_	
f	20	-year pro	perty										_	
<u>g</u>	25	-year pro	perty					1	5 yrs.			S/L	$\overline{}$	
h	Re	sidentia	l rental prop	erty	/			_	.5 yrs.		MM	S/L	$\overline{}$	
					/			1	.5 yrs.	•	MM	S/L	$\overline{}$	
i	No	nreside	ntial real pro	perty	/			3	9 yrs.		MM	S/L	$\overline{}$	
					/	During 201	4 Tay Vaar II	laina th	. A I ± c		MM vo Donnos	S/L		.tom
			Section	C - Assets P	laced in Service	During 20 i	4 Tax Year U	sing tr	ie Aite	ernati	ve Depred			tem
<u>20a</u>		ass life			_							S/L	-	
b		-year			,			+	2 yrs.	-+	N 4 N 4	S/L	$\overline{}$	
D ₂	art IV	-year	namı (Coo in	otructions \	/			4	0 yrs.		MM	S/L		
				nstructions.)	20								,,	
				ount from line	28 4 through 17, lir		 O in column (c					··· - 2	21	
22					of your return. P							,	22	5,187.
23					or your return. P service during th			1110118 -	see in	iou		2	-	5,107.
دن					on 263A costs				23					
	2011101		Javio alli ibl		<u>-</u> , , , , , , , , , , , , , , , , , ,									

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A	- Depreciati	on and Othe	er Infori	nation (C	autic	n: S	ee the i	instruc	tions for l	imits for _l	passeng	er autor	nobiles.)		
248	Do you have evidence to s	support the bu	siness/invest	ment use	claimed?		Ye	s	No	24b If "\	es," is th	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	y Date Business/ t) placed in investment service use percenta		nt	t COSLOI		(e) Basis for depreciation (business/investment use only)		(f) Recovery period	Me	g) thod/ rention	(h) Depreciation deduction		(i) Elected section 179 cost		
25	Special depreciation alle	d prope	rty placed	d in se	ervic	e during	g the ta	ax year aı	nd							
	used more than 50% in								_	•		. 25				
26	Property used more that															
		1 1		%												
		1 1		%												
		: :		%												
<u>27</u>	Property used 50% or le	ess in a qual	ified busines	s use:												
		1 1		%							S/L -					
		1 1		%							S/L -					
		: :		%							S/L -					
	Add amounts in column															
<u>29</u>	Add amounts in column	ı (i), line 26. E	nter here ar											. 29		
	mplete this section for ve				n B - Info			_								
to y	our employees, first ans	wer the ques	stions in Sec	ction C t	o see if yo	ou me			otion to	complet (c)	1 .					١
30	Total business/investment	miles driven d	uring the	Ι,	/ehicle		(b) Vehicle		Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
-	year (do not include com		•							1		Vollidio				
31	Total commuting miles															
	Total other personal (no															
	driven															
33	Total miles driven during															
	Add lines 30 through 32															
34	Was the vehicle availab			Yes	No.	Y	es	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?															
35	Was the vehicle used p	rimarily by a	more													
	than 5% owner or relate															
36	Is another vehicle availa	ble for perso	onal													
	use?															
			- Question:		-						-					
	swer these questions to	determine if	you meet an	except	ion to con	npleti	ing S	Section	B for v	ehicles u	sed by er	nployee	s who a	re not m	ore than	5%
	ners or related persons.														1,,	T
	Do you maintain a writte employees?												r 		Yes	No
38	Do you maintain a writte			-	-				-							
	employees? See the ins															
	Do you treat all use of v															
40	Do you provide more th the use of the vehicles,															
11	Do you meet the require															
71	Note: If your answer to															
P	art VI Amortization	01,00,00,1	0, 01 11 10	700, 40	1100 001116	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0001	1011 15 10	7 1770 0	,010,00	31110100.					
	(a)			(b)		((c)			(d) Code		(e)			(f)	
	Description o			ate amortizat begins		Amo	rtizabl nount	le		Code section		Amortiza period or per	tion	Ar fo	nortization or this year	
42	Amortization of costs th	iai begins di	inng your 20		rear:				1				Т			
				<u> </u>					+		+		+			
42	Amortization of costs th	at began ha	foro vous 20	14 tay v									43			
	Amortization of costs th												44			
44	Total. Add amounts in o	Joiui III (I). 30	se une misufu	CHOHS I	o wilete t	υτερ	OIL	<u></u>							a was 4500) (001A)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

990-T

Identifying number

$\overline{ ext{DE}}$	LTA CHI E	DUCATIONAL	FOUNDATI	ON	FOR	M 9	<u>90-'</u>	r page 1		42-6075434
Pa	art Election To	Expense Certain Prop	erty Under Section 1	79 Note: If you	have any lis	ted pro	perty,	complete Part	V before y	
1	Maximum amount	(see instructions)							1	500,000.
2	Total cost of section	on 179 property pla	ced in service (see	instructions)					2	
3	Threshold cost of	section 179 propert	y before reduction	in limitation					3	2,000,000.
4	Reduction in limita	ation. Subtract line 3	from line 2. If zero	or less, enter	-0-				4	
5	Dollar limitation for tax y	ear. Subtract line 4 from lir	ne 1. If zero or less, enter	-0 If married filing	separately, see	instructi	ions		5	
6		(a) Description of p	property		(b) Cost (busine	ess use o	only)	(c) Elected	d cost	
7	Listed property. E	nter the amount fror	n line 29				7			
8	Total elected cost	of section 179 prop	erty. Add amounts	s in column (c),	lines 6 and	7			8	
9	Tentative deduction	on. Enter the smalle	r of line 5 or line 8						9	
		owed deduction from								
11	Business income I	imitation. Enter the	smaller of busines	s income (not le	ess than zer	o) or li	ne 5		11	
12	Section 179 exper	nse deduction. Add	lines 9 and 10, but	t do not enter n	nore than lin	ne 11			12	
13	Carryover of disall	owed deduction to 2	2015. Add lines 9 a	and 10, less line	e 12	▶	13			
		II or Part III below for	or listed property. I	Instead, use Pa	rt V.					
Pa	rt II Special [Depreciation Allow	ance and Other D	epreciation (D	o not includ	de liste	d prop	oerty.)		•
14	Special depreciation	on allowance for qua	alified property (ot	her than listed	property) pla	aced ir	n servi	ce during		
	the tax year								14	
15	Property subject to	15								
_		n (including ACRS)							16	
Pa	art III MACRS	Depreciation (Do n	ot include listed p	roperty.) (See ir	nstructions.)				
					ion A					
17	MACRS deduction	ns for assets placed	in service in tax ye	ears beginning	before 2014	٠			<u></u> 17	259.
18	If you are electing to gro	up any assets placed in se								
		ation Syst	tem							
	(a) Classification		(b) Month and	(c) Basis for d						
		on of property	year placed		stment use	(d) F	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>		on of property		only - see ins	stment use	(d) F	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
		у	year placed		stment use	(d) F	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b	5-year propert	y y	year placed		stment use	(d) F	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
С	5-year propert 7-year propert	у У У	year placed		stment use	(d) F	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
c	5-year propert 7-year propert 10-year prope	y y y y rty	year placed		stment use	(d) F	Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
d e	5-year propert 7-year propert 10-year proper 15-year proper	y y y y rty	year placed		stment use	(d) F	Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
d e f	5-year propert 7-year propert 10-year proper 15-year proper 20-year proper	y y y rty rty	year placed		stment use	F	period	(e) Convention		(g) Depreciation deduction
d e	5-year propert 7-year propert 10-year proper 15-year proper 20-year proper	y y y rty rty	year placed		stment use	25	5 yrs.		S/L	(g) Depreciation deduction
d e f	5-year propert 7-year propert 10-year proper 15-year proper 20-year proper 25-year proper	y y y rty rty rty	year placed		stment use	25 27	5 yrs. .5 yrs.	MM	S/L S/L	(g) Depreciation deduction
d e f	5-year propert 7-year propert 10-year proper 15-year proper 20-year proper 25-year proper	y y y rty rty rty	year placed		stment use	28 27 27	5 yrs. .5 yrs. .5 yrs.	MM	S/L S/L S/L	(g) Depreciation deduction
d e f	5-year propert 7-year propert 10-year proper 15-year proper 20-year proper 25-year proper	y y y rty rty rty rty rty	year placed		stment use	28 27 27	5 yrs. .5 yrs.	MM MM MM	S/L S/L S/L S/L	(g) Depreciation deduction
c d e f g	5-year propert 7-year propert 10-year proper 15-year proper 20-year proper 25-year proper Residential rer	y y y rty rty rty rty rty I real property	year placed in service	only - see ins	stment use structions)	28 27 27 39	5 yrs. .5 yrs. .5 yrs. 9 yrs.	MM MM MM	S/L S/L S/L S/L S/L	
c d e f g h	5-year propert 7-year propert 10-year proper 15-year proper 20-year proper 25-year proper Residential rer	y y y rty rty rty rty rty	year placed in service	only - see ins	stment use structions)	28 27 27 39	5 yrs. .5 yrs. .5 yrs. 9 yrs.	MM MM MM	S/L S/L S/L S/L S/L	
c d e f g h i 20a	5-year propert 7-year propert 10-year proper 15-year proper 20-year proper 25-year proper Residential rer Nonresidentia	y y y rty rty rty rty rty I real property	year placed in service	only - see ins	stment use structions)	28 27 27 39	5 yrs. .5 yrs. .5 yrs. .9 yrs.	MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	
c d e f g h i	5-year propert 7-year propert 10-year propert 15-year proper 20-year proper 25-year proper Residential rer Nonresidentia	y y y rty rty rty rty rty I real property	year placed in service	only - see ins	stment use structions)	25 27 27 39 Sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. e Alte	MM MM MM MM ernative Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	
c d e f g h i	5-year propert 7-year propert 10-year propert 15-year proper 20-year proper 25-year proper Residential rer Nonresidential Class life 12-year 40-year	y y y rty rty rty rty ntal property I real property Section C - Assets	year placed in service	only - see ins	stment use structions)	25 27 27 39 Sing th	5 yrs. .5 yrs. .5 yrs. .9 yrs.	MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	
c d e f g h i 20a b c Pa	5-year propert 7-year propert 10-year propert 15-year proper 20-year proper 25-year proper Residential rer Nonresidentia Class life 12-year 40-year	y y y y rty rty rty rty ntal property I real property Section C - Assets	year placed in service / / / / Placed in Service	only - see ins	stment use structions)	25 27 27 39 Sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. e Alte	MM MM MM MM ernative Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	
c d e f g h i	5-year propert 7-year propert 10-year propert 15-year proper 20-year proper 25-year proper Residential rer Nonresidentia Class life 12-year 40-year Listed property. E	y y y y rty rty rty rty ntal property I real property Section C - Assets y (See instructions.) nter amount from lin	year placed in service / / // // Placed in Service /	only - see ins	structions)	25 27 27 39 Sing th	5 yrs. .5 yrs. .5 yrs. 9 yrs. e Alte	MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	
c d e f g h i 20a b c Pa 21 22	5-year propert 7-year propert 10-year propert 15-year proper 20-year proper 25-year proper Residential rer Nonresidential Class life 12-year 40-year Listed property. E Total. Add amoun	y y y y rty rty rty rty rty rtal property I real property Section C - Assets y (See instructions.) real remount from ling the from line 12, lines	/ Placed in Service / Placed in Service / ac 28	During 2014	Fax Year Us	25 27 27 39 sing th	5 yrs. .5 yrs. .5 yrs. .9 yrs. e Alte	MM MM MM Prnative Deprection MM	S/L S/L	stem
c d e f g h i c Pa 21 22	5-year propert 7-year propert 10-year propert 15-year proper 20-year proper 25-year proper Residential rer Nonresidential Class life 12-year 40-year Listed property. E Total. Add amoun Enter here and on	y y y y rty rty rty rty rty I real property Section C - Assets y (See instructions.) nter amount from lin ts from line 12, lines the appropriate line	/ // // Placed in Service / Placed in Service / ac 28	During 2014 The see install th	Fax Year Us n column (g) d S corporat	25 27 27 39 sing th	5 yrs. .5 yrs. .5 yrs. .9 yrs. e Alte	MM MM MM Prnative Deprection MM	S/L S/L	
c d e f g h i 20a b c Pa 21 22	5-year propert 7-year propert 10-year propert 10-year propert 15-year propert 20-year propert 25-year propert Residential rer Nonresidential Class life 12-year 40-year 40-year Listed property. E Total. Add amoun Enter here and on For assets shown	y y y y rty rty rty rty rty rtal property I real property Section C - Assets y (See instructions.) real remount from ling the from line 12, lines	/ // // // // Placed in Service / ac 14 through 17, lir s of your return. P a service during th	During 2014 The see instance current year,	Fax Year Us n column (g) d S corporate enter the	25 27 27 39 Sing th	5 yrs. .5 yrs. .5 yrs. .9 yrs. e Alte	MM MM MM Prnative Deprection MM	S/L S/L	stem

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A	- Depreciati	on and Othe	er Infori	nation (C	autic	n: S	ee the i	instruc	tions for l	imits for _l	passeng	er autor	nobiles.)		
248	Do you have evidence to s	support the bu	siness/invest	ment use	claimed?		Ye	s	No	24b If "\	es," is th	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	y Date Business/ t) placed in investment service use percenta		nt	t COSLOI		(e) Basis for depreciation (business/investment use only)		(f) Recovery period	Me	g) thod/ rention	(h) Depreciation deduction		(i) Elected section 179 cost		
25	Special depreciation alle	d prope	rty placed	d in se	ervic	e during	g the ta	ax year aı	nd							
	used more than 50% in								_	•		. 25				
26	Property used more that															
		1 1		%												
		1 1		%												
		: :		%												
<u>27</u>	Property used 50% or le	ess in a qual	ified busines	s use:												
		1 1		%							S/L -					
		1 1		%							S/L -					
		: :		%							S/L -					
	Add amounts in column															
<u>29</u>	Add amounts in column	ı (i), line 26. E	nter here ar											. 29		
	mplete this section for ve				n B - Info			_								
to y	our employees, first ans	wer the ques	stions in Sec	ction C t	o see if yo	ou me			otion to	complet (c)	1 .					١
30	Total business/investment	miles driven d	uring the	Ι,	/ehicle		(b) Vehicle		Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
-	year (do not include com		•							1		Vollidio				
31	Total commuting miles															
	Total other personal (no															
	driven															
33	Total miles driven during															
	Add lines 30 through 32															
34	Was the vehicle availab			Yes	No.	Y	es	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?															
35	Was the vehicle used p	rimarily by a	more													
	than 5% owner or relate															
36	Is another vehicle availa	ble for perso	onal													
	use?															
			- Question:		-						-					
	swer these questions to	determine if	you meet an	except	ion to con	npleti	ing S	Section	B for v	ehicles u	sed by er	nployee	s who a	re not m	ore than	5%
	ners or related persons.														1,,	T
	Do you maintain a writte employees?												r 		Yes	No
38	Do you maintain a writte			-	-				-							
	employees? See the ins															
	Do you treat all use of v															
40	Do you provide more th the use of the vehicles,															
11	Do you meet the require															
71	Note: If your answer to															
P	art VI Amortization	01,00,00,1	0, 01 11 10	700, 40	1100 001116	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0001	1011 15 10	7 1770 0	,010,00	31110100.					
	(a)			(b)		((c)			(d) Code		(e)			(f)	
	Description o			ate amortizat begins		Amo	rtizabl nount	le		Code section		Amortiza period or per	tion	Ar fo	nortization or this year	
42	Amortization of costs th	iai begins di	inng your 20		rear:				1				Т			
				<u> </u>					+		+		+			
42	Amortization of costs th	at began ha	foro vous 20	14 tay v									43			
	Amortization of costs th												44			
44	Total. Add amounts in o	Joiui III (I). 30	se une misufu	CHOHS I	o wilete t	υτερ	OIL	<u></u>							a was 4500) (001A)