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Form	JJU	

Department of the Treasury

Internal Revenue Service

### EXTENDED TO NOVEMBER 15, 2017

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

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

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



AF	or th	e 2016 calendar year, or tax year beginning and e	ending					
B c a	Check if pplicab	e: C Name of organization		D Employer identific	ation number			
	Addre							
	Name Chang	Doing business as		42-60	)75434			
	Initial return Final return	PO BOX 2113	Room/suite	E Telephone number (319) 337-4811				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,171,214.			
	Amen return			H(a) Is this a group re	turn			
	Applie distance			for subordinates'				
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in				
ΙT	ax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) o	or 527		ist. (see instructions)			
		te: ► WWW.DCEF.COM		H(c) Group exemption				
κF	orm o	forganization: X Corporation Trust Association Other ►	L Year		State of legal domicile: IA			
Pa	art I	Summary						
0	1	Briefly describe the organization's mission or most significant activities:	SCHEDU	LE O				
Ű								
rna	2	Check this box      if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.			
ove	3	Number of voting members of the governing body (Part VI, line 1a)			15			
ڻ ح	4	Number of independent voting members of the governing body (Part VI, line 1b)		15				
es 6	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		0				
viti	6	Total number of volunteers (estimate if necessary)			0			
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
~	b	Net unrelated business taxable income from Form 990-T, line 34			0.			
				Prior Year	Current Year			
Ð	8	Contributions and grants (Part VIII, line 1h)		1,157,721.	1,192,051.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		33,342.	-1,435.			
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 1,191,063.	6,672.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,197,288.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		384,732.	1,109,815.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		115,739.	121,326.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)  182,66	53.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		271,415.	252,134.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		771,886.	1,483,275.			
	19	Revenue less expenses. Subtract line 18 from line 12		419,177.	-285,987.			
s or			Be	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,345,859.	3,208,822.			
t As nd B	21	Total liabilities (Part X, line 26)		209,816.	198,267.			
		Net assets or fund balances. Subtract line 21 from line 20		3,136,043.	3,010,555.			
De	vr+ 11	Signature Block						

Part II Signature Block

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

	Signature of officer		Date							
Sign Here	JAMES M. MARASCIO, CH2 Type or print name and title	AIRMAN								
	Print/Type preparer's name	Preparer's signature Date	Check PTIN							
Paid	YVONNE B. DE CALONNE	YVONNE B. DE CALONNE	if self-employed P00163431							
Preparer	Firm's name 🕨 VONLEHMAN & COME	ANY INC.	Firm's EIN 31-0905417							
Use Only	Firm's address 8250 WOODFIELD C	CROSSING BLVD. SUITE 300								
	INDIANAPOLIS, IN	1 46240	Phone no. (317) 469-0169							
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No							
632001 11-1	632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)									

Form	DELTA CHI EDUCATIONAL FOUNDATION 42-6075434 Page	2
Pa	III 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?	o
	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?	0
	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	
49	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 949,891. including grants of \$ 949,815.) (Revenue \$	<u>,</u>
τu	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 \$20,975. including grants of \$21,025. ) (Revenue \$)	)
	CHAPTER SCHOLARSHIP ACCOUNTS ("CSA'S") ENABLE INTERESTED ALUMNI OF EACH	ĺ
	UNDERGRADUATE CHAPTER TO FUND SUCH ACCOUNTS TO PROMOTE AND REWARD	
	ACADEMIC ACHIEVEMENT TO THE UNDERGRADUATES BY GIVING SCHOLARSHIPS TO	
	RECOGNIZE AND ENCOURAGE OUTSTANDING STUDENTS.	
		_
4c	(Code: ) (Expenses \$ 138,949. including grants of \$ 138,975.) (Revenue \$ THE PRESIDENTS "A"'S FROM EACH UNDERGRADUATE DELTA CHI CHAPTER ATTEND A	_ )
	LEADERSHIP AND MANAGEMENT SEMINAR AT A LOCATION IN SOUTHERN INDIANA.	<u> </u>
	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.)	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses > 1,109,815.	
-+-	Form <b>990</b> (201	(6)

Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c
Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	
Part X, line 16? If "Yes," complete Schedule D, Part IX	11d
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e
Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	
Schedule D, Parts XI and XII	12a
Was the organization included in consolidated, independent audited financial statements for the tax year?	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13
Did the organization maintain an office, employees, or agents outside of the United States?	14a
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
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
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
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	
1 c and 8a2 If "Ves." complete Schedule G. Part II	18

Schedule D, Part III 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 "Van " complete Cabadula D. Dort IV

	If "Yes," complete Schedule D, Part IV
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

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.

а	Did the	organ	izatio	n repo	ort an	amou	unt fe	or la	nd,	builo	dings	, an	d equ	lipme	ent	in F	Part 2	X, lii	ne 1	)? I	lf "}	′es, '	" cc	mple	ete S	Sch	ed	ule	D,
	Part VI																												
																_													

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

С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its tota
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in
	Part X line 16? If "Yes " complete Schedule D. Part IX

е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes " complete Schedule D. Part X

	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete
	Schedule D, Parts XI and XII
b	Was the organization included in consolidated, independent audited financial statements for the tax year?

D D	was the organization included in consolidated, independent addited inancial statements for the tax year?
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
14a	Did the organization maintain an office, employees, or agents outside of the United States?

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
5	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

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
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

.,	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines

10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part vin, lines	
	1c and 8a? If "Yes," complete Schedule G, Part II	18
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	

complete Schedule G, Part III

DELTA CHI EDUCATIONAL FOUNDATION

If "Yes," complete Schedule A

Is the organization required to complete Schedule B, Schedule of Contributors?

public office? If "Yes," complete Schedule C, Part I

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

similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

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11a

11b

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Yes

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Form 990 (2016)

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Part IV Checklist of Required Schedules

Form	000	(2016)	
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 Form 990 (2016)
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 Part IV
 Checklist of Required Schedules (continued)
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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
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		
	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		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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part III</i>	07		x
28		27		- 23
20	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		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		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?		v	
	Note All Form 990 filers are required to complete Schedule O	38	Δ	

Form **990** (2016)

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Form	990 (2016) DELTA CHI EDUCATIONAL FOUNDATION 42-6075	434	F	Page 5						
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance									
	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0									
с										
	(gambling) winnings to prize winners?	1c	X							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0								
14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x						
h	If "Yes," enter the name of the foreign country:									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 50								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>						
Ua		6a		x						
h	any contributions that were not tax deductible as charitable contributions?	Ua		<u> </u>						
U		6b								
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00								
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x						
a h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		- 23						
b		01		<u> </u>						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		x						
ام	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	7c								
	,	7.								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•								
•	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	•								
a	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:									
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	46								
	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									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
	Enter the amount of reserves on hand 13c			v						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b> </b>	X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								

#### DELTA CHI EDUCATIONAL FOUNDATION

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 1a1										
	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 0.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15										
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		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6	Х								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a	Х								
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:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
	Did the organization have local chapters, branches, or affiliates?	10a		Х							
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									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
	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								
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?										
	The organization's CEO, Executive Director, or top management official	15a		X							
b	Other officers or key employees of the organization	15b	X								
	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 $\blacktriangleright \mathrm{NY}$										
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)	availab	le								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website 🔟 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, an	d finan	cial								
	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										
	314 CHURCH STREET, IOWA CITY, IA 52245										

Part VII	Co	mpensation o	f Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensa	tec
	Em	ployees, and	Independe	ent Contra	ctors				

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 is 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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	(da	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dir	Ð			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		e	pens		(W-2/1099-MISC)		organization
	organizations below	ual tri	onal		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES M. MARASCIO	1.00	<u> </u>	=	ò	l ₹	도 등	문			
CHAIRMAN		x		x				0.	0.	0.
(2) DONALD L. LA PLANTE	1.00									
VICE PRESIDENT		x		x				0.	0.	0.
(3) LYLE E. SPRINKLE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) BOBBY L. DEWRELL	1.00									
TREASURER		X		X				0.	0.	0.
(5) ROD ARNOLD	1.00									•
MEMBER AT LARGE	1 00	X		X				0.	0.	0.
(6) JOHN S. ZIGLER, JR.	1.00									0
MEMBER AT LARGE	1 00	X		X				0.	0.	0.
(7) JASON BUTLER	1.00									0
DIRECTOR	1 0 0	X						0.	0.	0.
(8) MICHAEL L. CARROLL	1.00	x						0.	0.	0.
DIRECTOR (9) ANDREW R. HAGGERTY	1.00	^						0.	0.	0.
(9) ANDREW R. HAGGERTY DIRECTOR	1.00	x						0.	0.	0.
(10) ROBERT D. HENDERSHOT	1.00							0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(11) STEVEN R. MICHELS	1.00								Ŭ.	
DIRECTOR		x						0.	0.	0.
(12) JOHN G. TUNILA	1.00									
DIRECTOR		x						0.	0.	0.
(13) J. DONALD TURK	1.00									
DIRECTOR		X						0.	0.	0.
(14) PATRICK F. WEBER	1.00									
DIRECTOR		Х						0.	0.	0.
(15) CHAD M. WOLETT	1.00									_
DIRECTOR		х						0.	0.	0.
(16) JUSTIN SHERMAN	1.00									•
EXECUTIVE DIRECTOR				X				0.	0.	0.
		-								
										000

	n 990 (i	2016) DELTA	CHI EDUCA	AT I	ONZ	AL	F	OUL	JD.	ATION	42-60	)75	434	Р	age <b>8</b>
Pa	rt VII	Section A. Officers, Directors,		mplo	yees			ighe	st C						
		<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	bo	o not c x, unle ficer ar	Pos heck	more erson	than is bot	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related		an	(F) stimate nount other	of
			(list any hours for related organizatior below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	ne tion ted
с		total I from continuation sheets to P I (add lines 1b and 1c)	art VII, Section A							0.00.00.		0. 0. 0.			0. 0. 0.
2		number of individuals (including pensation from the organization		those	e liste	ed a	bov	e) wł	וס r	eceived more than \$100	),000 of reportabl	е			0
	COM													Yes	No
3		he organization list any <b>former</b> of a? If "Yes," complete Schedule .				-	•			highest compensated e			3		x
4		ny individual listed on line 1a, is t elated organizations greater thar		uble c	omp	ensa	atior	n and	d ot	her compensation from	the organization				X
5	Did a	ny person listed on line 1a receiv	e or accrue comp	ensa	tion	from	n any	/ unr	elat	ted organization or indiv	idual for services		4		
Sec		ered to the organization? <i>If "Yes,</i> <b>. Independent Contractors</b>	" complete Sched	ule J	for s	uch	pers	son .					5		X
1	Com	plete this table for your five highe	-	-								pens	ation f	rom	
	the o	rganization. Report compensatio (A Name and bus	A)	,	endi ON	<u> </u>	with	or w	ithiı	n the organization's tax (B) Description of s		C	(C ompe		on
2		number of independent contrac ,000 of compensation from the c		not l	imite	d to		se lis 0	stec	d above) who received n	nore than				

Form 990 (2	2016)		D	ELTA	C
Part VIII		Statement	of	Revenu	Je

#### DELTA CHI EDUCATIONAL FOUNDATION

		Check if Schedule O conta	ains a response	or note to any li	ne in this Part VIII			
					(A)	(B)	(C)	<b>(D)</b> Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	from tax under
						revenue	revenue	sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
our		Membership dues						
Am C		Fundraising events						
lar Iar	d	Related organizations	1d					
ini,	е	Government grants (contribution	ions) <b>1e</b>					
r S	f	All other contributions, gifts, grant	s, and					
ibu		similar amounts not included abov	/e 1f 1 ,	192,051.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
a C	h	Total. Add lines 1a-1f	<u></u>	🕨	1,192,051.			
				Business Code				
e	2 a							
Program Service Revenue	b							
en	с							
ran ?ev	d							
5 E	е							
ā	f	All other program service reven	nue					
	g	Total. Add lines 2a-2f	. <u></u>	►				
	3	Investment income (including o	dividends, intere	est, and				
		other similar amounts)		►	40,393.			40,393.
	4	Income from investment of tax						
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	932,098.					
	b	Less: cost or other basis						
		and sales expenses	<u>973,926.</u>					
	С	and sales expenses Gain or (loss)	-41,828.					
	d	Net gain or (loss)		►	-41,828.			-41,828.
en	8 a	Gross income from fundraising	j events (not					
ent		including \$	of					
Sev		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	а					
l <del>t</del>		Less: direct expenses						
-		Net income or (loss) from fund	-	<u> </u>				
	9 a	Gross income from gaming act						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gami		····· •				
	10 a	Gross sales of inventory, less r						
		and allowances						
	b	Less: cost of goods sold	b					
-	С	Net income or (loss) from sales	s of inventory					
ŀ		Miscellaneous Revenue		Business Code				
		PRESENT VALUE A	DJ.	900099	6,672.			6,672.
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d		►	6,672.		^	F 0.2 F
	12	Total revenue. See instructions.	<u></u>	🕨	ц,197,288.	0.	0.	5,237.

Part IX Statement of Functional Expenses

DELTA CHI EDUCATIONAL FOUNDATION

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,088,790.	1,088,790.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	21,025.	21,025.		
3	Grants and other assistance to foreign				
	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	Other salaries and wages	121,326.		36,520.	84,806
8	Pension plan accruals and contributions (include				<b>,</b>
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a L	Management	78.		78.	
b		68,907.		68,907.	
c d	Accounting				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	6,687.		6,687.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	45,148.		6,914.	38,234
14	Information technology	19,577.		1,577.	18,000
15	Royalties	3,600.		3,600.	
16 17		25,239.		4,537.	20,702
17 10	Travel Payments of travel or entertainment expenses	23,237.		±,557•	20,702
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,872.		3,872.	
23	Insurance	8,311.		8,311.	
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.)				
а	MISCELLANEOUS	49,433.		28,512.	20,921
b	ANNUITY EXPENSE	19,252.		19,252.	
С	DUES AND SUBSCRIPTIONS	2,030.		2,030.	
d					
e	All other expenses	1,483,275.	1,109,815.	190,797.	182,663
25 26	Total functional expenses. Add lines 1 through 24e	т, <del>ч</del> ој,д/ј.	Ι,ΙΟΡ,ΟΙΟ.	190,191.	102,005
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

if following SOP 98-2 (ASC 958-720)

ELTA CHI	EDUCATIONAL	FOUNDATION
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42-6075434 Page 11

	DELTA	CHI	EDUCATIONAL	FOUNDATION	4
ance Sheet					
k if Schedule	O contains a	a respon	se or note to any line in t	this Part X	

Pai	τX	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			284,428.	1	166,765.
	2	Savings and temporary cash investments			314,564.	2	163,537.
	3	Pledges and grants receivable, net			98,820.	3	164,000
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	ified pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	า 4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ទ		employees' beneficiary organizations (see instr)		6			
Assets	7	Notes and loans receivable, net	70,000.	7	0		
4	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	• • • • • • • • • • • • • • • • • • • •		384.	489.	10c	409
	11	Investments - publicly traded securities	2,530,700.	11	2,653,683		
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11	······ _		13	
	14	Intangible assets	4,254.	14	11,151		
	15	Other assets. See Part IV, line 11		·····  -	42,604.	15	49,277
	16	Total assets. Add lines 1 through 15 (must equ			3,345,859.	16	3,208,822
	17	Accounts payable and accrued expenses			12,174.	17	30,600
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
les	22	Loans and other payables to current and forme					
		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			197,642.	05	167,667
	00	Schedule D		F	209,816.	25 26	198,267
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958			205,010.	20	190,207
š	07	complete lines 27 through 29, and lines 33 ar			17,689.	27	67,791
llan	27 28	Unrestricted net assets			2,283,400.	27	2,077,528
n R		Temporarily restricted net assets Permanently restricted net assets	834,954.	20 29	865,236		
Fund Balances	29	Organizations that do not follow SFAS 117 (A		B) check here		23	000,200
ž		and complete lines 30 through 34.	30 93				
Net Assets or	30	Capital stock or trust principal, or current funds				30	
SSe	30 31	Paid-in or capital surplus, or land, building, or eq				30	
τAŝ	32	Retained earnings, endowment, accumulated in				31	
Se	32 33	Total net assets or fund balances			3,136,043.	32 33	3,010,555
	33 34	Total liabilities and net assets/fund balances			3,345,859.	33 34	3,208,822
	34	TOTAL HADHILLES AND HEL ASSELS/TUND DAIANCES			5,545,059.	34	5,200,022

Form **990** (2016)

# Form 990 (2016) Part X Balar

632012	11-11-16	

Form 990 (2016)

Part XI Reconciliation of Net Assets

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,19			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,48			
3	Revenue less expenses. Subtract line 2 from line 1	3	-285,987.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,13			
5	Net unrealized gains (losses) on investments	5	16	0,4	99.	
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			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	3,01	0,5	55.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🗌 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		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 th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit				
	Act and OMB Circular A-133?		. 3a		Х	
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			

Form **990** (2016)

DELTA	СНТ	EDUCATIONAL	FOIINDATION
DBDIA	CIII	REDOCKLIONKE	LOONDELLON

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

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	ΕZ
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

LU	
Open to	o Public
Inspe	ection

OMB No. 1545-0047

2016

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

Name of	the	organization
---------	-----	--------------

Employer	identification nun
4	2-6075434

Nan	Vame of the organization Employer identification number								
				ATIONAL FOUN					2-6075434
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	iis part.) S	ee instruction	S.	
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	on 170(b)(	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>							
4		A medical research organiz	ation operated in co	njunction with a hospital	describe	d in <b>sectio</b>	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		☐ A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>							
7	X								
_		section 170(b)(1)(A)(vi). (C							
8	$\square$	A community trust describe							
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	je or
10		university:	II		and frame			- hin face a	
10		An organization that norma activities related to its exen							
		income and unrelated busir							-
		See section 509(a)(2). (Cor				5365 acqu	alled by the o	ganzation	alter bulle 50, 1975.
11		An organization organized a	. ,	sively to test for public sa	fetv. See	section 5	09(a)(4).		
12		An organization organized a	•		-			arrv out the	e purposes of one or
		more publicly supported or	-	•				-	
		lines 12a through 12d that							
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	<i>i</i> giving
		the supported organization	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
		_ organization. You must c	omplete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	aving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte						Illy integrat	ed with,
	_	its supported organization							
d		☐ Type III non-functionally	• •				••	· ·	
		that is not functionally int			•		-	d an attent	iveness
		requirement (see instruct						U. T	
е		Check this box if the orga					а туре ї, турє	e II, Type III	
4	Ent	functionally integrated, or er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0				
י מ		vide the following information	•	ad organization(s)					
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
				1	1	1	1		

## Schedule A (Form 990 or 990-EZ) 2016 DELTA CHI EDUCATIONAL FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(

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) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	528,884.	499,024.	679,399.	1,157,721.	1,217,068.	4,082,096.
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	528,884.	499,024.	679,399.	1,157,721.	1,217,068.	4,082,096.
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.						4,082,096.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	<b>(d)</b> 2015	(e) 2016	(f) Total
7	Amounts from line 4	528,884.	499,024.	679,399.	1,157,721.	1,217,068.	4,082,096.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$	36,391.	31,028.	83,284.	27,556.	40,393.	218,652.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital	0 1 0 0	105				00 005
	assets (Explain in Part VI.)	2,182.	125.	24,898.			27,205.
	Total support. Add lines 7 through 10						4,327,953.
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor		rooptaga				
	ction C. Computation of Publ						94.32 %
	Public support percentage for 2016 (					14	00 10 /
	Public support percentage from 2015					15	7 -
16a	33 1/3% support test - 2016. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2015. If the c						
47-	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
1-	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	•				-	
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
IŎ	Private foundation. If the organization	n dia not check a	uux on line 13, 16	a, 100, 17a, 0r 17b	), Check this dox a	ind see instruction:	s 🕨 📖

#### Schedule A (Form 990 or 990-EZ) 2016 DELTA CHI EDUCATIONAL FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 20	16 <b>(f)</b> Total
1	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 disgualified 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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 20	16 (f) Total
9	Amounts from line 6						
	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						
c	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						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	l In first second this	l d fourth or fifth t		1 = 501(a)(2)	organization
17	•	•			2		
Se	check this box and stop here						
	Public support percentage for 2016 (li			oolump (f))		15	%
	Public support percentage from 2015 ction D. Computation of Invest					16	%
	-					47	
17						17	%
	Investment income percentage from 2					18	%
198	<b>33 1/3% support tests - 2016.</b> If the						ia line 17 is not
	more than 33 1/3%, check this box ar						
k	<b>33 1/3% support tests - 2015.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions .	►

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 or 990-EZ).
- **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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b 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
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
10b		

# Schedule A (Form 990 or 990 EZ) 2016 DELTA CHI EDUCATIONAL FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization'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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a L	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	the supported organization(s) to which the organization was responsive? If res, then in <b>Part Videntry</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2.5		
a				
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	Зb		

#### Schedule A (Form 990 or 990-EZ) 2016 DELTA CHI EDUCATIONAL FOUNDATION

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# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ection 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 <b>Part VI</b> ):			
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	vintograte	d Type III supporting or	anization (soo

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

## Schedule A (Form 990 or 990 EZ) 2016 DELTA CHI EDUCATIONAL FOUNDATION

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		i	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
C	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				
-	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			
e	Excess from 2016			

Schedule A	(Form 990 or 990-EZ) 2016 I	ELTA CHI	EDUCATIONAL	FOUNDATION	42-6075434 Page 8
Part VI	Supplemental Informa Part IV, Section A, lines 1, 2, line 1; Part IV, Section D, line	ation. Provide the 3b, 3c, 4b, 4c, 5a s 2 and 3; Part IV,	e explanations required , 6, 9a, 9b, 9c, 11a, 11b, Section E, lines 1c, 2a,	by Part II, line 10; Part II, line 17a c and 11c; Part IV, Section B, lines 2b, 3a, and 3b; Part V, line 1; Part o complete this part for any additio	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

Filers of:

## 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

Employer identification number

42-6075434	Ŀ
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Name of the	organization
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### DELTA CHI EDUCATIONAL FOUNDATION Organization type (check one): Section:

Form 990 or 990-EZ	X	501(c)( 3) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X 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.

L 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. Don't 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 \_\_\_\_\_ 🕨 \$\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet 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) (2016)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

42-6075434

#### DELTA CHI EDUCATIONAL FOUNDATION

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID G. FALCONER 314 CHURCH STREET IOWA CITY, IA 52245	\$ <u>53,379.</u>	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
2	LEE P. BERLIN 314 CHURCH STREET IOWA CITY, IA 52245	\$73,000.	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
3	STEVEN R. MICHELS 314 CHURCH STREET IOWA CITY, IA 52245	\$ <u>170,490.</u>	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
4	DAVID K. WEBER 314 CHURCH STREET IOWA CITY, IA 52245	\$ 105,532.	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
		\$	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 P	art 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) (2016)	
Name of organization	

Page	4
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Name of or	ganization		Employer identification number
ע שיד שט	CHI EDUCATIONAL FOUNDA	TON .	42-6075434
Part III	Exclusively religious, charitable, etc., con	tributions to organizations described	d in section 501(c)(7), (8), or (10) that total more than \$1,000 fo owing line entry. For organizations
	completing Part III, enter the total of exclusively religiou	COIUMNS ( <b>a</b> ) INFOUGN ( <b>e) and</b> INE IOIIC us, charitable, etc., contributions of \$1,000 c	DWING IINE ENTRY. For organizations or less for the year. (Enter this info. once.) <b>*</b>
(a) No.	Use duplicate copies of Part III if addition	nal space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1 0111			
ŀ		(e) Transfer of gi	
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[	
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			[
ſ		(e) Transfer of gi	ft
	Transferee's name, address, a	nd <b>7</b> IP $\pm 4$	Relationship of transferor to transferee
ŀ			
(a) No. from			(d) Decemention of how with in hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ļ			
		(e) Transfer of gi	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
·		(e) Transfer of gi	lft
		(-,	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[	

SCHEDULE [	)
------------	---

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on 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.



\_\_ \_ \_ \_ \_ .

Employer identification number

	DELTA CHI EDUCATIONAL FOUNDATION	42-6075434
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 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 advised fu	unds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conf	
	impermissible private benefit?	
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	,
•	Preservation of land for public use (e.g., recreation or education)	lly important land area
	Protection of natural habitat  Protection of natural habitat  Protection of natural habitat	
	Preservation of open space	
2		concernation accoment on the last
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a day of the tay year	Held at the End of the Tax Year
_	day of the tax year.	
a L		
b	Total acreage restricted by conservation easements	
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
_	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	anization during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	ition easements during the year
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	
-	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stat	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	organization's accounting for
De	conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Acceta
Fa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Similar Assets.
	· · · · · · · · · · · · · · · · · · ·	
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	service, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

Schedule D (Form 990) 2016

Sche		HI EDUCATI						4 Page <b>2</b>
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)							
3								
	(check all that apply):		<u> </u>					
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co					ose in Par	t XIII.	
5	During the year, did the organization solicit o		•				-	
	to be sold to raise funds rather than to be ma						Yes	No
Par	<b>t IV</b> Escrow and Custodial Arran reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" o	n Form 990	), Part IV,	line 9, or	
10	Is the organization an agent, trustee, custodi		ion for contribution	a or other eccets no	tipoludod			
Id			-				Yes	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					······ └──		
b		and complete the for	iowing table.				Amount	
~	Reginning balance				1c		Amount	
	Beginning balance							
	Additions during the year							
f	Distributions during the year Ending balance							
	Did the organization include an amount on Fe						Yes	No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •			
Par						<u></u>		
		(a) Current year	(b) Prior year	(c) Two years back		/ears back	(e) Four	years back
1a	Beginning of year balance	704,661.	747,175.			18,300.	(0)	721,306.
	Contributions	69,020.	12,623.			, 17,078.		23,411.
	Net investment earnings, gains, and losses	14,111.	-47,536.			25,603.		-21,167.
	Grants or scholarships	,	,	, , , , , , , , , , , , , , , , , , ,				
	Other expenditures for facilities							
	and programs	23,841.	2,410.					
f	Administrative expenses	1,288.	5,191.	5,250.		5,269.		5,250.
	End of year balance	762,663.	704,661.	747,175.	7	755,712.		718,300.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment		%	<i></i>				
	Permanent endowment	%	_					
	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organi	zation		
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Par	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other (c) A	ccumulate	ed	(d) Book	< value
		basis (investr	nent) basis	(other) de	preciation			
1a	Land							
b	Buildings							
	Leasehold improvements							
d	Equipment		793.		3	84.		409.
	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)				409.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 DELTA CHI E	DUCATIONAL	FOUNDATION	42-6075434 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b. See Form 990, Part X, lin	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: (	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	<b>(b)</b> Book value	(c) Method of valuation: (	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990, Part X, lin	ne 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	ə 15.)		►
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,		rt X, line 25.
1.(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) GIFT ANNUITY PAYABLE		167,667.	
(3)			
(4)			
(5)			
(6)			

(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	167,667.

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 🚺

Schedule D (Form 990) 2016

(7)

	edule D (Form 990) 2016 DELTA CHI EDUCATIONAL FOUND	-	-		6075434 Page 4
Ра	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Revenue per R	eturr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,376,117.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	<b>3</b> ( )	2a	160,499.		
b			25,017.		
С	······································				
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	185,516.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,190,601.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,687.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	6,687.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,197,288.
_					
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme			Retu	ırn.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	th Expenses per		
Ра 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per	Retu 1	rn. 1,501,605.
	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	th Expenses per		
1	rt XII       Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents Wi	th Expenses per		
1 2	rt XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents Wi	th Expenses per		
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b	th Expenses per		
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Statemet         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	th Expenses per		1,501,605.
1 2 b c	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other losse the part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per		1,501,605.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other losse the part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per	1	1,501,605.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per	1 2e	1,501,605.
1 2 b c 3	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	th Expenses per	1 2e	1,501,605.
1 2 b c d 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other losses         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	th Expenses per	1 2e	1,501,605. 25,017. 1,476,588.
1 2 3 4 4	rt XII       Reconciliation of Expenses per Audited Financial Statemet         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	th Expenses per 25,017. 6,687.	1 2e 3 4c	1,501,605. 25,017. 1,476,588. 6,687.
1 2 b c d e 3 4 a b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statemen         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	th Expenses per 25,017. 6,687.	1 2e 3	1,501,605. 25,017. 1,476,588.

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.

HOWEVER, THE FOUNDATION IS NOT CURRENTLY UNDER AUDIT NOR HAS IT BEEN

CONTACTED BY THESE JURISDICTIONS. BASED ON THE EVALUATION OF THE

#### FOUNDATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL SIGNIFICANT POSITIONS

40 6005404

Part XIII Supplemental Information (continued)

TAKEN WOULD BE UPHELD UNDER AN EXAMINATION.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go Compl	vernments, an ete if the organizatio	nd Individual n answered "Yes" Attach to For	<b>ls in the Ŭn</b> ' on Form 990, Pa m 990.	ited States art IV, line 21 or 22.	00.	OMB No. 1545-0047 <b>2016</b> Open to Public Inspection
Name of the organization							Employer identification number
		NAL FOUNDAT	ION				42-6075434
							41
5		•		• •			
<ul><li>2 Describe in Part IV the organization's pro-</li></ul>		oring the use of grant	funds in the Linite	d States			
					anization answered "	es" on Form 990 Par	IV line 21 for any
	-						
<b>1 (a)</b> 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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DELTA CHI HOUSING CORPORATION AT CORNELL, INC. – 410 EAST UPLAND RD. – ITHACA, NY 14850	58-2493721		170,300.	0.	NOT APPLICABLE	NOT APPLICABLE	PROPERTY IMPROVEMENTS AND EDUCATIONAL GRANT
EMBRY RIDDLE CHAPTER BUILDING CORPORATION - 2900 MCKINNON ST., APT. 2403 - DALLAS, TX 75201	23-7437667		516,929.	0.	NOT APPLICABLE	NOT APPLICABLE	PROPERTY IMPROVEMENTS AND EDUCATIONAL GRANT
	Build and an of the Assistance Complete fits and a second and a second and a second and a second						
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table		ı 	I	▶ <u>2.</u>
							Schedule I (Form 990) (2016)

#### Schedule I (Form 990) (2016) DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

A GRANT IS AWARDED TO DELTA CHI FRATERNITY FOR THEIR LEADERSHIP CONFERENCE.

A REQUEST FOR THE GRANT IS RETAINED ALONG WITH THE SCHEDULE OF EDUCATIONAL

ACTIVITIES THAT ARE PART OF THE LEADERSHIP CONFERENCE.

SCHOLARSHIP AWARDS PROVIDED TO INDIVIDUALS ARE BASED UPON SCHOLARSHIP

REQUESTS. THE REQUEST MUST DEMONSTRATE THE INDIVIDUAL'S ACCOMPLISHMENTS OR

ENDEAVORS TO SUPPORT AWARDING A SCHOLARSHIP.

(Form 990 or 990-EZ) Department of the Treasury Department of the Treasury	<b>ZU1b</b> Open to Public	
Supplemental information for sponses to specified and addition of the property of the information about Schedule Offerm 990 or 990-EZ and its instructions is at www.is.gov/form990.       2016         Demonstration about Schedule Offerm 990 or 990-EZ and its instructions is at www.is.gov/form990.       Data and the information about Schedule Offerm 990 or 990-EZ and its instructions is at www.is.gov/form990.       2016         mee of the organization       DELTA CHI EDUCATIONAL FOUNDATION       Employer identification number 42-6075434         ORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:       Employer identification number 42-6075434         DRM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:       Employer identification number 42-6075434         DRM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:       Employer identification number 42-6075434         DRM 990, PART I, SCHOLARSHIP AND OTHER EDUCATIONAL SUPPORT TO THE       Employer identification number 42-6075434         DRM 990, PART VI, SECTION A, LINE 6:       DRM 990, PART VI, SECTION A, LINE 6:         DRM 990, PART VI, SECTION A, LINE 6:       DRM 990, PART VI, SECTION A, LINE 6:         DRM 990, PART VI, SECTION A, LINE 6       DRM 990, PART VI, SECTION MISSION:         DATA OF DURATION       MEMBERS OF THE DELTA CHI EDUCATIONAL FOUNDATION         DATA OF DURATIONAL FOUNDATION.       MEMBERS OF THE DELTA CHI EDUCATIONAL FOUNDATION         DATA OF DURATIONAL FOUNDATION.       MEMBERS OF THE DELTA CHI EDUCATIONAL FOUNDATION		
DEDIA CAI EDUCATIONAL FOUNDATION	42-0075454	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:	
THE MISSION OF THE DELTA CHI EDUCATIONAL FOUNDATION IS TO	PROVIDE	
LEADERSHIP, SCHOLARSHIP AND OTHER EDUCATIONAL SUPPORT TO	ГНЕ	
UNDERGRADUATE MEMBERS AND CHAPTERS OF THE DELTA CHI FRATE	RNITY.	
FORM 990, PART VI, SECTION A, LINE 6:		
DELTA CHI'S WHO HAVE MADE A CONTRIBUTION OF MONEY OR PERS	ONAL PROPERTY	
TOTALING \$200 OR MORE IN A CALENDAR YEAR BECOME VOTING ME	MBERS 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 M	EMBERS 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 11B:

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

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization DELTA CHI EDUCATIONAL FOUNDATION	Employer identification number $42-6075434$
THAT COME TO THEIR ATTENTION WHEREBY THEY MAY HAVE A CONF	LICT OF INTEREST.
EMPLOYEES OF DELTA CHI EDUCATIONAL FOUNDATION (DCEF) ARE	REQUIRED TO
DISCLOSE BUSINESS SITUATIONS THAT WOULD BE IN CONFLICT WI	TH THE INTERESTS
OF DCEF. ALL EMPLOYEES MUST DISCLOSE ALL PERSONAL OR PRO	FESSIONAL
INVOLVEMENT WITH ANY OTHER FRATERNAL ORGANIZATION BEFORE	ACCEPTING
EMPLOYMENT WITH DCEF. AT THAT TIME IT WILL BE DETERMINED	BY THE DCEF BOARD
OF DIRECTORS IF SAID INVOLVEMENT WOULD CREATE A CONFLICT	OF INTEREST.
VIOLATION OF THIS POLICY MAY RESULT IN DISCIPLINARY ACTIO	N, INCLUDING
TERMINATION OF EMPLOYMENT.	
FORM 990, PART VI, SECTION B, LINE 15B:	
DCEF DOES NOT PAY COMPENSATION TO THE MEMBERS OF THE BOAR	D OF DIRECTORS.
THE ORGANIZATION DOES NOT HAVE A CEO.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND F	INANCIAL
STATEMENTS ARE NOT REQUIRED DISCLOSURES PURSUANT TO IRC S	EC 6104. THESE
DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.	
FORM 990, PART XII, LINE 2C:	

THE PROCESSES DID NOT CHANGE DURING THE TAX YEAR.

SCH	IEDULE F	ł

#### (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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

DELTA CHI EDUCATIONAL FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
DCEF CORNELL LLC					
P.O. BOX 383					
COLUMBUS, IN 47202	REAL ESTATE	INDIANA	0.	٥.	N/A
	e, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Direct controlling entity entity				

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	<b>3)</b> 512(b)(13) rolled ity?
				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		Х
	-						
	-						

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

Schedule R (Form 990) 2016

OMB No. 1545-0047

2016 Open to Public Inspection

Employer identification number 42-6075434

#### Schedule R (Form 990) 2016 DELTA CHI EDUCATIONAL FOUNDATION

42-6075434 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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	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	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	mana partn	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No

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. Part IV

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Sec 512(t contr enti	<b>i)</b> tion b)(13) rolled ity?
		country)		or trusty		235013		Yes	

#### Schedule R (Form 990) 2016 DELTA CHI EDUCATIONAL FOUNDATION

Part V	Transactions With Related Organization	ons Complete if the organization answe	ared "Ves" on Form 990 Part I	V line 34 35h or 36
raitv	ITansactions with helated of gamzation	ons. Complete il the organization answe	eleu ies uni uni 330, Faiti	v, iii ie 34, 330, 0i 30.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
Dividends from related organization(s)			
g Sale of assets to related organization(s)			
n Purchase of assets from related organization(s)			+
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			Ŧ
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)		X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
Sharing of paid employees with related organization(s)		X	Ŧ
Reimbursement paid to related organization(s) for expenses		X	
Reimbursement paid by related organization(s) for expenses			Ŧ
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) ALL TRANSACTIONS ARE UNDER \$50,000		0.	
_(2)			
_(3)			
<u>(</u> 4)			
<u>(5)</u>			
_(6)			

#### Schedule R (Form 990) 2016 DELTA CHI EDUCATIONAL FOUNDATION

#### 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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I	) all s sec. )(3) .? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispr tior	n) opor- nate tions?	(j) General o managing partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2016

Schedule R	(Form 990) 2016	DELTA
Part VII	Supplemental Ir	nformation.

Provide additional information for responses to questions on Schedule R. See instructions.

Term     990-T     Exempt Organization Business Income Tax Return Indo proxy tax under section 603301)     Do not entre SNUTCH     20018       De not entre SNUTCH     Do not entre SNUTCH     Do not entre SNUTCH     Do not entre SNUTCH     20018       De not entre SNUTCH     Do not entre SNUTCH     Do not entre SNUTCH     Do not entre SNUTCH     Do not entre SNUTCH       De not entre SNUTCH     Do not entre SNUTCH     Do not entre SNUTCH     Do not entre SNUTCH     Do not entre SNUTCH       De not entre SNUTCH     Do not entre SNUTCH     Do not entre SNUTCH     Do not entre SNUTCH     Do not entre SNUTCH       De not entre SNUTCH     Print DE UTA CHI EDUCATIONAL FOUNDATION     EUROPERAGE AND			NDED TO NOV					
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3.7203,822.       Gebek arganization type       X 501(c) corporation       501(c) trust       401(a) trust       Other trust         H Description the arganization spinary unrelated business activity.       N/A       N/A       It is a mailined group or a parent-subsidiary controlled group?       Vist       Xist       No         H "Description activity of unrelated business activity.       N/A       Telephone number       (319)       337-4811         Part Light activity of unrelated and entitying number of the parent corporation.       It is a construction of trust       (0) Net       (0) Net         1a Gross regifts for salis       Const regifts for salis       (0) Net       (1) Expenses       (0) Net         1a Gross regifts for salis       Const regifts for salis       Const regifts       (2) Expenses       (0) Net         1a Gross regifts       Const regifts       Const regifts       (2) Expenses       (0) Net         1a Gross regifts       Const regifts       (3) Expenses       (0) Net         1a Gross regifts       Const regifts       (2) Expenses       (2) Net         1a Gross regifts       (3) Expenses       (2) Net       (3) Expenses       (2) Net         1a Gross regifts       Contractivity for more and reshts for a Controlled graphical science       (3) Expenses       (2) Net         1a Gross regifts							531	110
IP Describe the organization's primary unrelated business activity>N/A         During the txy any asts occorrotion a subdicity in an Affliated proper a parent-subsidiary controlled group?       L       Yes       X       No         If Yes, 'enter the name and identifying number of the parent corporation>       If the poices are in care of>       Viss       Xist       No         If the poices are in care of>       JOST TIN STERMAN       Telephone number >>       (319) 337 - 4811         Part L       Unrelated Trade or Business income       (A) Income       (B) Experiments and allowances       (C) Net         2       Cast of goods seld (Schedule A, line 7)       44	C Book value of all assets at end of year	F Group exemption number (See i	nstructions.)	▶				
During the tax year, was the corporation a subsidiary on a parent subsidiary controlled group?         ↓ Yes         ↓ No           If Yes, "enter the name and identifying number of the parent corporation, ▶         JUB 2015 IN SIERMAN         Telephone number ▶ (319) 337-4811           Part of the corporation a subsidiary on an efficient of the parent corporation, ▶         JUB 2015 IN SIERMAN         Telephone number ▶ (319) 337-4811           Part of the corporation a subsidiary on an efficient of the parent corporation, ▶         JUB 2015 IN SIERMAN         Telephone number ▶ (319) 337-4811           Part of the corporation a subsidiary on an efficient of the parent corporation, ▶         JUB 2015 IN SIERMAN         Telephone number ▶ (319) 337-4811           Part of the corporation a subsidiary on an efficient of the parent corporation (a subsidiary control decorporation (a subsidiary control decorporatio (a subsidiary control decorporation (a subsidiary				ı L	501(c) trust	401(a) trust		Other trust
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In books are in care of ▶ JUSTIN SHERMAN         Telephone number ▶ (319) 337 - 48111           Part I         Unrelated Trade or Business Income         (A) Income         (B) Expenses         (C) Net           1a Gross receipts or sales				it-subs	diary controlled group?	<b>P</b> L	Ye	S A NO
Part II       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a Gross recipts or sales       b Less returns and allowances       c					Telenh	one number 🕨 (	319	) 337-4811
1 & Gross receipts or sales       c Balance       t         1 & Gross receipts and allowances       c Balance       t         2       cost of goods sold (Schedule A, line 7)       d         3 & Gross profit. Subtract line 2 from line 1c       3       3         4 & Capital gain net income (attach Schedule D)       44       44         5       line of the state of the s								
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5       Income (loss) from partnerships and S corporations (attach statement)       5       Image: State of the state of the statement)         6       6				4b				
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7       1         8       1         9       Investment income of a section 501(c)(7), (9), or (17) organization (Schef)       8         9       Investment income of a section 501(c)(7), (9), or (17) organization (Schefule 6)       9         11       Advertising income (Schedule 1)       10         12       11       11         13       0.       11         14       13       0.         15       5alaites attach schedule)       13       0.         16       Fart II       Deductions Not Taken Elsewhere (See instructions of dimitations on deductions.)         (Except for contributions, deductions must be directly connected with the unrelated business income.)       14         17       18       14         18       11       14         19       5alaites and wages       15         16       18       18         17       18       18         18       18       19         20       20       20         21       22       22         22       22       22         23       24       23         24       25       25         25       25       25			ach statement)	•				
8       Interest, annuities, royaties, and rents from controlled organizations (Sch. F)       8		,		•				
9       Investment income of a section 50 1(c)(7), (9), or (17) organization (Schedule 6)       9       10         10       Exploited exempt activity income (Schedule 1)       11       11         11       Advertising income (Schedule J)       11       11         12       0ther income (See instructions; attach schedule)       12       13       0.         13       Total. Combine lines 3 through 12       13       0.       14         14       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14         15       Salaries and wages       16       16         17       18       17       18         18       17       18       19         20       18       19       20         21       22       20       20         21       22       22       22         22       22       22       22         23       Depreciation (atach Form 4562)       21       23         24       25       25       25       26         25       26       28       29       0.         24       27       29       0				-				
10       10       10         11       Advertising income (Schedule J)       11       11         12       Other income (See instructions; attach schedule)       12       12         13       Total. Combine lines 3 through 12       13       0.       14         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14       14         15       Salaries and wages       16       16         17       Bad debts       17       18         18       17       18       17         19       Ocharizable contributions (See instructions for limitation rules)       20       20         21       Depreciation (attach Form 4562)       21       22         22       Less depreciation claimed on Schedule A and elsewhere on return       23       24         25       Employee benefit programs       26       27       28         26       27       28       29       0.       30       0.         27       28       29       0.       31       0.       0.         28       0       29       0.       30       0.       0.			- ,	-				
11       Advertising income (Schedule J)       11       12         12       Other income (See instructions; attach schedule)       12       13       0         13       Total. Combine lines 3 through 12.       13       0       0         Part III       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14         14       Compensation of officers, directors, and trustees (Schedule K)       14       15         15       Salaries and wages       16       17         16       Taxes and licenses       19       19         20       Charitable contributions (See instructions for limitation rules)       20       21       22         21       Depreciation (attach Form 4562)       21       22       22         22       Less depreciation claimed on Schedule A and elsewhere on return       22       22       22         22       Less depreciation claimed on Schedule J       26       26       26       26         24       Contributions to deferred compensation plans       24       26       27       28       29       0.         23       Depletion       28       29       0.       28       29       <				-				
12       Other income (See instructions; attach schedule)       12       13       0.         13       Total. Combine lines 3 through 12.       13       0.       14         13       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14         14       Compensation of officers, directors, and trustees (Schedule K)       14         15       Salaries and wages       16         16       17       18         17       Bad debts       17         18       Interest (attach schedule)       18         19       20       20         20       20       20         21       22       22         22       22       22         23       20       20         24       25       23         25       26       25         26       27       26         27       28       29         28       29       0.         29       0.       31         20       29       0.         24       25       29         26       29       0.								
13       Total. Combine lines 3 through 12	12 Other income (See in	structions; attach schedule)						
Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)         14       Compensation of officers, directors, and trustees (Schedule K)       14         15       Salaries and wages       15         16       Ifficers, directors, and trustees (Schedule K)       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       20       20         21       Depreciation (attach Form 4562)       20         22       22       22         22       22       22         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       26       27         26       27       28         29       0.       29         30       0.       0.         31       10       30       0.         32       0.       SEE       STATEMENT 1       31         33       1,000.       33       1,000.       33       1,000.					0.			
14       Compensation of officers, directors, and trustees (Schedule K)       14         15       Salaries and wages       15         16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       26         27       Excess readership costs (Schedule I)       27         28       Other deductions (attach schedule)       28         29       O.       30       0.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       0.         31       Net operating loss deduction (limited to the amount on line 30)       SEE       STATEMENT       1         32       0.       .       31       .       .       33       1,0000.         33 <td< td=""><td></td><td></td><td></td><td>r limita</td><td>ations on deductions.)</td><td></td><td><b>I</b></td><td></td></td<>				r limita	ations on deductions.)		<b>I</b>	
15       Salaries and wages       15         16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       23         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       26         26       Excess exempt expenses (Schedule I)       27         28       29       0.         29       0.       30       0.         29       0.       30       0.         21       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       0.         26       State State State income before specific deduction. Subtract line 31 from line 30       32       0.         30       0.       0.       30       0.       31         31       Unrelated business taxable income befor	(Except for	contributions, deductions must	be directly connected	d with	the unrelated busines	s income.)		
16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Contributions to deferred compensation plans       24         24       Contributions to deferred compensation plans       26         25       Employee benefit programs       26         26       Excess readership costs (Schedule I)       26         27       Contributions (attach schedule)       28         29       O.       30       O.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       O.         31       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       O.         33       1,0000.       33       1,0000.       33       1,0000.	14 Compensation of of	ficers, directors, and trustees (Sche	dule K)				14	
17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22         22       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess readership costs (Schedule I)       27         28       Other deductions (attach schedule)       28         29       O.       30       0         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       0         31       Net operating loss deduction (limited to the amount on line 30)       SEE       STATEMENT       1         32       0.       33       1,000.       33       1,000.         34       Unrelated business taxable income. Subtract line 33 isgreater than line 32, enter the smaller of zero or       33       1,000.								
18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess exempt expenses (Schedule I)       26         27       Z       28         29       O.       29         30       O.       30         31       Net operating loss deduction (limited to the amount on line 30)       SEE       STATEMENT         31       Unrelated business taxable income before specific deduction. Subtract line 29 from line 13       30       0.         33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1,000.         34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or       0								
19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess exempt expenses (Schedule I)       27         27       Detention (attach schedule)       28         29       O.       0         29       O.       0         31       Net operating loss deduction (limited to the amount on line 30)       SEE       STATEMENT       1         31       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       0.         33       1,000.       33       1,000.         34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or       0								
20       Charitable contributions (See instructions for limitation rules)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess exempt expenses (Schedule I)       27         27       Excess readership costs (Schedule J)       27         28       Other deductions (attach schedule)       28         29       O.       30       O.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       O.         31       Vurelated business taxable income before specific deduction. Subtract line 31 from line 30       32       O.         33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1,000.         34       Unrelated business taxable income. Subtract line 32 instructions for exceptions)       33       1,000.								
21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       26         26       Excess exempt expenses (Schedule I)       26         27       Excess readership costs (Schedule J)       27         28       0ther deductions (attach schedule)       28         29       0.       30       0.         30       0.       0.       31         31       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       0.         32       0.       33       1,000.       32       0.         33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1,000.         34       Unrelated business taxable income. Subtract line 32 from line 32. If line 33 is greater than line 32, enter the smaller of zero or       0	19 Taxes and incenses     20 Charitable contribut	ione (See instructions for limitation	rulae)					
22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess exempt expenses (Schedule I)       26         27       Excess readership costs (Schedule J)       27         28       0ther deductions (attach schedule)       28         29       O.       30       0.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       0.         31       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       0.         33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1,000.         34       Unrelated business taxable income. Subtract line 32. If line 33 is greater than line 32, enter the smaller of zero or       0       0							20	
23Depletion2324Contributions to deferred compensation plans2425Employee benefit programs2526Excess exempt expenses (Schedule I)2627Excess readership costs (Schedule J)2728Other deductions (attach schedule)2829O.30Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 133031Net operating loss deduction (limited to the amount on line 30)SEE STATEMENT 131320.331,000.34Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or0							22b	
24Contributions to deferred compensation plans2425Employee benefit programs2526Excess exempt expenses (Schedule I)2627Excess readership costs (Schedule J)2728Other deductions (attach schedule)2829O.30Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 133031Net operating loss deduction (limited to the amount on line 30)SEE STATEMENT 13131320.33Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)331,000.34Unrelated business taxable income. Subtract line 32. If line 33 is greater than line 32, enter the smaller of zero or0								
25Employee benefit programs2526Excess exempt expenses (Schedule I)2627Excess readership costs (Schedule J)2728Other deductions (attach schedule)2829Total deductions. Add lines 14 through 282930Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 133031Net operating loss deduction (limited to the amount on line 30)SEE STATEMENT 132Unrelated business taxable income before specific deduction. Subtract line 31 from line 303233Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)3334Unrelated business taxable income. Subtract line 32. If line 33 is greater than line 32, enter the smaller of zero or20	24 Contributions to det	erred compensation plans					24	
26Excess exempt expenses (Schedule I)2627Excess readership costs (Schedule J)2728Other deductions (attach schedule)2829Total deductions. Add lines 14 through 282930Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 133031Net operating loss deduction (limited to the amount on line 30)SEE STATEMENT 132Unrelated business taxable income before specific deduction. Subtract line 31 from line 303233Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)3334Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or33							25	
272728Other deductions (attach schedule)2829Total deductions. Add lines 14 through 28290.30Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13300.31Net operating loss deduction (limited to the amount on line 30)SEE STATEMENT 13132Unrelated business taxable income before specific deduction. Subtract line 31 from line 30320.33Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)331,000.34Unrelated business taxable income. Subtract line 31 from line 32. If line 33 is greater than line 32, enter the smaller of zero or0	26 Excess exempt expe	enses (Schedule I)					26	
29Total deductions. Add lines 14 through 28290.30Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13300.31Net operating loss deduction (limited to the amount on line 30)SEESTATEMENT 13132Unrelated business taxable income before specific deduction. Subtract line 31 from line 30320.33Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)331,000.34Unrelated business taxable income. Subtract line 31 from line 32. If line 33 is greater than line 32, enter the smaller of zero or0	27 Excess readership of	osts (Schedule J)					27	
30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       0.         31       Net operating loss deduction (limited to the amount on line 30)       SEE       STATEMENT       1         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       0.         33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1,000.         34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or       0								
31       Net operating loss deduction (limited to the amount on line 30)       SEE       STATEMENT 1       31         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       0.         33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1,000.         34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or       0	29 Total deductions. A	dd lines 14 through 28						
32Unrelated business taxable income before specific deduction. Subtract line 31 from line 30320.33Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)331,000.34Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or33								υ.
33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1,000.         34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or       33       1,000.	31 Net operating loss of	equation (limited to the amount on	IINE 30)		DEL STAT	сысил. Т		0
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or								
							33	I,000.
				-			34	0.

Form 990-7	(2016) DELTA CHI EDUCATIONAL FOUNDATION	DELTA CHI EDUCATIONAL FOUNDATION				
Part I	I Tax Computation					
35	Organizations Taxable as Corporations. See instructions for tax computation.					
	Controlled group members (sections 1561 and 1563) check here 🕨 🛄 See instructions an					
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde	r):				
	(1) \$ (2) \$ (3) \$					
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)					
	(2) Additional 3% tax (not more than \$100,000) \$					
C	Income tax on the amount on line 34		►	- 35c		0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount					
	Tax rate schedule or Schedule D (Form 1041)					
37	Proxy tax. See instructions					
38	Alternative minimum tax			. 38		
39	Tax on Non-Compliant Facility Income. See instructions					
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40		0.
	V Tax and Payments	1	1	_		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		_		
	Other credits (see instructions)			_		
	General business credit. Attach Form 3800			_		
	Credit for prior year minimum tax (attach Form 8801 or 8827)					
	Total credits. Add lines 41a through 41d					0.
42	Subtract line 41e from line 40 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66		42		0.
43	<b>T</b> 111 A 115 40 140			44		0.
44 45 o	Payments: A 2015 overpayment credited to 2016		1	. 44		0.
				-		
	2016 estimated tax payments	450 45c		-		
	Foreign organizations: Tax paid or withheld at source (see instructions)	450 45d		-		
	Backup withholding (see instructions)	45e		-		
	Credit for small employer health insurance premiums (Attach Form 8941)	45f		-		
	Other credits and payments:			-		
9	□ Form 4136 □ Other □ Total ►	45g				
46	Total payments. Add lines 45a through 45g			46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached					
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed					0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid					0.
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax		Refunded 🕨	50		
Part \		on (se	e instructions)			
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature	or othe	er authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	may ha	ave to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	foreign	country			
	here					X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansfero	r to, a foreign trust?			Х
	If YES, see instructions for other forms the organization may have to file.					
53	Enter the amount of tax-exempt interest received or accrued during the tax year <b>\$</b> Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s				1-6 14 1- 4m	
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	rer has a	ny knowledge.	lowledge and bei	iei, it is true,	
Here	CHAIRMA	N	ſ	May the IRS disc		with
	Signature of officer Date Title	71.1		the preparer show instructions)?		No
	Print/Type preparer's name Preparer's signature Da	te	Check	if PTIN		110
D-:-!	YVONNE B. DE YVONNE B. DE		self- employe			
Paid					163431	
Prepa	III I IIII I IIIIIIIIII I IIIIIIIIIIII		Firm's EIN		090541	
Use C	8250 WOODFIELD CROSSING BLVD.	SUI				
	Firm's address <b>INDIANAPOLIS</b> , <b>IN</b> 46240		Phone no.	(317)	<u>469-0</u> 1	69
					000 T	

Form **990-T** (2016)

Schedule A - Cost of Goods Sc	old. Enter	method of invent	ory v	aluation 🕨 N/A					
1 Inventory at beginning of year	1			Inventory at end of year			6		
2 Purchases	2			Cost of goods sold. Su					
3 Cost of labor	3		1	from line 5. Enter here					
4a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8	Do the rules of section				Yes	s No
<b>b</b> Other costs (attach schedule)	4b		1	property produced or a	cquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (Fro (see instructions)	om Real	Property and	l Pe	rsonal Property	Leas	ed With Real Pro	per	ty)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
2.	Rent receiv	ed or accrued							- 1-
(a) From personal property (if the percentage rent for personal property is more than 10% but not more than 50%)	ge of	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige	<b>3(a)</b> Deductions directly columns 2(a) a		ected with the incom (attach schedule)	e in
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2(a) a here and on page 1, Part I, line 6, column (A)	• •				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Debt-F			nstru	ctions)		•			
			2	Gross income from		<ol> <li>Deductions directly cor to debt-finant</li> </ol>			
1. Description of debt-financed	d property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable dedu (column 6 x total of 3(a) and 3(b)	columns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
			•			nter here and on page 1, Part I, line 7, column (A).		Enter here and on p Part I, line 7, colum	
Totals						0			0.
Total dividends-received deductions include							•		0.

Form 990-T (2016)

42-6075434

chedule F - Interest	, Annuitie	s, Roya	lties, a					zatio	<b>ns</b> (see ins	struction	าร)
1. Name of controlled organi	ization	<b>2.</b> Em identifi num	cation	3. Net unr	Controlled O related income e instructions)	<b>4.</b> Tota	DNS al of specified hents made	includ	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
1)											
2)											
3)											
4)											
onexempt Controlled Orga	-			0		. 1	10			44 -	
7. Taxable Income		nrelated incon ee instructions		s) <b>9.</b> Total of specified made		nents	10. Part of colu in the controll gross	mn 9 tha ing orgar s income	nization's		eductions directly connec h income in column 10
)											
)											
)											
)											
							Add colur Enter here and line 8, d		e 1, Part I,		dd columns 6 and 11. here and on page 1, Part line 8, column (B).
tals									Ο.		
chedule G - Investn	nent Inco	ne of a	Sectior	1 501(c)(	(7), (9), or	(17) Or	ganizatior	า	-		
(see in	structions)				1		-				
<b>1.</b> De	escription of inco	me			2. Amount of	income	<ol> <li>Deduction</li> <li>directly connection</li> <li>(attach sched)</li> </ol>	ected	4. Set- (attach s	asides chedule)	<ol> <li>Total deduction and set-asides (col. 3 plus col.</li> </ol>
)							(utuon bonot	uuo)			
) )											
3)											
·)											
					Enter here and Part I, line 9, co						Enter here and on pa Part I, line 9, column
als chedule I - Exploite	d Exempt	Activity	Incom	►	r Than Ac	0.	na Incomé				
	tructions)		meon	ie, othe				-			
			<b>3.</b> Ex	penses	4. Net incom		<b>5</b>				7. Excess exemp
1. Description of	unrelated	directly connected		2. Gross directly connected business (column 2 from unrelated trade or business (column 2 from unrelated trade			<ol> <li>Gross incontrol from activity</li> </ol>	that	6. Exp attribut		expenses (colum 6 minus column 5
exploited activity	trade or		of un	related ss income	gain, comput	e cols. 5	is not unrela business inco		colur	mn 5	but not more than column 4).
\ \					through	7.					-
)											
)											
)											
1	Enter her page 1			ere and on 1, Part I,		I					Enter here and on page 1,
	line 10,			, col. (B).							Part II, line 26.
als		0.		0.							
chedule J - Adverti	-										
art I Income Fron	n Periodic	als Rep	orted o	on a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (co col. 3). If a ga	ising gain ol. 2 minus ain, compute rrough 7.	e <b>5.</b> Circula income		6. Read		7. Excess readershi costs (column 6 minu column 5, but not mo than column 4).
)						-					, ·
)					-		<u> </u>				-
	1		1						1		
2) 3)											

0.

►

0.

Totals (carry to Part II, line (5)) ....

42 - 6075434

 

 Form 990-T (2016)
 DELTA
 CHI
 EDUCATIONAL
 FOUNDATION
 42-60754

 Part II
 Income From
 Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

 columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	<b>2.</b> Gross advertising income	<b>3.</b> Direct advertising costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. (	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
Totals from Part I 🛛 🕨	0.	0.			•		0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) 🕨	0.	0.					0.
Schedule K - Compensatio	n of Officers,	Directors, and	Trustees (see in	structions)			
1. Name			2. Title	time d	ercent of evoted to siness		pensation attributable related business
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Total. Enter here and on page 1, Part II, li	ine 14	I		•			0.

Form 990-T (2016)

#### 42-6075434

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FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	66,492.	0.	66,492.	66,492.
12/31/09	28,158.	0.	28,158.	28,158.
12/31/10	8,180.	0.	8,180.	8,180.
12/31/11	8,553.	0.	8,553.	8,553.
12/31/12	6,129.	0.	6,129.	6,129.
12/31/13	1,601.	0.	1,601.	1,601.
12/31/14	4,338.	0.	4,338.	4,338.
NOL CARRYO	VER AVAILABLE THIS	YEAR	123,451.	123,451.

Name

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.

Employer identification number

2

OMB No. 1545-0123

6

42 6075131

DELTA CHI EDUCATIO	NAL FOUNDATIO	N		42-	6075434
Part I Short-Term Capital Ga	ins and Losses - As	sets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	( <b>d</b> ) Proceeds (sales price)	(e) Cost (or other basis)	<b>(g)</b> Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	19,	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
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					
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3 Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)	SEE SI	ATEMENT 2	6	( 170,548.)
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	h		7	-170,548.
Part II Long-Term Capital Gai	ins and Losses - Ass	ets Held More Tha	n One Year		
See instructions for how to figure the amounts to enter on the lines below.	( <b>d</b> ) Proceeds	(e) <sub>Cost</sub>	<b>(g)</b> Adjustments to gai or loss from Form(s) 894	19,	<b>(h)</b> Gain or (loss). Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g	g)	combine thé result with còlúmn (g)
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 line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with <b>Box D</b> checked					
9 Totals for all transactions reported on					
Form(s) 8949 with <b>Box E</b> checked					
10 Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked					
				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-king	d exchanges from Form 8824			13	
				14	
15 Net long-term capital gain or (loss). Combine		nh		15	
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lir	ne 7) over net long-term capita	l loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	,			17	
<b>18</b> Add lines 16 and 17. Enter here and on Form		•			_
the corporation has qualified timber gain, also				18	0.
Note: If losses 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) 2016

Schedule D (Form 1120) 2016 DELTA CHI EDUCATIONAL FOUN	IDATION	42-6075434 Page 2
Part IV Alternative Tax for Corporations with Qualified T	imber Gain.Complete I	Part IV <b>only</b> if the corporation has
qualified timber gain under section 1201(b). Skip this part if you are filing	Form 1120-RIC. See instruc	tions.
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19	
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line	20	
of your tax return	20	
(c) the amount on Part III, line 17	21	
		22
<b>22</b> Multiply line 21 by 23.8% (0.238)		
23 Subtract line 17 from line 20. If zero or less, enter -0-	23	
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) ap	propriate for	
the return with which Schedule D (Form 1120) is being filed		
<b>25</b> Add lines 21 and 23	25	
26 Subtract line 25 from line 20. If zero or less, enter -0-	26	
27 Multiply line 26 by 35% (0.35)		27
28 Add lines 22, 24, and 27		
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) ap	propriate for the	
return with which Schedule D (Form 1120) is being filed		29
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule		
applicable line of your tax return		

Schedule D (Form 1120) 2016

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SCHEDULE D		OVER	STATEMENT	2	
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	
	2011 2012 2013 2014 2015	170,548		170,5	548
CAPITAL LOSS	CARRYOVER TO	CURRENT TAXABLE YI	EAR	170,5	548