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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

Form 990-EZ

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: THE DELTA CHI ASSOCIATION
 Number and street (or P.O. box, if mail is not delivered to street address): C/O SCIARABBA WALKER 410 E UPLAND RD
 Room/suite: _____
 City or town, state or country, and ZIP + 4: ITHACA, NY 14850

D Employer identification number: 06-1444571
 E Telephone number: 607-272-5550
 F Group Exemption Number: _____

G Accounting Method: Cash Accrual Other (specify) _____
 H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no. 4947(a)(1) or 527)

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 21,075.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	Expenses	Net Assets
1 Contributions, gifts, grants, and similar amounts received		18 Excess or (deficit) for the year (Subtract line 17 from line 9)
2 Program service revenue including government fees and contracts		19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3 Membership dues and assessments		20 Other changes in net assets or fund balances (explain in Schedule O)
4 Investment income		21 Net assets or fund balances at end of year. Combine lines 18 through 20
5a Gross amount from sale of assets other than inventory		
5b Less: cost or other basis and sales expenses		
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6 Gaming and fundraising events		
6a Gross income from gaming (attach Schedule G if greater than \$15,000)		
6b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
6c Less: direct expenses from gaming and fundraising events		
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a Gross sales of inventory, less returns and allowances		
7b Less: cost of goods sold		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe in Schedule O)		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		
10 Grants and similar amounts paid (list in Schedule O)		
11 Benefits paid to or for members		
12 Salaries, other compensation, and employee benefits		
13 Professional fees and other payments to independent contractors		
14 Occupancy, rent, utilities, and maintenance		
15 Printing, publications, postage, and shipping		
16 Other expenses (describe in Schedule O)		
17 Total expenses. Add lines 10 through 16		

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2012)

SCANNED JUN 09 2014

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	91,485.	22	100,081.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	91,485.	25	100,081.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	1,312.	26	700.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	90,173.	27	99,381.

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

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

What is the organization's primary exempt purpose? **SEE BELOW**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 **TO PROVIDE SUPPORT FOR CORNELL UNIVERSITY'S HOUSING AND SCHOLARSHIP ACTIVITIES.**

(Grants \$) If this amount includes foreign grants, check here **28a** 4,800.

29

(Grants \$) If this amount includes foreign grants, check here **29a**

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 4,800.

Part IV List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
WILLIAM HOUCK SECRETARY	1.00	0.	0.	0.
FRANK PINTER TREASURER	1.00	0.	0.	0.
NORMAN DAVIDSON PRESIDENT	1.00	0.	0.	0.
MATHEW HYLAND BOARD MEMBER	1.00	0.	0.	0.
VINCENT BARTEMEAU BOARD MEMBER	1.00	0.	0.	0.
RICHARD HALPERN BOARD MEMBER	1.00	0.	0.	0.
JOE GRYZB BOARD MEMBER	1.00	0.	0.	0.
MARK ST MARIE BOARD MEMBER	1.00	0.	0.	0.
ROBERT PLATT BOARD MEMBER	1.00	0.	0.	0.
HOMER WILLIAM FOGLE BOARD MEMBER	1.00	0.	0.	0.
EUGENE PIERCE BOARD MEMBER	1.00	0.	0.	0.
GEORGE NESTERSZUK BOARD MEMBER	1.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:	39a	N/A
a	Initiation fees and capital contributions included on line 9	39b	N/A
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0."/> ; section 4912 <input type="text" value="0."/> ; section 4955 <input type="text" value="0."/>		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed	NY	
42a	The organization's books are in care of	FRANK PINTER Telephone no. 607-272-5550	
	Located at	410 E. UPLAND RD, ITHACA, NY ZIP + 4 14850	
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country: <input type="text"/>		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: <input type="text"/>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

Yes No

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

Sign Here
 Signature of officer: *Norman Davidson* Date: 04-30-2014
 NORMAN DAVIDSON, PRESIDENT
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CAROLYN AUSTIN	<i>Carolyn Austin</i>	4/30/14		P01433679
	Firm's name ▶ SCARABBA WALKER & CO., LLP	Firm's EIN ▶ 16-1071694		Phone no. 607-272-5550	
	Firm's address ▶ 410 EAST UPLAND ROAD ITHACA, NY 14850				

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **THE DELTA CHI ASSOCIATION** Employer identification number **06-1444571**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,405.	20,415.	19,855.	24,185.	20,075.	122,935.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	38,405.	20,415.	19,855.	24,185.	20,075.	122,935.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	6,625.	3,800.	2,250.	1,550.	7,075.	21,300.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	6,625.	3,800.	2,250.	1,550.	7,075.	21,300.
8 Public support. (Subtract line 7c from line 6)						101,635.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	38,405.	20,415.	19,855.	24,185.	20,075.	122,935.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,567.		1,350.	1,000.	1,000.	4,917.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,567.		1,350.	1,000.	1,000.	4,917.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)	39,972.	20,415.	21,205.	25,185.	21,075.	127,852.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	79.49 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	75.73 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	3.85 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	3.17 %

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

THE DELTA CHI ASSOCIATION

Employer identification number
06-1444571

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

1,000.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 11/06/12

AMOUNT GIVEN:

1,400.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 12/11/12

AMOUNT GIVEN:

1,400.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 04/15/13

AMOUNT GIVEN:

1,400.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

4,200.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

THE DELTA CHI ASSOCIATION

Employer identification number

06-1444571

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
<u>BANK SERVICE FEE</u>	<u>408.</u>
<u>CHAPTER SUPPLIES</u>	<u>3,105.</u>
<u>ALUMNI PHONE LINE</u>	<u>600.</u>
<u>MEMORIAL EXPENSE</u>	<u>1,939.</u>
<u>NY STATE DEPT OF LAW</u>	<u>50.</u>
<u>CONFERENCING EXPENSE</u>	<u>315.</u>
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	<u>6,417.</u>

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>ACCOUNTS PAYABLE</u>	<u>1,312.</u>	<u>700.</u>

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

RE: NAME CHANGE ON PAGE 1, BOX B. A NEW YORK STATE CERTIFIED COPY OF

THE ARTICLES OF INCORPORATION HAVE BEEN ATTACHED TO THE RETURN TO

SUPPORT THE CORRECT LEGAL NAME OF THIS ORGANIZATION. THE NAME IN THE

IRS RECORDS FOR THIS ORGANIZATION WAS NOT THE CORRECT LEGAL NAME. THE

ERROR BEGAN WHEN THE SS-4 WAS FILED USING THE INCORRECT 'DOING BUSINESS

AS' NAME AT THE TIME. SEE ATTACHED SS-4 AND PREVIOUS IRS

CORRESPONDENCE.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

		Enter filer's identifying number, see instructions
Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	THE DELTA CHI ASSOCIATION	06-1444571
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	C/O SCIARABBA WALKER 410 E UPLAND RD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ITHACA, NY 14850	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

FRANK PINTER

• The books are in the care of **410 E. UPLAND RD - ITHACA, NY 14850**
 Telephone No. **607-272-5550** FAX No

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **MAY 15, 2014**
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension

THE TAXPAYER RESPECTFULLY REQUESTS AN EXTENSION IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 18, 2014.

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

CERTIFICATE OF INCORPORATION of the
Delta Chi Association.

KNOW ALL MEN BY THESE PRESENTS: That we,
Julius Chambers, John De Witt Warner, Sigmund M. Lehman,
James Ward Warner, Frederick M. Steynas, and John T. Hamilton,
of the County of _____, State of New York,

all citizens of the United States, a majority of whom are
also citizens of the State of New York, being desirous of
forming ourselves into a Society or Club for social purposes,
under the Provisions of Chapter 267 of the Laws of the
State of New York, of the year 1875, and the Acts Amending
the same, hereby certify as follows:

1- The name or title by which the Society or Club
into which we desire to form ourselves as aforesaid, shall
be known in law, shall be The Delta Chi Association.

2- The particular business or object of said
Society or Club shall be to promote social intercourse
between its members and other members of the Delta Chi Association
in the County of _____, State of New York, to provide for the
social and fraternal interests of its members.

Association in the City and County of New York and to main-
tain a Club House with the appurtenances and belongings
usual to Club Houses.

3- The number of Trustees, Directors or Managers
to manage the said Society or Club shall be fifteen.

4- The names of the Trustees, Directors or Mana-
gers of said Society or Club for the first year of its ex-
istence are-

Julius Chambers, Sidney Howard Soule, John De Witt Warner,
Henry A. Monfort, Edwin Gillette, Emilius O. Randall, Freder-
ick M. Stevens, Daniel J. Tompkins, Wibray J. Thompson, Dan-
iel O. Barte, Sigmand M. Lehman, John F. Hamilton, James
Ward Warner, Rollin C. Horr, Herbert D. Schenck.

IN WITNESS WHEREOF we have to this Certificate
respectively signed our names this 9th day of March 1888.

Julius Chambers
John De Witt Warner
Frederick M. Stevens
James Ward Warner

Frederick M. Stevens
John F. Hamilton

State of New York,

City and County of New York, ss:

On this 9th day of March 1888

personally came and appeared before me, Julius Chambers,
John De Witt Warner, Sigmund M. Lehman, James Ward Warner,
Frederick M. Stevens, and John F. Hamilton, known to me and
by me known to be the individuals of such names respective-
ly described in and who executed the foregoing instrument,
and severally acknowledged to me that they executed the
same.

Ernest Brown
Notary Public (77)
NY Co



Certificate of Incorporation.

of the

DELTA CHI ASSOCIATION.

STATE OF NEW YORK.

CLERK OF SECRETARY OF STATE

FILED AND RECORDED MAY 22 1934

Deborah A. Allen
CLERK OF SECRETARY OF STATE

The within Certificate of Incorporation is filed with my consent and approval.

W. C. C. [Signature]

March 15 1934

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN
 OMB No. 1545-0003
 Expires 4-30-94

Please type or print clearly.

1 Name of applicant (True legal name) (See instructions.)
Delta Kappa Epsilon Alumni Association - Delta Chi

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name
% Frank Pinter

4a Mailing address (street address) (room, apt., or suite no.)
c/o Sciarabba Walker & Co.
 200 E. Buffalo Street

4b City, state, and ZIP code
Ithaca, NY 14850

5a Address of business (See instructions.)
262 Belvedere Drive

5b City, state, and ZIP code
Oakdale, NY 11769

6 County and state where principal business is located
Tompkins, NY

7 Name of principal officer, grantor, or general partner (See instructions.) ▶ Frank Pinter
 Treasurer

8a Type of entry (Check only one box.) (See instructions.)

Individual SSN Estate Trust

REMIC Personal service corp. Plan administrator SSN Partnership

State/local government National guard Other corporation (specify) Farmers' cooperative

Other nonprofit organization (specify) Fraternity alumni If nonprofit organization enter GEN (if applicable) N/A

Other (specify) ▶ assoc.

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶ Foreign country N/A State New York

9 Reason for applying (Check only one box.)

Started new business Changed type of organization (specify) ▶

Hired employees Purchased going business

Created a pension plan (specify type) ▶ Created a trust (specify) ▶

Banking purpose (specify) ▶ Other (specify) ▶ see attachment

10 Date business started or acquired (Mo., day, year) (See instructions.) unknown

11 Enter closing month of accounting year. (See instructions.) 06/30

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ None

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural Agricultural Household

14 Principal activity (See instructions.) ▶ social club, to provide fellowship to Alums & undergrads

15 Is the principal business activity manufacturing? Yes No

If "Yes," principal product and raw material used ▶ N/A

16 To whom are most of the products or services sold? Please check the appropriate box.

Public (retail) Other (specify) ▶ Business (wholesale) N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶ N/A Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) see attachment City and state where filed Previous EIN

Under penalties of perjury I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) ▶ Frank Pinter, Treasurer Telephone number (include area code) 516-567-5031

Signature ▶ Frank Pinter Date ▶ 1-4-96

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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mailed 1/11/95