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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning and end	ding					
B 0	Check if ipplicable	C Name of organization		D Employer identific	cation number			
	_Addre	DELTA CHI EDUCATIONAL FOUNDATION						
	Name chang	Doing Business As		42-6	075434			
	Initial return Termir ated	,	om/suite	E Telephone number (319) 337-4811				
	Amend	City or town, state or province, country, and ZIP or foreign postal code	-	G Gross receipts \$	1,506,359.			
	Applic tion pendir			H(a) Is this a group re				
	perion	F Name and address of principal officer: KENNETH SOUSA SAME AS C ABOVE		for subordinates H(b) Are all subordinates in				
1 1	ax-exe	empt status: X 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or L	527		list. (see instructions)			
		e: ► WWW.DCEF.COM		H(c) Group exemption				
		organization: X Corporation	L Year o	of formation: 1954 N	State of legal domicile: IA			
Pa	art I	Summary						
Governance	1	Briefly describe the organization's mission or most significant activities: THE MI EDUCATIONAL FOUNDATION IS TO PROVIDE LEADE.	SSIO RSHI	N OF THE DE	LTA CHI HIP AND			
rna	2	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net as	sets.			
ove		Number of voting members of the governing body (Part VI, line 1a)		3	15			
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15			
es &	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	1			
ΖĘ	6	Total number of volunteers (estimate if necessary)		6	0			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	37,524.			
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	-1,601.			
			<u> </u>	Prior Year	Current Year			
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		528,884.	499,024.			
en	9	Program service revenue (Part VIII, line 2g)	<u> </u>	0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	75,754.	71,551.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	31,107.	37,649.			
	+	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		635,745.	608,224.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	33,612.	445,808.			
		Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0. 121,541.	109,730.			
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	109,730.			
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 137,118	, 		<u> </u>			
쫎			<u>'</u>	178,634.	215,320.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	333,787.	770,858.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	\vdash	301,958.	-162,634.			
SS	19	Revenue less expenses. Subtract line 18 from line 12	Bei	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	100	4,919,664.	3,774,365.			
Ass	21	Total liabilities (Part X, line 16)		1,067,982.	1,092,544.			
net L	22	Net assets or fund balances/Subtract line 21 from line 20		3,851,682.	2,681,821.			
P	art II	Signature Block / /						
		lties of perjury declare that have examined this return, including accompanying schedules an	nd stateme	ents, and to the best of my	y knowledge and belief, it is			
		t, and complete Declaration of oreparer (other than officer) is based on all information of which			1.			
		V (1/0)/		1 / 1/3	1/4			
Sig	n	Signature of officer		Date	' /			
Her		KENNETH SOUSA, TREASURER 5-16						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	d	MICHAEL A. BERLIER VILLANGELLE CPC	- '	5/12/14 If self-employe				
Pre	parer	Firm's name VONLEHMAN & COMPANY INC.		Firm's EIN	31-0905417			
Use	Only	Firm's address 8250 WOODFIELD CROSSING BLVD. SUI	TE 3	00	17) 460 0460			
		INDIANAPOLIS, IN 46240		Phone no (3	17) 469-0169			
14-	المطفي	25 discuss this roturn with the preparer shown above? (see instructions)			X Yes No			

Form 990 (2013)

			Yes	No
ч	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III			х
_		8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			3.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	 -	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			12
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013) DELTA CHI EDUCATIONAL FOUNDATION
Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	22	x	
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		 	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ł
	Schedule J	23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	٣		
24 a	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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
	instructions for applicable filing thresholds, conditions, and exceptions).	ĺ		۱
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			 ₩
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		 ^
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	٠.		 -
JŁ	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>	—	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes, " complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O		X	(0010
		L-0-		いれけつ

Form 990 (2013) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 2 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? За $\overline{\mathbf{x}}$ b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes." enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 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? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter-10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 13b organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

X

Form 990 (2013) DELTA CHI EDUCATIONAL FOUNDA'I LON 42-00/0434 Page
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

٠	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 15										
	If there are material differences in voting rights among members of the governing body, or if the governing			1							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			•							
b	Enter the number of voting members included in line 1a, above, who are independent 15			1							
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?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5											
6	Did the organization have members or stockholders?	6	X								
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	X								
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		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
	The governing body?	8a	Х								
b		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		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
	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?										
	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										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	ın Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14		X							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		Х							
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 ▶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) and 990-T (Section 501(c)(3)s only) are	vailab	le								
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fınar	icial								
	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	·								
	KENNETH SOUSA - (319) 337-4811										
	314 CHURCH STREET, IOWA CITY, IA 52245										

Form	990	(2013)

DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)						(D)	(F)			
Name and Title	Average hours per week	box	not c , unle	Pos heck ss pe	rtion more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099·MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) JAMES M. MARASCIO	1.00	l							^	•		
PRESIDENT	1 00	X		X	_		L.	0.	0.	0.		
(2) CHAD M. WOLETT	1.00				l				•	_		
DIRECTOR	4 00	X			<u> </u>	_	_	0.	0.	0.		
(3) DONALD L. LA PLANTE	1.00					ļ	l		•			
VICE PRESIDENT	1 00	X	_	X			<u> </u>	0.	0.	0.		
(4) JOHN G. TUNILA	1.00								^			
SECRETARY	1 00	X		X		L	_	0.	0.	0.		
(5) KENNETH J SOUSA	1.00									_		
TREASURER	1 00	X	_	X		<u> </u>	<u> </u>	0.	0.	0.		
(6) J DONALD TURK	1.00	١,,	İ						•	^		
DIRECTOR	1 00	X	<u> </u>	_	<u> </u>	ļ	┡	0.	0.	0.		
(7) ROBERT D HENDERSHOT	1.00	۱.,				1		0.	0.	0.		
DIRECTOR	1 00	X		<u> </u>	_	├	┡	0.	0.	<u> </u>		
(8) ROD ARNOLD	1.00	x						0.	0.	0.		
DIRECTOR	1.00	^			<u> </u>	├-	 	- 0.				
(9) LEE P BERLIN	1.00	x					l	0.	0.	0.		
(10) MICHAEL E CARROLL	1.00	^	⊢	\vdash	┝	┢	-	- 0.				
• •	1.00	X				ļ		0.	0.	0.		
(11) LYLE E SPRINKLE	1.00	^	┢	├	⊢	╁	├					
DIRECTOR	1.00	X	l			ļ	ł	0.	0.	0.		
(12) ROY R PAYNE JR	1.00	-	t	-	\vdash		┢					
DIRECTOR	 	x		İ				0.	0.	0.		
(13) PATRICK F. WEBER	1.00		-	ΙT		T	\vdash					
DIRECTOR		x				İ		0.	0.	0.		
(14) RATHENN C DAMLE	1.00	Ť	╁╌	⇈	Т		1	<u> </u>	-			
DIRECTOR		x			ļ		l	0.	0.	0.		
(15) STEVEN R MICHELS	1.00			\vdash	T		T					
MEMBER AT LARGE		x						0.	0.	0.		
					<u> </u>	\perp						
						[1				
	<u></u>	L	<u>L</u>	$oxed{L}$	<u> </u>		L_		<u> </u>	5 000 (2242)		

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average Position (do not check more the box, unless person is to					than		Reportable	Reportable			stimate	
	hours per week					is bot or/trus		compensation	compensation from related			nount (other	of
	(list any	Ē	Γ			I		from the	organization			pensa	tion
	hours for	direc	1			8	ł	organization	(W-2/1099-MI			rom the	
	related	te or	ustee			ensate		(W-2/1099-MISC)	·	,	org	anızatı	on
	organizations	al trus	nal tr		loyee	g comp						d relate	
	below line)	Indiwdual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anızatı	ons
		=	Ë	ŏ	Š.	± 5	윤				 		
	<u> </u>	H	<u> </u>		┝	┢	-				├		
		H											
		_		L	_	_					<u> </u>		
		ł]					
			-										
									. <u> </u>		<u> </u>		
		1											
1b Sub-total	<u> </u>							0.		0.			0.
c Total from continuation sheets to Part V	II, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reportab	ıle			
compensation from the organization								_		—		Yes	No
3 Did the organization list any former officer	, director, or tr	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	+			
line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4 For any individual listed on line 1a, is the si and related organizations greater than \$15									the organization		4		x
5 Did any person listed on line 1a receive or									idual for services	•	-		
rendered to the organization? If "Yes," con	-				_		o.u.	organization of many	10001101001	•	5		X
Section B. Independent Contractors													
Complete this table for your five highest co										npens	ation 1	from	
the organization. Report compensation for (A)	the calendar y	ear	ena	ing v	WILL	Or w	10111	(B)	year		(0	<u></u>	
Name and business	address	N	ON	E				Description of s	ervices	C	Compe		1
							7						
							4						
									_				
2 Total number of independent contractors (including but r	not li	mite	ed to	the	se li	ster	d above) who received n	nore than	\vdash		_	
2 Total number of independent contractors (\$100,000 of compensation from the organ						0				<u> </u>			
											C	gan /	1012

Form **990** (2013)

		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 :	a Federated campaigns	1a					
ira our	ı	Membership dues	1b					
S, G		Fundraising events	1c					
ar /		d Related organizations	1d					
s, G		Government grants (contribu	— — —					
Sign	1	A II - 41 4	· -					
le E	•	similar amounts not included abo		499,024.				
걸친			<u> </u>	53,959.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in line	S 12-11 5	 .	499,024.			
<u> </u>		1 Total. Add lines 1a-1f		Business Code	400,024.			
		_		Busiliess Code				
ķ	2 6							· · · · · · · · · · · · · · · · · · ·
ie g								
E P		·						
Re	•	<u> </u>						
Program Service Revenue		·					 	
_	1	All other program service rev	enue					
\dashv		Total. Add lines 2a-2f						
	3	Investment income (including	aiviaenas, intere	est, and	31,028.			31,028.
		other similar amounts)			31,020.			31,020.
	4	Income from investment of ta	ax-exempt bond p	oroceeds -				
	5	Royalties		_			· .	
	_	_	(i) Real 233, 478.	(II) Personal				
	6 a	Gross rents						
		Less: rental expenses	195,954. 37,524.					
		Rental income or (loss)	37,324.	L	27 524			-
		d Net rental income or (loss)		<u> </u>	37,524.		37,524.	
	7 8	a Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	742,704.	<u> </u>				
	ŧ	Less: cost or other basis	500 101					
		and sales expenses	702,181.					
	•	Gain or (loss)	40,523.				-	44 500
		Net gain or (loss)		>	40,523.			40,523.
ē.	8 8	Gross income from fundraising	ng events (not					
enne		including \$	of					
Ş.		contributions reported on line	e 1c). See					
er		Part IV, line 18	а					
Other Reve	t	Less: direct expenses	b					
Ŭ	(Net income or (loss) from fun	draising events					
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	а					
	t	Less: direct expenses	b					
	(Net income or (loss) from gar	ning activities					_
	10 a	a Gross sales of inventory, less	returns					
		and allowances	а					
	t	Less: cost of goods sold	b					
		Net income or (loss) from sale	es of inventory					
		Miscellaneous Reveni		Business Code				
	11 a	OTHER INCOME		900099	125.			125.
	t							
			-					
		All other revenue						
		Total. Add lines 11a-11d		•	125.			
	12	Total revenue. See instructions.		· •	608,224.	0.	37,524.	71,676.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	omplete column (A)	
٠	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	422,250.	422,250.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	23,558.	23,558.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u></u>
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	109,730.	16,416.	16,416.	76,898.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	1,500.		1,500.	
b	Legal	6,365.		6,365.	
С	Accounting	23,384.		23,384.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	1 163		4 462	
f	Investment management fees	4,463.		4,463.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	C 260		2,756.	2 504
13	Office expenses	6,260. 19,187.		1,155.	3,504. 18,032.
14	Information technology	19,18/.		1,155.	18,032.
15	Royalties	3,600.	1,800.	1,800.	
16	Occupancy	3,000.	1,000.	1,800.	
17	Travel				
18	Payments of travel or entertainment expenses	İ			
	for any federal, state, or local public officials	14,588.		3,097.	11,491.
19	Conferences, conventions, and meetings	14,500.		3,0371	
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	5,185.		5,185.	
23	Insurance	9,437.		9,437.	
23 24	Other expenses. Itemize expenses not covered				·
24	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	ANNUITY EXPENSE	70,862.	0.	70,862.	0.
b	PRINTING AND PUBLICATIO	18,848.	0.	914.	17,934.
c	MISCELLANEOUS	16,765.	0.	7,506.	9,259.
d	TRAVEL IN KIND	13,087.	0.	13,087.	0.
e	All other expenses	1,789.		1,789.	
25	Total functional expenses. Add lines 1 through 24e	770,858.	464,024.	169,716.	137,118.
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)				

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 569,046. 739,659. Cash - non-interest-bearing 1 123,342. 433,309. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L. Assets 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 1,518,572. basis. Complete Part VI of Schedule D 10a 412,969. 2,286,341. 1,105,603. 10c b Less: accumulated depreciation 10b 1,690,667. 1,594,398. 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 39,787. 32,052. 14 14 Intangible assets 39,957. 39,868. 15 15 Other assets See Part IV, line 11 4,919,664. 3,774,365. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 77,324. 107,252. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 18,630. 20,142. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, iabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 788,993. 760,480.24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 183,035 204,670. Schedule D 1,067,982. 092,544. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,345,092. 171,640. 27 27 Unrestricted net assets 1,715,388. 1,702,303. 28 28 Temporanly restricted net assets 807,878. 791,202. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 3,851,682. 2,681,821. 33 33 Total net assets or fund balances 3,774,365. 4,919,664. Total liabilities and net assets/fund balances

	990 (2013) DELTA CHI EDUCATIONAL FOUNDATION	42-	<u>6075</u>	<u>434</u>	Pa	<u>ige 12</u>
Pa	TXI Reconciliation of Net Assets					
-	Check if Schedule O contains a response or note to any line in this Part XI					X
•						
1	Total revenue (must equal Part VIII, column (A), line 12)	1				24.
2	Total expenses (must equal Part IX, column (A), line 25)	2				58.
3	Revenue less expenses Subtract line 2 from line 1	3				34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3			82.
5	Net unrealized gains (losses) on investments	5		10	7,3	34.
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	-1	,11	4,5	61.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	2	, 68	1,8	21.
Pa	t 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 X Accrual Cther					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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					ļ
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,				ļ
	consolidated basis, or both:					l
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				1
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	Ь
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	irt			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	L	l

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

OMB No 1545-0047

Open to Public Inspection

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

DELTA CHI EDUCATIONAL FOUNDATION

Employer identification number 42-6075434

Pa	rt I	Reason	for Public Char	rity Status (All organiz	ations mu	st comple	te this par	t.) See ins	tructions.		-		
The	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one t	oox)				·	
1		A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i)).				
2		A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
3		A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	prtal desc	nbed in se	ction 170	(b)(1)(A)(i	ii). Enter	the hospita	l's nan	ne,
		city, and stat	e'										
5		An organizati	on operated for the	benefit of a college or u	niversity ov	wned or o	perated by	a govern	mental un	ıt describ	oed in		
		section 170	(b)(1)(A)(iv). (Compl	ete Part II.)				-					
6		A federal, sta	ite, or local governm	nent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7	X			-					or from the	general	public desc	cnbed	ın
		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				ceives: (1) more than 33			rom contri	butions, n	nembershi	n fees, a	and aross re	ceints	from
		_		nctions - subject to certa							_		
			•	axable income (less sec	-	-	-				-		
			509(a)(2). (Complete			.,			,e e.ge			,	. •
10				perated exclusively to te	st for publ	ıc safetv. S	See sect io	n 509(a)(4	4).				
11				perated exclusively for the						v out the	e purposes	of one	or
		Ū		•		•				•			
	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	ı Б Т	ype II c T	ype III · Fu	nctionally	ıntegrated	c	ј 🔲 тур	e III - No	n-functional	lly inte	grated
e		* -		at the organization is not	controlled	directly o	r indirectly	by one o				-	-
		foundation m	nanagers and other t	than one or more publicly	y supporte	d organiza	ations des	cnbed in s	ection 50	9(a)(1) or	section 50	9(a)(2)	
f		If the organiz	ation received a wri	tten determination from t	the IRS tha	atıtıs a Ty	pe I, Type	II, or Type	e III			, ,, ,	
		=	rganization, check tl			•							
g			-	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing per	sons?			
_		(i) A person	n who directly or inc	lirectly controls, either al	one or tog	ether with	persons o	described	ın (ıi) and (iii) below	/ ,	Yes	No
		the gove	erning body of the s	upported organization?							11g(i)		
		(ii) A family	member of a person	n described in (i) above?	ı						11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	∍?					11g(iii)		
h		Provide the fo	ollowing information	about the supported or	ganization	(s)							
			-										
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	ı notify the	(vi) ls	the	(vii) Amoun	t of mo	netary
` '		anization		(described on lines 1-9	in col. (i) lis			ion in col.	organizáti (i) organiz U.S	ed in the		port	,
				above or IRC section (see instructions))	governing	aocument?	(i) of you	r support?	U.S	.7			
				(see mandenons))	Yes	No	Yes	No	Yes	No			
								1					
							1						
					ļ <u>.</u>					ļ .			
										ļ			
				 	-		 		-	 	 		
					 	<u> </u>				 			
			1			İ	1]		

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

Schedule A (Form 990 or 990-EZ) 2013

(Form 990 or 990-EZ) 2013 DELTA CHI EDUCATIONAL FOUNDATION 42-6075434 Page 2 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	389,150.	388,674.	351,328.	528,884.	499,024.	2157060.	
2	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to	ı						
	the organization without charge					~ - , 		
4	Total. Add lines 1 through 3	389,150.	388,674.	351,328.	528,884.	499,024.	2157060.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly	1						
	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						2157060.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011 351, 328.	(d) 2012	(e) 2013 499,024.	(f) Total	
7	Amounts from line 4	389,150.	388,674.	351,328.	528,884.	499,024.	2157060.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	184,988.	27,028.	29,449.	36,391.	31,028.	308,884.	
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.)	15,804.	12,478.	2,577.	2,182.	125.	33,166.	
11	Total support. Add lines 7 through 10			•			2499110.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
	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							
Sec	Section C. Computation of Public Support Percentage							
14	Public support percentage for 2013 (line 6, column (f) di	ivided by line 11, o	column (f))		14	86.31 %	
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	84.54 %	
16a	16a 33 1/3% support test - 2013. 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 supp	orted organization	1			\triangleright X	
b	33 1/3% support test - 2012. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box	
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶	
17a	10% -facts-and-circumstances tes	-						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check tl	nis box and stop h	i ere. Explain in Pai	t IV how the orgar	nization	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟⅃	
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the	he "facts-and-circu	mstances" test, c	heck this box and	stop here. Explain	in Part IV how the		
	organization meets the "facts-and-circ	cumstances* test.	The organization of	qualifies as a publi	cly supported orga	anızatıon	▶Щ	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	ınd see instruction	s •	
					Sche	dule A (Form 990	or 990-EZ) 2013	

Schedule A (Form 990 or 990-EZ) 2013 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

	ts listed below, please co	mplete Part II.)				
Section A. Public Suppor	<u>t </u>					
Calendar year (or fiscal year beginn	ing in) 🕨 (a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions,	and					
membership fees received.	(Do not					
include any *unusual grants	.")					
2 Gross receipts from admissi merchandise sold or service formed, or facilities furnished any activity that is related to organization's tax-exempt programmer.	es per- d in o the					
3 Gross receipts from activitie	es that					
are not an unrelated trade o	r bus-	,				
4 Tax revenues levied for the	organ-		-		<u> </u>	
ization's benefit and either p or expended on its behalf	•					
5 The value of services or faci	lities					
furnished by a governmenta	ıl unıt to					
the organization without cha	arge					
6 Total. Add lines 1 through 5	;					
7a Amounts included on lines 1	1, 2, and					
3 received from disqualified	persons			i		
b Amounts included on lines 2 and 3 re from other than disqualified persons to		Ī				
exceed the greater of \$5,000 or 1% o amount on line 13 for the year	 					
c Add lines 7a and 7b						
8 Public support (Subtract line 7c fro	TIT HITS O T	中國經濟學學		, 4		
Section B. Total Support					1	
Calendar year (or fiscal year beginn	ing in) (a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		<u> </u>				
10a Gross income from interest, dividends, payments receive securities loans, rents, royal and income from similar sou	ed on Ities					
b Unrelated business taxable inco	me					
(less section 511 taxes) from bi acquired after June 30, 1975	usinesses					
c Add lines 10a and 10b 11 Net income from unrelated I activities not included in line whether or not the business regularly carried on	e 10b,					-
12 Other income. Do not include or loss from the sale of capitalsets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 1	1, and 12)			<u> </u>		
14 First five years. If the Form	990 is for the organization	n's first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,
check this box and stop he	re					
Section C. Computation	of Public Support F	Percentage				
15 Public support percentage			column (f))		15	%
16 Public support percentage					16	%
Section D. Computation						
17 Investment income percent					17	%
18 Investment income percent	•				18	%
19a 33 1/3% support tests - 20			on line 14, and lin	e 15 is more than		
more than 33 1/3%, check						ightharpoons
b 33 1/3% support tests - 20	012. If the organization di	d not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
line 18 is not more than 33	1/3%, check this box and	stop here. The org	anızatıon qualifies	as a publicly supp	oorted organization	
20 Private foundation. If the o						▶└_

Schedule A (Form 990 or 990-EZ) 2013 DELTA CHI EDUCATIONAL FOUNDATION	42-60/5434 Page
Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a	or 17b, and Part III, line 12.
Also complete this part for any additional information (See instructions).	
•	
	
<u>, , , , , , , , , , , , , , , , , , , </u>	···-
	_
	

332024 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

Name of the organization

DELTA CHI EDUCATIONAL FOUNDATION

Employer identification number 42-6075434

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structi	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ll gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		S
b	Assets included in Form 990, Part X		> \$

		HI EDUCATI					75434		
Par	1 3								
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that are a	significant	use of its	collection ite	ms	
•	(check all that apply)								
а	Public exhibition	d		hange programs					
b	Scholarly research	е	U 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 of				ar assets	_	٦ ٢	-	
	to be sold to raise funds rather than to be ma						_ Yes	No_	
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par	•	ete if the organizatio	n answered "Yes" to	Form 990	i, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	s or other assets no	t included				
	on Form 990, Part X?		•] Yes ☐	□ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
_	3	•	Ü				Amount		
С	Beginning balance				1c				
	Additions during the year				1d				
	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?		-		Yes	No	
	If "Yes," explain the arrangement in Part XIII.			provided in Part XIII					
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four yea	rs back	
1a								9,326.	
b	b Contributions 17,078. 23,411. 9,426. 36,961. 14,2						4,292.		
С	c Net investment earnings, gains, and losses 25,60321,16729,897. 22,132. 117,070							7,070.	
d	Grants or scholarships								
е	e Other expenditures for facilities								
	and programs			554,403.					
f	Administrative expenses	5,269.	5,250.	9,171.	-	-23,425.	I .	8,995.	
g	End of year balance	755,712.	718,300.	721,306.	1,3	352,201.	1,17	1,693.	
2	Provide the estimated percentage of the cur		e (line 1g, column (a	a)) held as [.]					
а		.00	_%						
b	Permanent endowment ► 98.00	<u></u> %							
С	Temporarily restricted endowment ▶	<u>2.0</u> 0 %							
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.							
За	a Are there endowment funds not in the possession of the organization that are held and administered for the organization								
	by Yes No								
	(i) unrelated organizations 3a(i) X								
	(ii) related organizations 3a(ii) X								
b	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?								
4 Describe in Part XIII the intended uses of the organization's endowment funds.									
Pai	Part VI Land, Buildings, and Equipment.								
	Complete if the organization answere								
	Description of property	(a) Cost or o	1	1 ' '	Accumulat		(d) Book va	lue	
		basis (investr		(other) de	epreciation	'	100,	000	
	Land	100,			201 0	03	970,		
	Buildings	1,351,	490.		381,0	03.	3/0,	40/.	
	Leasehold improvements					-+			
	Equipment	27	082.		31,9	66	35	116.	
	Other (Colored (1) months			10(0)	J 1 , 3		1,105,		
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	x, column (B), line	(C).)				555.	

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	to Form 990, Part IV,			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation. Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)			<u> </u>	
(E)	·			
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12)	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1)				<u>-</u>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			· · · · · · · · · · · · · · · · · · ·	
Part IX Other Assets.				
Complete if the organization answered "Yes"		line 11d. See Form 990,	Part X, line 15.	(b) Book value
	Description	 .		(b) BOOK Value
(1)				-
(2)				
(3)				
(4)				
(5)	· · ·			
(6)	 			
(8)				
(9)	15\			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	. 13.)			
Complete if the organization answered "Yes"	to Form 990 Part IV	line 11e or 11f See Form	990 Part X line 25	
(a) Description of liability	10 1 01111 330, 1 arc 14,	(b) Book value	1330,1 arc x, iii 22	·
11 11 11 11 11 11 11 11 11 11 11 11 11		(2) 20011 12.00		
(1) Federal income taxes (2) GIFT ANNUITY PAYABLE		204,670.		
		201,070	1	
(3)			1	
(4)		············		
(5)				
(6)			1	
(7)			1	
(8)			1	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	≥ 25.)	204,670.	1	
Total. (Column (b) must equal Form 330, Fait A, col. (b) line	- E-U-I	202,0.00	<u> </u>	

^{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) 2013

OF THE FOUNDATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL SIGNIFICANT

Schedule D (Form 990) 2013 DELTA CHI EDUCATIONAL FOUNDATION	42-6075434 Page 5
Part XIII Supplemental Information (continued)	
POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES NETTED	195,954.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES NETTED	195,954.
DEPRECIATION BOOK TO TAX DIFFERENCE	933.
ALLOWANCE FOR PROPERTY IMPAIRMENT	1,113,628.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,310,515.
	•
	
	

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public OMB No 1545-0047

066mo

Department of the Treasury	► Attach to Form 990.
Internal Revonue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/i
Name of the organizate	u

DELTA CHI EDUCATIONAL FOUNDATION

Part I... General Information on Grants and Assistance

Employer identification number

Inspection

42-6075434

-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	criteria used to award the grants or assistance?	X Yes
8	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
ρď	्मक्रिक्ति Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	21, for any
	socialisat that socialised more than \$5,000 Bart II can be displaced if additional enace is peopled	

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if additi	ional space is need	led.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELTA CHI FRATERNITY P.O. BOX 1817 IOWA CITY, IA 52244	42-0212285		144,778.	0.	воок	NOT APPLICABLE	LEADERSHIP CONFERENCE
UPSILON ALUMNI CORP P.O. BOX 145 STEGER, IL 60475	37-6055868		18,742.	0	ВООК	NOT APPLICABLE	RESIDENCE REFURBISHING
KNOLL MANAGEMENT 410 EAST UPLAND RD ITHACA, NY 14850	20-5689545		204,590.	- 0	0.BOOK	NOT APPLICABLE	PROPERTY IMPROVEMENTS AND EDUCATIONAL GRANT
MISSISSIFI STATE BUILDING CORPORATION - P.O. BOX 790 - STARKSVILLE, MS 39760	34-0435674		50,000.	0.	0.BOOK	NOT APPLICABLE	EDUCATIONAL GRANT
•				t			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	e line 1 table				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

Page 2

Schedule I (Form 990) (2013)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule I (Form 990) (2013)

Part III Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CHAPTER SCHOLARSHIP & AWARDS	81	23,558.	0	COST	
Eart.W Supplemental Information. Provide the information required in	quired in Part I, lin	e 2, Part III, column	n Part I, line 2, Part III, column (b), and any other additional information	Iditional information	
PART I, LINE 2:					
EXPLANATION: A GRANT IS AWARDED TO	DELTA	CHI FRATERNITY	ITY FOR THEIR	EIR	
LEADERSHIP CONFERENCE. A REQUEST F	FOR THE GI	THE GRANT IS RE	RETAINED ALONG WITH	NG WITH THE	
SCHEDULE OF EDUCATIONAL ACTIVITIES	S THAT ARE	PART	OF THE LEADERSHIP	SHIP	
CONFERENCE.					

SCHOLARSHIP AWARDS PROVIDED TO INDIVIDUALS ARE BASED UPON SCHOLARSHIP

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

ENDEAVORS TO SUPPORT AWARDING A SCHOLARSHIP.

332102 10-29-13

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number

OMB No 1545-0047

Open to Public

Name of the organization

DELTA CHI EDUCATIONAL FOUNDATION

42-6075434

Pai	t I Types of Property						
		(a)	(b) Number of	(c) Noncash contribution	(d)	tormining	
		Check if applicable	contributions or	amounts reported on	Method of de noncash contribu	_	nts
		арріісавіс		Form 990, Part VIII, line 1g	1101104011 001111120		
1	Art - Works of art						
2	Art · Historical treasures						
3	Art · Fractional interests						
4	Books and publications		Mary Mary Property of			<u></u>	
5	Clothing and household goods		超到1667000				
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	2	40,872.	FMV		
10	Securities - Closely held stock						<u></u>
11	Securities - Partnership, LLC, or	-					
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution · Other						
15	Real estate · Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory			<u> </u>			<u> </u>
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (TRAVEL)	Х	1	13,087.	COST	 	
26	Other ()						
27	Other ()						
28	Other ()			<u> </u>			
29	Number of Forms 8283 received by the organi		•				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			
						Ye	No_
30a	During the year, did the organization receive b						
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exen	npt purposes for		v
	the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						x
31	Does the organization have a gift acceptance					31	+^-
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell noncash			x
	contributions?					32a	 ^
b	If "Yes," describe in Part II.				t d		1
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is ch	ескеа,		
	describe in Part II.						Ь

Schedule M	(Form 990) (2013)	DELTA C	HI EDU	CATIONAL	FOUNDA	TION	4	2-6075434	1 Page 2
Part II	Supplementa is reporting in Part this part for any a	Information Information	n. Provide the	e information re	quired by Part	I. lines 30b, 32b.	and 33, and r a combina	d whether the orgation of both Also	anization
	- '- -		-						
								_	
				· —					
		·							
					·				
							· · · · · · · · · · · · · · · · · · ·		
					 				
_					-		·	<u> </u>	
			<u> </u>						
									
					 				<u> </u>
									
					· · -				
		_							
									
					<u>.</u>	-			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

DELTA CHI EDUCATIONAL FOUNDATION

Employer identification number 42-6075434

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OTHER EDUCATIONAL SUPPORT TO THE UNDERGRADUATE MEMBERS AND CHAPTERS OF THE DELTA CHI FRATERNITY. FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: DELTA CHI'S WHO HAVE MADE A CONTRIBUTION OF MONEY OR PERSONAL PROPERTY TOTALING \$200 OR MORE IN A CALENDAR YEAR BECOME VOTING MEMBERS OF THE DELTA CHI EDUCATIONAL FOUNDATION. MEMBERS OF THE DCEF BOARD OF DIRECTORS MUST MAINTAIN A YEARLY CONTRIBUTION LEVEL OF \$1,000 WHILE THEY SERVE ON THE BOARD. THE BOARD OF DIRECTORS ELECTS IT'S OFFICERS AND

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

MEMBERS OF ITS EXECUTIVE COMMITTEE.

EXPLANATION: MEMBERS ARE ENTITLED TO BE ABLE TO CAST VOTES IN ELECTING MEMBERS OF THE BOARD OF DIRECTORS. DCEF MEMBERS WITH VOTING RIGHTS MAY VOTE IN PERSON, BY MAIL, OR BY PROXY EXECUTED IN WRITING.

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

EXPLANATION: 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:

EXPLANATION: MEMBERS OF THE DCEF BOARD OF DIRECTORS ARE REQUIRED TO

DISCLOSE SITUATIONS THAT COME TO THEIR ATTENTION WHEREBY THEY MAY HAVE A

FORM 990, PART XII, LINE 2C:

EXPLANATION: ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY

FOR OVERSIGHT OF THE AUDITED FINANCIAL STATEMENTS AND SELECTION OF THE

Schedule O (Form 990	or 990-EZ) (2013)			Page 2
Schedule O (Form 990 Name of the organization	DELTA CHI	EDUCATIONAL	FOUNDATION	Employer identification number 42-6075434
INDEPENDENT	ACCOUNTANT.			
				·
			1	
	·			
				·····

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► See separate instructions.

2013

OMB No 1545-0047

Open to Public Inspection

Employer identification number 42-6075434

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

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

DELTA CHI EDUCATIONAL FOUNDATION

(a)	(q)	(၁)	(0	(e)	€	•
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling	
of disregarded entity		foreign country)			entity	·
DCEF CORNELL LLC						ı
P.O. BOX 383						
COLUMBUS, IN 47202	REAL ESTATE	INDIANA	233,478.	1,249,701,N/A	N/A	ı
						1
						ı
						ı
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	ations Complete if the organization ans	swered "Yes" on Form 990, Par	t IV, line 34 because	e it had one or more	related tax-exempt	1

Partilly Identification of Related Tax-Ex

חשם ל אם חודם מחוווס מחווים מיים של אים							
(a)	(q)	(0)	(g)	(e)	£	(g)	(P)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	gullo	control	led (c) Yel
of related organization		foreign country)	section	status (if section	entity	entity	٠
				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		×
				•		-	

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

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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)	(q)	(0)	(p)	(e)	(£)	(6)	Œ	(9)	8	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Oisproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)		doseis	Yes No	K-1 (Form 1065)	Yes	
									_	
	•									
	T									
	•				:			•		
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.	ganizations Taxable a	as a Corpo	pration or Trust Cor	mplete if the organizatic	on answered "Yes	" on Form 990, Pa	ırt IV, line 34	because it had on	e or mo	re related

Yes No (i) Section 512(b)(13) controlled entity? Percentage ownership Ξ Share of end-of-year assets **6** Share of total income ε Type of entity (C corp, S corp, or trust) <u>e</u> (d)
(Direct controlling entity Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

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

				L
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	1			Yes No
		פומנפט טושמו ווצמנוטווט ווטנפט		+-+
 b Giff, grant, or capital contribution to related organization(s) 				<
c Gift, grant, or capital contribution from related organization(s)				
d Loans or loan guarantees to or for related organization(s)				1d ×
e Loans or loan guarantees by related organization(s)				1e X
				1
f Dividends from related organization(s)				# X
g Sale of assets to related organization(s)				Y X
h Purchase of assets from related organization(s)				+ X
i Exchange of assets with related organization(s)				ı: X
j Lease of facilities, equipment, or other assets to related organization(s)				1, X
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			1 X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			X X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			t X
o Sharing of paid employees with related organization(s)				10 X
				À
p Heimbursement paid to related organization(s) for expenses				#
 Reimbursement paid by related organization(s) for expenses 				1 ₀
r Other transfer of cash or property to related organization(s)				1r X
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1) DELTA CHI FRATERNITY	В	144,778.COST	COST	
(2) DELTA CHI FRATERNITY	M	28,588.COST	COST	
(3)				
(4)				
(5)				
(6) 332163 09-12-13			Schedule F	Schedule R (Form 990) 2013

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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

Schedule H	(Form 990) 2013 DELTA CHI EDUCATIONAL FOUNDATION	42-00/3434 Page 5
Part VII	Supplemental Information	
	Provide additional information for responses to questions on Schedule R (see instructions)	
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