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#### Form 990-PF

### EXTENDED TO AUGUST 17, 2015 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

| Information about Form 990-PF and its separate instructions is about its.gov/form990pf.

rui	Laib	muar year 2014 or tax year beginning		, and ending		
Na	ime c	of foundation			A Employer Identification	n number
I	EI	PHI FOUNDATION, INC.			38-3442971	_
		and street (or PO box number if mail is not delivered to stre	et address)	Room/suite	B Telephone number	
_		BOX 5086			(248) 813-	-2531
		town, state or province, country, and ZIP or foreign	postal code		C If exemption application is p	pending, check here
_		Y, MI 48098-5086	<del></del>		1	
G	Chec	k all that apply		ormer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return		Foreign organizations management of the charge and attach or charge and attach or charge.	eeting the 85% test,
н	Chec	Address change  k type of organization. X Section 501(c)(3)	Name change exempt private foundation			
ï	_	ection 4947(a)(1) nonexempt charitable trust	Other taxable private foundation	ation	E If private foundation sta	
_ <u></u> 			iting method Cash	X Accrual	under section 507(b)(1	
		·	Other (specify)	Las Accida	F If the foundation is in a under section 507(b)(1	
	►\$	16,974,009. (Part I, co.		basis.)	ander section cov(b)(1	//D/, CHOCK HOLD
P	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		necessarily equal the amounts in column (a) )	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, grits, grants, etc., received			N/A	
	2	Check X if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	172,741.	172,741.		STATEMENT 1
	4	Dividends and interest from securities	211,854.	211,854.		STATEMENT 2
	Ι.	Gross rents		·		
	1 _	Net rental income or (loss)	241,481.	······································	, , , , , , , , , , , , , , , , , , ,	***************************************
9	Da	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a  2,774,967.	241,401.			
Revenue	7	Capital gain net income (from Part IV, line 2)	. "	241,481.	\$75 C. A.	
æ	8	Net short-term capital gain		241,401.	ME TO	
	9	Income modifications			8	
Ø	10a	Cross sales less returns				<b>6</b>
	b	Less Cost of goods sold		**************************************		li iz
2	G	Gross profit or (loss)			- OCDE	N. 177
23	11	Other income .				
	12	Total. Add lines 1 through 11	626,076.	626,076.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
AUG	14	Other employee salaries and wages		<del></del>		
	15	Pension plans, employee benefits				
⊕Š	10a	Legal fees STMT 3	15,650.	7,825.		7 025
		Other professional fees STMT 4	64,961.	64,961.		7,825.
Œ,	17	Interest	01,301.	04,501.		
ra ţ	18	Taxes STMT 5	9,178.	0.		0.
nist	19	Depreciation and depletion				
<u> </u>	20	Occupancy				
Ā	21	Travel, conferences, and meetings				
auc	22	Printing and publications				
gu	23	Other expenses .				
rati	24	Total operating and administrative				
のperating and Administrative Expenses		expenses. Add lines 13 through 23	89,789.	72,786.		7,825. 1,024,250.
-	25	Contributions, gifts, grants paid	1,024,250.			1,024,250.
	26	Total expenses and disbursements.	1 114 020	72 706		1 022 025
_	27	Add lines 24 and 25 Subtract line 26 from line 12	1,114,039.	72,786.		1,032,075.
		Excess of revenue over expenses and disbursements	<487,963.	>		
		Net investment income (if negative, enter -0-)	-10,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	553,290.		
_	C	Adjusted net income (if negative, enter -0-)		,250	N/A	
4225				·····	· •	·····

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DELPHI FOUNDATION,

Form 990-PF (2014)

	be the kind(s) of property sold (e g ehouse, or common stock, 200 sha		(1	b) How acquired P - Purchase D - Donation	(c) Date acq (mo , day,		(d) Date sold (mo , day, yr )
1a PUBLICLY-TRADE	SECURITIES			P			
<u>b</u>							
<u>c</u>							
<u>d</u>		<del></del>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		(h) Gain (e) plus (f)		
a 2,774,967.			2,533,486	•			241,481
<u>b</u>							
2							
<u>d</u>							
<u> </u>		<u> </u>					
Complete only for assets showing	gain in column (h) and owned by				Gains (Col (k), but not		
(I) F M.V. as of 12/31/69	(I) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any	COI	Losses (fro	om col (h	1))
<u>a</u>	<del></del>						241,481
<u>b</u>	<del></del>						
C d							<del> </del>
e		<del>                                     </del>	<del></del>	<del>-   </del>			
	( If gain, also entar	rın Dort Lina	7	<u>,                                    </u>			
2 Capital gain net income or (net cap	ortal loss) $ \begin{cases} & \text{If gain, also enter} \\ & \text{If (loss), enter -0} \end{cases} $	- in Part I, line	, 7	2			241,481.
3 Net short-term capital gain or (loss		nd (6)	`	1			
If gain, also enter in Part I, line 8, of the state of th	column (c)			}   <sub>3</sub>		N/A	
	nder Section 4940(e) for	Reduced	Tax on Net In	vestment Inco	ome		
If section 4940(d)(2) applies, leave thi Was the foundation liable for the secti If "Yes," the foundation does not qualif	on 4942 tax on the distributable am		•	1?		1	Yes X No
	ach column for each year, see the ir			ies			
(a) Base period years Calendar year (or tax year beginnin	(b) g in) Adjusted qualifying dist	tributions		(c) hantable-use assets	(col	Distribu (b) divid	(d) ition ratio ded by col (c))
2013		6,211.	1	6,382,814	•		.057146
2012		5,176.		5,793,249			.058580
2011		0,397.		5,976,806			.051349
2010		5,187. 6,647.		5,733,777. 4,276,623.			.051176
2009	10	0,04/.	1	4,2/0,023	<del>-</del> -		.033100
2 Total of line 1, column (d)					2		.273351
3 Average distribution ratio for the 5	-vear base period - divide the total o	on line 2 by 5.	or by the number of	vears			
the foundation has been in existen			<b>,</b>	,	3		.054670
4 Enter the net value of nonchantable	e-use assets for 2014 from Part X, l	line 5			4	16	,916,176
5 Multiply line 4 by line 3					5		924,807.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)				6		5,533.
7 Add lines 5 and 6					7		930,340.
8 Enter qualifying distributions from	Part XII, line 4				8_	1	.,032,075.
If line 8 is equal to or greater than I	ine 7, check the box in Part VI, line	1b, and comp	lete that part using a	1% tax rate	-		

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Form **990-PF** (2014)

For	m 990-PF (2014) DELPHI FOUNDATION, INC.					-3442			Page 4
P	art VI Excise Tax Based on Investment Income (Section 494	10(a),	4940(b), 49	40(e), or 4	948	- see i	nstr	ıctio	ns)
1	a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and	enter "N/	A" on line 1	)					
	Date of ruling or determination letter: (attach copy of letter if ne			ıs)		1			
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	$\triangleright X$	and enter 1%	•	1			5,5	33.
	of Part I, line 27b						,		
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4			(b) J		1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	Others er	nter -0-)		_2	Ļ			0.
3	Add lines 1 and 2		•		3	ļ		<u>5,5</u>	33.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	Others e	nter <b>-</b> 0-)		4	<u> </u>			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				5	<u> </u>		5,5	33.
6	Credits/Payments	1 -	ı	F (F0					
	a 2014 estimated tax payments and 2013 overpayment credited to 2014	<u>6a</u>	<del> </del>	5,658.		1			
	b Exempt foreign organizations - tax withheld at source	6b	<del> </del>						
	c Tax paid with application for extension of time to file (Form 8868)	<u>6c</u>	<u> </u>						
	d Backup withholding erroneously withheld	_6d	<u> </u>						
′	Total credits and payments Add lines 6a through 6d				7			<u>5,6</u>	58. 53.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached			8	<u> </u>			<u>53.</u>
40	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<b>•</b>	9_	ļ			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		70 1		10				72.
	Enter the amount of line 10 to be: Credited to 2015 estimated tax		12.	Refunded 🕨	11	<u> </u>			0.
	art VII-A Statements Regarding Activities							1.4	T
17	a During the tax year, did the foundation attempt to influence any national, state, or local legi-	slation o	r did it participa	te or intervene	ın		<u> </u>	res	No
	any political campaign?						1a	<del></del>	X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purpo						1b		X
	If the answer is "Yes" to $1_{\Omega}$ or $1_{D}$ , attach a detailed description of the activities are	па соріє	es of any mate	riais publishe	ed or	l			
	distributed by the foundation in connection with the activities.							İ	J.
	Did the foundation file Form 1120-POL for this year?					ĺ	10		X
٠	1 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the (1) On the foundation   \$\bigsim \text{\$\texit{\$\text{\$\text{\$\text{\$			0.					
	E Enter the reimbursement (if any) paid by the foundation during the year for political expend								
٠	managers > \$ 0.	iiluie lax	miposeu on ioi	mation		ł			
2	Has the foundation engaged in any activities that have not previously been reported to the I	BC2					2		Х
_	If "Yes," attach a detailed description of the activities.	110.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing	inetriime	ant articles of in	cornoration o	ır				
-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		one, articles of in	corporation, o	'	1	3		х
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year						4a		X
	o if "Yes," has it filed a tax return on Form 990-T for this year?				N	/A	4b		<del></del>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year	7					5		X
	If "Yes," attach the statement required by General Instruction T.					.		, , ,	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	ither							
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so that no mandator	ry directi	ons that conflict	with the state	law				
	remain in the governing instrument?	-					6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," cor	mplete l	Part II, col. (c),	and Part XV			7	X	
		·	• • •						
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) 🕨							
	MI								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney	General (or desi	gnate)					
	of each state as required by General Instruction G? If "No," attach explanation	-	,	- •			_8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of se	ction 49	42(j)(3) or 4942	(j)(5) for calei	ndar				
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," of					[	9		_X_
10	Did any persons become substantial contributors during the tax year? If 'yes' attach a schedule	ile lietina i	their names and ac	dresses		Ī	10		X

Forr	n 990-PF (2014) DELPHI FOUNDATION, INC.	38-3442	2971		Page 5
P	art VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p	e de la constant			- <u>A</u>
12	If "Yes," attach statement (see instructions)	rivileges	40		v
40			12	v	<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	.37	13	X	<u> </u>
	Website address ► WWW.DELPHI.COM/RESPONSIBILITY/DELPHI-FOUNDATIC		013	7.5	31
14	The books are in care of DAVID SHERBIN  Telephone no.		813		
	Located at ► 5725 DELPHI DRIVE, TROY, MI	ZIP+4 ▶48	<u> </u>	-50	80
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			▶	•
	• • • • • • • • • • • • • • • • • • • •	15	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		ı	Yes	l
	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If "Yes," enter the name	e of the			
	foreign country		<u> </u>		
P	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		p		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1	a During the year did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	es 🗓 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	es 🗓 No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	es X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	es X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		-		
	for the benefit or use of a disqualified person)?	es 🗶 No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	if the foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days )	es X No			
ı	o If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations		-		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		L
	Organizations relying on a current notice regarding disaster assistance check here		., .,		
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2014?		10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in section 4942(j)(3) or 4942(j)(5))				
í	a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginnin				
	before 2014?	es X No			
	If "Yes," list the years ▶,,,				
ı	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				
	statement - see instructions )	N/A	2b		
(	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here				
	<b></b>				
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the year?	es X No			
t	o If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons aft	er			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to d	•			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C				
	Form 4720, to determine if the foundation had excess business holdings in 2014.)	N/A	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose	that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?		4h		X

Se Dumg the year did the foundation pay or mour any amount to   (1) Carry on propagnida, or otherwise attempt to enfluence legislation (section 4945(e))?   Ves	Form 990-PF (2014) DELPHI FOUNDATION, INC.	450654 5	<del></del>	38-34429	<u>' / L</u>	Page 6
(1) Carry on propagation, or otherwise alternot to influence legislation (section 4945(s))?  (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (3) Provide for any purpose other than religious, charitable, etc., organization described in section  495(0)(4)(A)? (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  1) If any answers "is** 155 (15)(4) dut any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  (1) If "is*se," is fast the statement recytered by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal binefic contract?  If "is*se," is Cas, fine-Time 350.  7a All any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes \( \) No  1 Lifts, 3 of the foundation accessive any process or have any net income attributible to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Manaagers, Highly  Paid Employees, and Contractors  (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE."  (b) Rome and address of each employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Name and address of each employees (other than those included on line 1). If none, enter "NONE."  2) Compensa		Form 4720 May Be	<b>Required</b> (contin	ued)	<del></del>	<del></del>
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration driver?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(G)(4)/(4) Ceae instructions)  (5) Provide for any purpose other than religious, charitable, etc., organization described in section 4945(G)(4)/(4)/(4) Ceae instructions)  (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the purpose of the control of the purpose of the pu	· · ·					
any voter registration drive?      3  Provide a grant to an organization other than a chantable, etc., organization described in section   Yes   No   4945(0)(4)(A)? (see antiructions)   Yes   No   Yes   Ye			-	es X No		
(3) Provide a grant to an organization other than a charatals, etc., organization described in section 495(0)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of curety to fulfier or ansmas?  10 I flary answer is "ves" to \$5(1)(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$3.4945 or in a current floorise regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here 2 If the answer is "ves" to question \$5(4), does the foundation claim exemption from the tax because it maintained oxpenditure reposition by for the grant?  If "Yes," attach the statement required by Regulations section \$3.4945-5(d).  By Carry or the composition of the grant?  Yes X No  So Did the foundation, during the say, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  In organization were all the same and addition a party to a prohibited tax shelter transaction?  Yes X No  By X  No  By X	·	or to carry on, directly or indii		}		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)/2 (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  If it any answer is "Yes to Sa(1)/6, dut any of the transactions fail to qualify under the exceptions described in Regulations section S3 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  If "Yes," and the foundation of grant?  If "Yes," and the foundation of grant?  If "Yes "S to 80, file Form 8370.  The state of the foundation of grant state of grant and grant state of grant st						
4945(d)(4)(A) (See instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruety to children or ainmats?  10 If any answer is "Yes to Sat1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance check here if the answer is "Yes to question 564), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(c).  But the foundation, during the year, neave any hads, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Regulations section 53.4945-5(c).  But the foundation during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," at a lay time during the tax year, receive any hads, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," at 60, hile Form 8870.  At all any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  If any any time of the foundation of the properties of the foundation managers and their compensation.  (a) Name and address, coundation managers and their compensation.  (b) Title, and average hours of the properties of the properties of the properties of the properties.  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (e) Expense and address of each employee pad more than \$50,000   the properties of the prope	(3) Provide a grant to an individual for travel, study, or other similar purposes	32	Ye	es 🔼 No 🕴		
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average (e) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE"	• • • • • • • • • • • • • • • • • • • •	on described in section				
b If any answer is "Yes" to \$6.1(1)-(5), did amy of the transactions fail to qualify under the exceptions described in Regulations section \$3.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answers "Yes" to existion \$5.4(), does the foundation of lamb exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach: the statement required by Regulations section \$5.4945-5(d).  But the tomothon, during the lax, receive any funds, directly or indirectly, on a personal benefit contract?  If "Yes "to \$6, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If "Yes "to \$6, file Form 8870.  7a At any time during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  If "Yes "to \$6, file Form 8870.  7a At any time during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  If "Yes "to \$6, file Form 8870.  7a At any time during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  If "Yes "to \$6, file Form 8870.  7b If "Yes "A no	4945(d)(4)(A)? (see instructions)		Yo	es X No		
b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to quastion 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," at a fire form 8870.  The "Yes" to 6b, fire Form 8870.  If "Yes," did the foundation, during the year, was the foundation a party to a prohibited tax sheller transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  It is all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Trie, and average hours per week deather.  (b) Trie, and average hours per week deather.  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees fother than those included on line 1). If none, enter "NONE."  (e) Expense allowances  NONE  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees for the none included on line 1). If none, enter "NONE."  (e) Expense allowances  (b) Trie, and average hours per week devoted to position of the process of the paid	(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or				
section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance stock here  it if the answer is "Yes" to question 53.4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," after the statement required by Regulations section 53.4945-5cfd.  Bit Did the foundation, during the year, per permitures, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870.  At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  In tryes, "did the foundation receive any proceeds or have any net moorne attributable to the transaction?  It is all officers, directors, trustees, foundation menagers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1), if none, enter "NONE."  2 Compensation of five highest-paid employees (other than those included on line 1), if none, enter "NONE."  (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1), if none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1), if none, enter "NONE."  (d) Corrections account, other allowables of each employee paid more than \$50,000  (e) Expense hours per week devoted to position of five highest-paid employees and country per week devoted fevolted to position devoted the foundation accountry of the paid of the foundation of five highest-paid employees (other than those included on line 1), if none, enter "NONE."  (e) Expense of each employee paid more than \$50,000  (f) Compensation (e) Compensation accountry to the paid of the foundation of the highest paid expense of the foundation of the highest paid expense of the foundation of the highest paid expense of the foundatio	the prevention of cruelty to children or animals?		Yo	es X No		
Organizations relying on a current notice regarding disaster assistance check here  c if the answer is "Yes" to question 53494, does the foundation daline exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes" attach the statement required by Regulations section 53.4945-5(d).  5a Did the foundation, during the year, neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 85, the Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If "Yes" to 85, the Form 8870.  1 List all officers, directors, trustees, foundation managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (e) Expense account, other conversation of the highest-paid employees and more than \$50,000 (b) Title, and average hours per week devoted to position of the highest-paid employees are conversation of the highest-paid employees are conversation of the highest-paid employees are conversation of the highest paid employees are conversation of the highest paid employees are conversation.	the state of the s		in Regulations	, f		
c if the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  N/A   Yes   No   N/A   Yes' to the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes' to 6b, file Form 8870.  7 At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?   Yes   No   N/A   To   N/A   To   N/A   Yes' to 6b, file Form 8870.  7 At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?   Yes   No   N/A   To   N/A   T	section 53 4945 or in a current notice regarding disaster assistance (see instru	uctions)?		N/A	5b	
expenditure responsibility for the grant?  If "Yes," aftact the statement required by Regulations section 53.4945-5(d).  Ba Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes "X No Bb X X If "Yes" to 6b, the Form 8670.  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  1 If "Yes "X No Bb If "Yes "All the foundation cave any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address   (b) Title, and average hours per week devoted to position   (c) Compensation (flinat paid, entire "0-)   (e) Expense and contractors and devoted (b) position   (c) Compensation (flinat paid, entire "0-)   (e) Expense and contractors   (e)	Organizations relying on a current notice regarding disaster assistance check t	nere		▶∟↓		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).   Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   If "Yes" to 65, file Form 8870.   If "Yes" to 65, file Form 8870	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					
Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Tile, and average hours per week devoid in position  SEE STATEMENT 10  0 . 0 . 0 .  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Tile, and average devoid in the paid i	expenditure responsibility for the grant?	III-B   Statements Regarding Activities for Which Form 4720 May Be Required (continued)  In the year did the foundation pay or incur any amount to Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?    Yes   Xinfluence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?   Yes   Xinfluence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?   Yes   Xinfluence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?   Yes   Xinfluence the outcome of any specific public election (see section 4955(4)(4)(A)(A) (see instructions)   Yes   Xinfluence the outcome of any specific public election (see section 4945(4)(4)(A) (see instructions)   Yes   Xinfluence the outcome of any specific public election (see section 4945(4)(4)(A) (see instructions)   Yes   Xinfluence the outcome of any specific public election (see section 4945(4)) (see instructions)   Yes   Xinfluence the state of any specific public election (see instructions)   Yes   Xinfluence the state of any specific public election (see instructions)   Yes   Xinfluence the statement required by Regulations section 53.4945-5(d).   Note foundation, during the year, pay premiums, directly or indirectly, to pay premiums on sonal benefit contract?   Yes   Xinfluence the statement required by Regulations section 53.4945-5(d).   Note foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   Yes   Xinfluence the statement required by Regulations and party to a prohibited tax shelter transaction?   Yes   Xinfluence the statement required by Regulations are any net income attributable to the transaction?   Yes   Xinfluence the foundation receive any proceeds or have any net income attributable to the transaction?   Yes   Xinfluence the foundation and address of e		es L No		Ì
a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  b' Yes' to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Part Viii Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted for position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average devoted for the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Combudoes is allowances of each employee paid more than \$50,000 (b) Title, and average devoted for the highest-paid employees paid more than \$50,000 (c) Compensation (d) Compensation (e) Compensa	If "Yes," attach the statement required by Regulations section 53.494	5-5(d).			[	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If 'Yes' to 65, file Form 8870.  7 At Al any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes, 'did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Titls, and average hours give week devoted femilar 4.)  SEE STATEMENT 10  0.0.0.0.  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Titls, and average devoted femilar		pay premiums on				1
## "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  **Di IT Yes, Gid the foundation receive any proceeds or have any net income attributable to the transaction?  **Part YIII*** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  **List all officers, directors, trustees, foundation managers and their compensation.  **(b) Titls, and average hours per week devoted for position**  **(a) Name and address**  **(a) Name and address**  **Discourage in the foundation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  **(b) Titls, and average hours per week devoted hours per week devoted hours per week devoted hours per week devoted to position**  **(b) Titls, and average hours per week devoted hours per week devoted to position**  **(c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  **(d) Combutions to employee per total plans devoted to position**  **(d) Combutions to employee total plans devoted to position**  **(d) Compensation (e) Expense account, other compensation employee total plans account, other compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  **(d) Combutions to employee paid more than \$50,000 (e) Expense account, other compensation employees (other than those included on position (e) Compensation (e) Expense account, other compensation (e) Expense account (e			Ye	s X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?    It is the foundation receive any proceeds or have any net income attributable to the transaction?   Part VIII	b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		Ļ	6b	X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?    Part VIII	If "Yes" to 6b, file Form 8870.			+		
Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.    (a) Name and address   (b) Title, and average hours per week devoted to position   (f) Outstudents of miles of the properties of the position   (e) Expense account, other allowances   (e) Expense account   (e) Expense account   (e) E	7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	· — . · —		
Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Titls, and average hours per week devoted to position  (c) Compensation (In at paid, enter -0.)  (d) Compensation compensation  (e) Expense account, other allowances  SEE STATEMENT 10  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		yes X  es?  tion described in section  yes X  ry, or educational purposes, or for  yes X  inder the exceptions described in Regulations tructions)?  k here  in from the tax because it maintained  N/A  yes  in pay premiums on  yes X  in pay premiums on  yes X  in pay premiums on  yes X  in the transaction?  in the transaction Managers, Highly  ir compensation.  (b) Title, and average hours per week devoted to position  (if not paid, enter -0-)  o  o  o  o  o  o  o  o  o  o  o  o  o			7b	
(a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation (I not paid, enter 1-1)  (d) Contributors and account, other allowances  (e) Expense relationation (I not paid, enter 1-1)  (o) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Paid Employees, and Contractors		anagers, Highly	<b>y</b>		
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Trite, and average hours per week devoted to position  (c) Compensation  (d) Combudors to employee benefit plans account, other allowances.	1 List all officers, directors, trustees, foundation managers and their		1.70	[ (a\a		
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributors to employee benefit plans account, other allowances	(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid.	employee benefit plans and deferred compensation	acco allo	Expense ount, other owances
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributors to employee benefit plans account, other allowances		_				
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributors to employee benefit plans account, other allowances	CRE COMMENSON 10	-				0
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee penitiplars and determined compensation  (e) Expense account, other allowances	SEE STATEMENT TO		0.	<u> </u>	+	<u> </u>
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Committees account, other allowances  (e) Expense account, other allowances		-				
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Committees account, other allowances  (e) Expense account, other allowances		_				
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee penitiplars and determined compensation  (e) Expense account, other allowances					$\vdash$	
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee penitiplars and determined compensation  (e) Expense account, other allowances		-				
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee penitiplars and determined compensation  (e) Expense account, other allowances		-				
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee penitiplars and determined compensation  (e) Expense account, other allowances			<del>                                     </del>		₩-	
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee penitiplars and determined compensation  (e) Expense account, other allowances		-				
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee penitiplars and determined compensation  (e) Expense account, other allowances		1			İ	
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee penitiplars and determined compensation  (e) Expense account, other allowances	2 Compensation of five highest-paid employees (other than those inc	l cluded on line 1). If none.	enter "NONE."		Щ	
(a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation  (devoted to position  (c) Compensation  (devoted to position  (devoted to position  (e) Compensation  (f) Compensation  (f) Compensation  (g) Compensation  (hours per week devoted to position  (hours per week devoted to position  (hours per week devoted to position)  (hours per week devo		(b) Title, and average	1101161	(d) Contributions to	(e)	Expense
NONE	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	acco	ount, other
	NONE:	devoted to position		compensation	and	Jwances
Total number of other employees naid over \$50,000	NONE				İ	
Total number of other employees naid over \$50,000					┼─	
Total number of other employees naid over \$50,000		1				
Total number of other employees naid over \$50,000					<del> </del>	
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Total number of other employees paid over \$50,000		{				
	Total number of other employees paid over \$50,000	I	1	<b></b>	1	0

Form 990-PF (2014) DELPHI FOUNDATION, INC.	38-3	3442971 Page 7
Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ndation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, e	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant si number of organizations and other beneficiaries served, conferences convened, research papers	tatistical information such as the produced, etc	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

DELPHI FOUNDATION, INC. 38-3442971 Form 990-PF (2014) Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 16,365,485. a Average monthly fair market value of securities 1a 808,298. b Average of monthly cash balances 1b c Fair market value of all other assets 10 17,173,783. 1d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 18 Acquisition indebtedness applicable to line 1 assets 2 3 Subtract line 2 from line 1d 257,607. Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 16,916,176. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 845,809. Minimum investment return. Enter 5% of line 5 6 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain and do not complete this part.) foreign organizations check here 845,809. 1 Minimum investment return from Part X, line 6 5,533 Tax on investment income for 2014 from Part VI, line 5 2a Income tax for 2014 (This does not include the tax from Part VI) 2b 5,533 Add lines 2a and 2b 2c 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 840.276. Add lines 3 and 4. 5 Deduction from distributable amount (see instructions) 6 840. Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1,032,075. Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the 3 Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b

Adjusted qualifying distributions. Subtract line 5 from line 4.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income Enter 1% of Part I, line 27b

4940(e) reduction of tax in those years.

Form **990-PF** (2014)

1,032,075.

5,533.

4

#### Part XIII Undistributed Income (see Instructions)

•	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
Distributable amount for 2014 from Part XI, line 7				840,276.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			212,799.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2014		0.		
a From 2009	1			
b From 2010	1			•
c From 2011				
d From 2012				•
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				······································
Part XII, line 4. ►\$ 1,032,075.	, [	, 1		
a Applied to 2013, but not more than line 2a			212,799.	
b Applied to undistributed income of prior				<del></del>
years (Election required - see instructions)		0.	, , , ,	
c Treated as distributions out of corpus				······································
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				819,276.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				······
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.	***************************************	
d Subtract line 6c from line 6b Taxable		- 0.		·····
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line				
4a from line 2a Taxable amount - see instr.	` [		0.	
f Undistributed income for 2014 Subtract				······································
lines 4d and 5 from line 1. This amount must		[		
be distributed in 2015	1			21,000.
7 Amounts treated as distributions out of			'''''	·····
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	•			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.	[			
Subtract lines 7 and 8 from line 6a	0.		·····	***************************************
10 Analysis of line 9	Ī			
a Excess from 2010	ŧ		Į.	
b Excess from 2011	1		Ī	
c Excess from 2012	1		1	
d Excess from 2013	<b>‡</b>		‡	
e Excess from 2014 423581				
423581 11-24-14				Form <b>990-PF</b> (2014)

art XIV Private Operating F	oundations (see in	netructions and Dart V	II-A guestion Q1	N/A	
a If the foundation has received a ruling o			ii A, question s)	II/ A	
a if the foundation has received a ruling of foundation, and the ruling is effective for					
		•	in anation	4040()(0) == 40	40(4)(5)
b Check box to indicate whether the found		ing foundation described		4942(j)(3) or 49	42(j)(5)
a Enter the lesser of the adjusted net	Tax year (a) 2014	(b) 2013	Prior 3 years (c) 2012	(d) 2011	(e) Total
income from Part I or the minimum	(4) 2014	(0) 2013	(6) 2012	(u) 2011	(6) (0.01
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a		<b>-</b>		-	
e Qualifying distributions from Part XII,					
line 4 for each year listed				ļ. <u> </u>	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		<u> </u>			
e Qualifying distributions made directly	,				
for active conduct of exempt activities					
Subtract line 2d from line 2c Complete 3a, b, or c for the	<del></del>	<u> </u>			
Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter.					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in		,			
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
art XV Supplementary Info	rmation (Compl	ete this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see inst	tructions.)			
Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			tributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed n	nore than \$5,000) (See	section 507(d)(2) )			
NE			. ,		
b List any managers of the foundation wh			(or an equally large portion	on of the ownership of a pa	artnership or
other entity) of which the foundation has	s a 10% or greater inter	<del>ક</del> ડા			
ONE					
Information Describes Asset 4 41					
		to erocolocted obenichl	organizations and does r		
Check here ► X if the foundation o					
Check here ► X if the foundation o the foundation makes gifts, grants, etc	(see instructions) to ind	ividuals or organizations	under other conditions, co		· · · · · · · · · · · · · · · · · · ·
Check here ► X if the foundation of the foundation makes gifts, grants, etc.	(see instructions) to ind	ividuals or organizations	under other conditions, co		<u>.                                    </u>
Check here ► X if the foundation o the foundation makes gifts, grants, etc	(see instructions) to ind	ividuals or organizations	under other conditions, co		<u> </u>
Check here X if the foundation of the foundation makes gifts, grants, etc.  The name, address, and telephone num	(see instructions) to ind ber or e-mail address of	rviduals or organizations the person to whom app	under other conditions, ci lications should be addres		
Check here ► X if the foundation o	(see instructions) to ind ber or e-mail address of	rviduals or organizations the person to whom app	under other conditions, ci lications should be addres		u.
Check here X if the foundation of the foundation makes gifts, grants, etc.  The name, address, and telephone num.  The form in which applications should be	(see instructions) to ind ber or e-mail address of	rviduals or organizations the person to whom app	under other conditions, ci lications should be addres		u.

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to **Amount** status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ALLIANCE FOR YOUNG ARTISTS AND NONE PC TEENAGERS WITH WRITERS EXCEPTIONAL ARTISTIC 555 BROADWAY, 4TH FLOOR OR LITERARY TALENT NEW YORK, NY 10012 12,500. AMERICAN INDIA FOUNDATION NONE ÞС ANNUAL SPRING AWARDS 216 EAST 45TH STREET, 7TH FLOOR GALA NEW YORK, NY 10017 10,000. AMERICAN JEWISH COMMITTEE NONE PC PAULSON AWARD EVENT 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301 10,000. ART OUTREACH GALLERY NONE PC N.E.O.F.R.A. F.L.L. 5555 YOUNGSTOWN WARREN ROAD EVENTS 2012/2014 NILES, OH 44446 SPONSOR 2,000. AUTOMATION ALLEY FUND NONE ÞС CONTRIBUTION 2675 BELLINGHAM DRIVE TROY, MI 48083 17,500. SEE CONTINUATION SHEET(S) Total ▶ 3a 1,024,250. b Approved for future payment NONE Total <u>3b</u> 0.

nter gross amounits unless otherwise indicated	Unrelated b	usiness income		y section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
ab	<del>-</del>		<del></del>		
G	-		<del></del>		
d			<del>       </del>	-	
8					
1		· · ·			·
g Fees and contracts from government agencies		<del></del>			
Membership dues and assessments		•			
Interest on savings and temporary cash					
investments			14	172,741.	
Dividends and interest from securities			14	211,854.	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property				***	
Net rental income or (loss) from personal					
property .					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	241,481.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
<u> </u>	_				
b					
<u> </u>					
d	_			<del></del>	···
eSubtotal Add columns (b), (d), and (e)	-			626,076.	(
Total. Add line 12, columns (b), (d), and (e)	<u> </u>	•	<i>y</i> • <u> </u>	13	626,07
e worksheet in line 13 instructions to verify calculations	•	-		. 13	020,07
Relationship of Activities ne No. Explain below how each activity for which in	s to the Accom				aliehment of
the foundation's exempt purposes (other th					
				<u> </u>	
		<del>     .     </del>			
				···	······································
		-			
1		·			

Form 990-PF (	2014) DELPH	II FOUNDAT	ION, I	NC.		38-34	42971	. Pa	ge 13
Part XVII			sfers To a	and Transactions	and Relation	ships With Nonch	aritable	8	
	Exempt Organ			<del></del>			1	1.7 1	
				g with any other organizati		ction 501(c) of		Yes	No
	•	•		27, relating to political organ	nizations?		<u> </u>		
	from the reporting found	ation to a nonchanta	ible exempt or	ganization of			4 - 44		v
(1) Cash							1a(1)		X
(2) Othe	-						1a(2)	-	
b Other tran		hla	4				4.44		v
	s of assets to a nonchanta			•			1b(1)		$\frac{x}{x}$
• •	hases of assets from a no	· ·	organization .				1b(2)	<del>  </del>	X
, ,	al of facilities, equipment, ibursement arrangements			•			1b(3)		$\frac{\Lambda}{X}$
		•					1b(4)		X
	is or loan guarantees ormance of services or me	umbambia ar fundrai	oina cokoitatia				1b(5)		X
	of facilities, equipment, ma					•	1b(6) 1c		X
		_		dule Column (b) should al	waya ahaw tha fair	market value of the goods		ll	
	=	=	•	ed less than fair market val	•	•	-	5615,	
	<b>d)</b> the value of the goods,			ou 1655 than ian market var	uo iii aiiy tialisactic	m or sharing arrangement	, SHOW III		
(a) Line no	(b) Amount involved			exempt organization	(d) Descripto	on of transfers, transactions, an	d sharing ar	rangeme	nts
<del></del>	<u> </u>	(-)	N/A		(-/ 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5				<del></del>
		-							
	<u></u>								
				•					
							•		
				•					
	· · · · · · · · · · · · · · · · · · ·	=		or more tax-exempt organ	izations described				
	501(c) of the Code (othe	• •	)(3)) or in sect	ion 527?			Yes	X	No
b If "Yes," co	omplete the following sch			(L) T	1	(3.5			
	(a) Name of org	janization		(b) Type of organization		(c) Description of relation	іѕпір		
	N/A					<del></del>			
	<del> </del>								
						<del></del>			
Under	penalties of penury. I declare	that I have examined thi	s return, includin	g accompanying schedules and	statements, and to the	e best of my knowledge			
Sign and be	elief, it is true, correct, and cor	mplete Declaration of pr	eparer (other than	n taxpayer) is based on all inform	nation of which prepar	Pharene knowledgen	lay the IRS of	e prepare	er .
Here	XIC Y	_		18/4/2015	OF TA		X Yes		7)? No
Sign	nature of officer or trustee			Date	Title	L	77 162		1140
	Print/Type preparer's na		Preparer's si		Date	Check If PTIN	<del></del>		
			Bay )	l & Co		self- employed			
Paid	MICHAEL R.	NICHOLAS		2500 000	7-13-15	PO	0966	144	
Preparer	Firm's name ► GEO			OMPANY	<u> </u>	Firm's EIN ► 38-2			
Use Only									
				G, 535 GRISW	OLD		-		
	DE	TROIT, MI	48226	-3689		Phone no (313)	965	-26	<u> 55</u>

Part XV Supplementary Information	FOUNDATION, INC	<del>-</del>	38-344	
3 Grants and Contributions Paid During the				<del></del>
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
BELLE ISLE CONSERVANCY	NONE	₽C	GRAND PRIXMIERE TABLE	
300 RIVER PLACE DRIVE, SUITE 2800 DETROIT, MI 48207				5,000
BIG BROTHERS BIG SISTERS OF AMERICA 450 EAST JOHN CARPENTER FREEWAY,	NONE	PC	2014 BIG EVENT	
SUITE 100 IRVING, TX 75062				10,000
BIRMINGHAM BLOOMFIELD ART CENTER	NONE	PC	SUPPORT OF B.B.A.C.	
1516 SOUTH CRANBROOK ROAD BIRMINGHAM, MI 48009			LEGACY	5,000
	L <sub>vav</sub>		TURDOR OF BRILIN	
BRAIN INJURY ASSOCIATION OF AMERICA 1608 SPRING HILL ROAD, SUITE 110 VIENNA, VA 22182	NONE	PC	SUPPORT OF BRAIN INJURY AWARENESS DAY	5,000
				···
CENTER FOR AUTOMOTIVE RESEARCH 3005 BOARDWALK DRIVE	NONE	PC	CAR AFFILIATES PROGRAM	
ANN ARBOR, MI 48108				25,000
CHARLES H. WRIGHT MUSEUM OF AFRICAN AMERICAN HISTORY	NONE	PC	"SHADOW MATTER" EXHIBIT SUPPORT	
315 EAST WARREN DETROIT, MI 48202				5,000
COLLEGE FOR CREATIVE STUDIES	NONE	nc.	WINTER 2015 SPONSORED	
COLDEGE FOR CREATIVE STODIES 201 EAST KIRBY STREET DETROIT, MI 48202	ANONA	PC	RESEARCH PROJECT	40,000
CRANBROOK INSTITUTE OF SCIENCE 39221 WOODWARD AVENUE	NONE	₽C	URBAN SCHOOLS INITIATIVE	
BLOOMFIELD HILLS, MI 48304				20,000
DESTINATION IMAGINATION, INC.	NONE	PC	2014 GLOBAL FINALS	
235 ALLEN LAKE DRIVE WHITE LAKE, MI 48386			INNOVATION EXPO	1,000
DETROIT AREA PRE-COLLEGE ENGINEERING PROGRAM	NONE	₽C	SPONSORSHIP FOR 2014 REAL MCCOY AWARDS	
2111 WOODWARD AVENUE, SUITE 506 DETROIT, MI 48201				10,000
Total from continuation sheets				972,250

Part XV Supplementary Information Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		<u>-</u> -
DETROIT ECONOMIC CLUB	NONE	PC	ENDORSER LEVEL	
211 WEST FORT STREET			SPONSORSHIP	
DETROIT, MI 48226		<u></u>		5,000
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE	NONE	PC	MUSEUM CORPORATE SPONSORSHIP	
DETROIT, MI 48202			DI OMBONDIIII	10,000
DETROIT REGIONAL CHAMBER	NONE	PC	SUPPORT OF MICHAUTO	
1 WOODWARD AVENUE				
DETROIT, MI 48226	1			20,000
DETROIT SYMPHONY ORCHESTRA	NONE	₽C	D.S.O. CIVIC YOUTH	
3711 WOODWARD AVENUE			ensembles	15 000
DETROIT, MI 48201				15,000
	<u></u>		2014 IDITED IV	
UNITED WAY OF GREATER NIAGARA 41 MAIN STREET	NONE	PC	2014 UNITED WAY	
LOCKPORT, NY 14094				5,000
F.I.R.S.T.	NONE	PC	DETROIT CRISTO REY	
200 BEDFORD STREET			ROBOTICS TEAM	
MANCHESTER, NH 03101				96,000
FOCUS: HOPE 1355 OAKMAN BOULEVARD	NONE	PC	SUPPORT CHILDREN'S HEROES SPONSOR	
DETROIT, MI 48238			IIIAOBD DIONDON	10,000
GAMMA LAMDA EDUCATION FOUNDATION	NONE	PC	JUDGE KEITH	
93 ELIOT STREET			SCHOLARSHIP	
DETROIT, MI 48201				5,000
RIC GONZALEZ MEMORIAL FOUNDATION 29401 STEPHENSON HIGHWAY	NONE	PC	10TH ANNUAL BOCCE BALL FUNDRAISER EVENT	
MADISON HEIGHTS, MI 48071			I ORDARISMA BYMAI	5,000
HABITAT FOR HUMANITY OF DETROIT	NONE	₽C	2014 FALL EXTRAVAGANZA	
14325 JANE AVENUE				
Total from continuation sheets		<u> </u>		10,000

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual,	Faundation	Durance of areat or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HAVEN, INC.	NONE	₽C	GRANT RENEWAL	
30400 TELEGRAPH ROAD, SUITE 101	HOME		SKAN KENDARE	
BINGHAM FARMS, MI 48025				2,50
HOSPICE OF MICHIGAN	NONE	PC	SUPPORT OF 2014	
400 MACK AVENUE			HOSPICE PROGRAMS	
DETROIT, MI 48201				7,50
HUGH O'BRIAN YOUTH LEADERSHIP	NONE	PC	SUPPORT OF ALBERT	
31255 CEDAR VALLEY DRIVE, SUITE 327			SCHWEITZER LEADERSHIP	
WESTLAKE VILLAGE, CA 91362			AWARDS	20,00
INDIANA UNIVERSITY FOUNDATION	NONE	PC	DELPHI DISTINGUISHED	
1500 ROUTE IN-46			LECTURER AWARD AND	
BLOOMINGTON, IN 47408			WOMEN IN BUSINESS	6,50
JUVENILE DIABETES RESEARCH FOUNDATION	NONE	PC	J.D.R.F. ONE WALK	
3347 RANDOLPH AVENUE			SPONSOR	
WINDSOR, ON, CANADA				2,50
KARMANOS CANCER INSTITUTE	NONE	PC	SPONSORSHIP FOR 32ND	
AARMANUS CANCER INSTITUTE 4100 JOHN R	NONE	FC	ANNUAL DINNER AND	
DETROIT, MI 48201			KOMEN DETROIT RACE FOR	
			THE CURE	30,00
	,			
KETTERING UNIVERSITY	NONE	PC	A.I.M. SCHOLARSHIPS	
1700 UNIVERSITY AVENUE				
FLINT, MI 48504				15,00
MARCH OF DIMES	NONE	PC	FUNDRAISER TO PREVENT	
26261 EVERGREEN ROAD, SUITE 290			BIRTH DEFECTS MARCH	
SOUTHFIELD, MI 48076			FOR BABIES	3,00
MICHIGAN ASSOCIATION OF UNITED WAYS	NONE	PC	POSTERING FUTURES	
330 MARSHALL STREET, SUITE 211				
LANSING, MI 48912				2,50
MICHIGAN SCIENCE CENTER	NONE	PC	MICHIGAN SCIENCE	
5020 JOHN R			CENTER GALA AND A DAY	
DETROIT, MI 48202  Total from continuation sheets	I	<u> </u>	CELEBRATING INNOVATION	35,00

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		1		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Native and address (notice of business)	or substantial contributor	recipient		
MICHIGAN STATE UNIVERSITY	NONE	PC	ENGAGEMENT IN COLLEGE	,
220 TROWBRIDGE ROAD			OF ENGINEERING	25 222
EAST LANSING, MI 48824		<u> </u>		25,000
MICHIGAN WOMEN'S FOUNDATION	NONE	PC	SUPPORT OF WOMEN IN	
333 WEST FORT STREET, SUITE 1920			ACHIEVEMENT AND	E 000
DETROIT, MI 48226		<del> </del>	COURAGE AWARDS DINNER	5,000
4 T W D 4			LINES CUINING LIGHT	
f.I.N.D.S.	NONE	PC	MINDS: SHINING LIGHT	
30233 SOUTHFIELD ROAD, SUITE 209 SOUTHFIELD, MI 48076		1	ON MENTAL HEALTH	10,000
SOUTHIBLE, AT 40070				10,000
MUSCULAR DYSTROPHY ASSOCIATION	NONE	₽C	SPONSOR OF 2014	
3636 NORTH 124TH STREET, SUITE 102	NOME:		BLACK-N-BLUE BALL	
AUWATOSA, WI 53222		İ		10,000
USIC HALL	NONE	PC	CORPORATE SPONSORSHIP	
50 MADISON			OF CARS AND STARS	
DETROIT, MI 48226				10,000
NATIONAL ASSOCIATION OF BLACK	NONE	PC	SPONSOR ANNUAL	
AUTOMOTIVE SUPPLIERS			SCHOLARSHIP FUND	
P.O. BOX 441243				
DETROIT, MI 48244				15,000
NATIONAL MERIT SCHOLARSHIP	NONE	PC \	SPONSOR 2015	
CORPORATION			SCHOLARSHIP PROGRAM	
.560 SHERMAN AVENUE, SUITE 200				
EVANSTON, IL 60201				11,000
NATIONAL PACKARD MUSEUM	NONE	₽C	GROW EDUCATIONAL	
1899 MAHONING AVENUE, N.W.		1	INSTITUTION	
ARREN, OH 44483				10,000
AND AMOUNTED OF MICHIGAN	TOWE		EDITENDO CDOVICOS	
CRIME STOPPERS OF MICHIGAN  .0900 HARPER	NONE	PC	FRIENDS SPONSOR	
DETROIT, MI 48213				5,000
		† · · · -		
DAKLAND UNIVERSITY	NONE	PC	VETERANS SCHOLARSHIP	
2200 NORTH SQUIRREL ROAD			- I I I I I I I I I I I I I I I I I I I	
ROCHESTER, MI 48309				20,000
Total from continuation sheets				

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor PURDUE UNIVERSITY NONE PC INNOVATION DESIGN 6640 INTECH BOULEVARD, SUITE 120 CENTER - TEAM PROJECT INDIANAPOLIS, IN 46278 CENTER MINI-ROOMS 25,000. REAL LIFE 101 SCHOLARSHIP FUND NONE ÞС SUPPORT OF 2014 P.O. BOX 428 SCHOLARSHIP FUND TROY, MI 48099 15,000. ROSE-HULMAN INSTITUTE OF ADVANCED NONE ÞС ADVANCED TRASPORTATION SYSTEMS PROGRAM TRANSPORTATION SYSTEMS 5500 WABASH AVENUE PROGRAM TERRE HAUTE, IN 47803 10,000. S.A.Y. DETROIT NONE ÞС DAMON J. REITH 150 STIMSON STREET DOCUMENTARY PROJECT DETROIT, MI 48201 10,000. SAE DETROIT SECTION NONE PC GLOBAL LEADERSHIP 28535 ORCHARD LAKE ROAD, SUITE 200 COUNCIL FARMINGTON HILLS, MI 48334 20,000. SAE FOUNDATION NONE SUPPORT OF A MENTOR þc 402 COMMONWEALTH DRIVE SPONSORSHIP WARRENDALE, PA 15096 60,000. STARFISH FAMILY SERVICES NONE SUPPORT FOR FAMILIES PC 30000 HIVELEY AND CREATE FUTURES FOR CHILDREN INKSTER, MI 48141 21,500. THE BROOKSTE WAY NONE 2014 HEALTH PLUS ÞС 441 SOUTH LIVERNOIS ROAD BROOKSIE WAY RACE ROCHESTER HILLS, MI 48307 5,000. THE GREATER WAYNE COUNTY LINKS NONE ÞС SUPPORT OF PINK BALL 1200 MASSACHUSETTS AVENUE, N.W. PRE-EVENT WASHINGTON, DC 20005 5,000. THE PENNSYLVANIA STATE ENGINEERING NONE PC THE LEARNING FACTORY DESIGN 100 AND THE ADVANCED UNIVERSITY PARK VEHICLE TEAM STATE COLLEGE PA 16801 25,000. Total from continuation sheets

**Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of Purpose of grant or show any relationship to **Amount** contribution any foundation manager Name and address (home or business) or substantial contributor recipient THE SALVATION ARMY NONE ÞС THANKSGIVING BREAKFAST 16130 NORTHLAND DRIVE PEEDING EVENT SOUTHFIELD, MI 48075 10,000. THE SHPE FOUNDATION INDUSTRIAL PARTNERSHIP NONE ÞС COUNCIL MEMBERSHIP 1765 DUKE STREET 33,750. ALEXANDRIA, VA 22314 THUNDERBIRD SCHOOL OF GLOBAL NONE ₽C PIURA TEM LAB THREE MANAGEMENT 1 GLOBAL PLACE 25,000. GLENDALE, AZ 85306 TROY CHAMBER OF COMMERCE NONE PC P.R. CONFERENCE 2125 BUTTERFIELD DRIVE, SUITE 100N OCTOBER 2014 TROY, MI 48084 SPONSORSHIP 1,500. TROY COMMUNITY COALITION NONE ÞC 19TH ANNUAL CELEBRITY 4420 LIVERNOIS ROAD NIGHT DINNER TROY, MI 48098 5,000. UNITED NEGRO COLLEGE FUND NONE PC WALK FOR EDUCATION 1805 7TH STREET, N.W. WASHINGTON, DC 20001 5,000. UNITED WAY FOR SOUTHEASTERN MICHIGAN NONE PC 2014 UNITED WAY CAMPAIGN 1212 GRISWOLD DETROIT, MI 48226 30,000. UNITED WAY OF HOWARD COUNTY NONE PC 2014 UNITED WAY 210 WEST WALNUT STREET CAMPAIGN KOKOMO, IN 46901 20,000. NONE UNITED WAY OF GREATER ROCHESTER 2014 UNITED WAY ÞC 75 COLLEGE AVENUE CAMPAIGN ROCHESTER, NY 14607 10,000. UNITED WAY OF TRUMBULL COUNTY 2014 UNITED WAY NONE ÞС 3601 YOUNGSTOWN ROAD, S.E. CAMPAIGN WARREN, OH 44484 15,000. Total from continuation sheets

Part XV Supplementary Informati				
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
UNIVERSITY OF MICHIGAN	NONE	PC	FIRST FRESHMAN	
500 SOUTH STATE STREET			SCHOLARSHIPS	
ANN ARBOR, MI 48109				25,000
VID MINIMODING	VOVE			
VIP MENTORING 28 WEST ADAMS, SUITE 1310	NONE	PC	END ZONE SPONSOR	
DETROIT, MI 48226		ļ		5,000
WAYNE STATE UNIVERSITY	NONE	PC	ENGINEERING	
42 WEST WARREN			SCHOLARSHIP	
DETROIT, MI 48202				3,000.
YMCA OF KOKOMO	NONE		CAMPAIGN TO BUILD A	
200 NORTH UNION STREET	NONE	PC	NEW YMCA IN KOKOMO	
KOKOMO, IN 46901				25,000
AMERICAN CANCER SOCIETY	NONE	₽C	BREAST CANCER OAKLAND	
250 WILLIAMS STREET, N.W.			COUNTY EVENT AND	
ATLANTA, GA 30303			CATTLE BARON'S BALL	10,000.
T-4-16				
Total from continuation sheets	· · ·			

FORM 990-PF INTER	EST ON SAV	INGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE		(A REVE PER B	NUE NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME		17	2,741.	172,741.	
TOTAL TO PART I, L	INE 3	17	2,741.	172,741.	
FORM 990-PF	DIVIDEN	DS AND INTER	EST FROM SEC	CURITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENU		
DIVIDEND INCOME	211,85	4.	0. 211,85	54. 211,85	64.
TO PART I, LINE 4	211,85	4.	0. 211,85	211,85	4.
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOMI		
ACCOUNTING FEES	-	15,650.	7,825	5.	7,825.
TO FORM 990-PF, PG	1, LN 16B	15,650.	7,825	5.	7,825.
FORM 990-PF	(	OTHER PROFES	SIONAL FEES		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
CUSTODIAL FEES DELPHI AUTOMOTIVE,	PLC	46,104. 18,857.	46,104		0.
TO FORM 990-PF, PG	1, LN 16C	64,961.	64,961	 L.	0.
	=				========

FORM 990-PF	TAX	ES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCON		TABLE	
FEDERAL EXCISE TAX	9,178.	0.			0.	
TO FORM 990-PF, PG 1, LN 18	9,178.	0.			0.	
FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUND B	ALANCES	STATEMENT	•	
DESCRIPTION				AMOUNT		
CHANGE IN UNREALIZED NET GAIN	NS ON INVEST	MENTS		432,52	23.	
TOTAL TO FORM 990-PF, PART II	II, LINE 3			432,52	23.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	7	
DESCRIPTION		вос	OK VALUE	FAIR MARKE	Т	
HARBOR INTERNATIONAL FUND ISHARES CORE S&P 500 FUND VANGUARD FTSE EMERGING MARKET VANGUARD REIT FUND PUBLICLY-TRADED STOCKS	rs fund		726,741. 2,922,739. 498,009. 656,829. 5,243,012.	726,74 2,922,73 498,00 656,82 6,243,03	39. 09. 29.	
TOTAL TO FORM 990-PF, PART II	I, LINE 10B	1:	1,047,330.	11,047,33	30.	
FORM 990-PF	CORPORAT	E BONDS		STATEMENT		
DESCRIPTION		ВО	OK VALUE	FAIR MARKET	Т	
ISHARES CORE TOTAL U.S. AGGREISHARES TIPS BOND FUND	EGATE BOND F	UND :	1,659,949. 560,946.	1,659,94	46.	
PIMCO TOTAL RETURN BOND FUND			2,205,872.	2,205,87	72.	

F@RM 990-PF	OTHER INVESTMENTS		STAT:	EMENT	
DESCRIPTION	VALUATION METHOD	BOOK VALUI		MARKET ALUE	
PIMCO COMMODITY REAL RETUR STRATEGY FUND DRIEHAUS ACTIVE INCOME FUN		419,45 507,30		419,455. 507,364.	
TOTAL TO FORM 990-PF, PART	' II, LINE 13	926,8	19.	926,819	
	I - LIST OF OFFICERS, DEES AND FOUNDATION MANAGE		STAT	EMENT 1	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
LINDSEY WILLIAMS 5725 DELPHI DRIVE TROY, MI 48098	DIRECTOR/TRUST	EE 0.	0.	C	
CHRIS PREUSS 5725 DELPHI DRIVE TROY, MI 48098	PRESIDENT/TRUS	TEE 0.	0.	C	
DAVID SHERBIN 5725 DELPHI DRIVE TROY, MI 48098	SECRETARY/TRUS	TEE 0.	0.	C	
ALEX BIEGERT 5725 DELPHI DRIVE TROY, MI 48098	VICE-PRESIDENT	/TRUSTEE 0.	0.	C	
BRAD SPIEGEL 5725 DELPHI DRIVE TROY, MI 48098	TREASURER/TRUS	TEE 0.	0.	C	
CHERYL CHIUCHIARELLI 5725 DELPHI DRIVE TROY, MI 48098	TRUSTEE 1.00	0.	0.	C	
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	0.	0.		

# Form **8868**(Rev. January 2014)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

· 16	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoons X
-	are filing for an <b>Additional (Not Automatic) 3-Month Ex</b>	-		-		
	omplete Part II unless you have already been granted					
Electron	<b>ic filing</b> $(e ext{-}file)$ . You can electronically file Form 8868 if $y$	you need a	a 3-month automatic extension of tir	ne to file (6	months fo	or a corporation
required <sup>1</sup>	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically t	file Form 8	368 to requ	iest an extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers /	Associated	With Certain
Personal	Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions). For more details	on the elec	tronic filing	g of this form,
vısit www	ırs.gov/efile and click on e-file for Charities & Nonprofits	).				<u>-</u>
Part I	Automatic 3-Month Extension of Time	⊶ Only	submit original (no copies	needec	0	·-·
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Part I only	у					▶ □
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reque	st an exten	sion of tim	e
to file inc	ome tax returns.			Enter file	r's identif	ying number
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	dentificat	ion number (EIN)
print				' '		
	DELPHI FOUNDATION, INC.				38-3	442971
File by the due date for	N	ee instruc	tions.	Social se	curity num	ber (SSN)
iling your	P.O. BOX 5086				,	
return See nstructions	City, town or post office, state, and ZIP code. For a fo	reign add	lress see instructions			
	TROY, MI 48098-5086	orcigit acc	iroso, oco iriotractionis.			
	12027 112 10030 0000					·
Cator tho	Deturn and for the return that this application is far (file		to application for each return)			0 4
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			[0]4
Applicati	ion	Return	Application			Return
s For	Oll	Code	Is For			
	0 or Form 000 F7	i i				Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
	(individual)	03	Form 4720 (other than individual)		<del></del>	09
Form 990	<u> </u>	04	Form 5227			10
	n 990·T (sec. 401(a) or 408(a) trust) 05 Form 6069				11	
Form 990			· · · · · · · · · · · · · · · · · · ·			
Form 990	-T (trust other than above)	05	Form 8870			12
Form 990 Form 990	-T (trust other than above)  DAVID SHERBIN	06	Form 8870	0.5		
Form 990 Form 990 The bo	DAVID SHERBIN  DOKS are in the care of 5725 DELPHI DR	06	Form 8870 TROY, MI 48098-50			
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