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Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



0425874017  
Aug. 05, 2015 LTR 2694C 0 R  
45-5407781 201412 67  
Input Op: 0425874017 00023160

THETA CHI AT DRAKE UNIVERSITY  
HELPING HAND FOUNDATION  
700 2ND AVE  
DES MOINES IA 50309



DECLARATION

026629

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

*Jan J. Jell*  
Signature of officer or trustee  
*Treasurer*  
Title

*8/13/15*  
Date

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

THETA CHI AT DRAKE UNIVERSITY, HELPING HAND FOUNDATION

Employer identification number

45-5407781

PART VI, line 11b: Copy of complete 990 emailed to each member of governing body for review prior to filing

PART VI, line 12c: Members are not compensated, have duty to disclose conflict, and sign annual acknowledging policy.

Part VI, line 15a & b: Members and officers are not compensated.

Part VI, line 19: Copy of all documents are available upon request at registered office of entity.

