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_{Form} 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047

2013

Open to Public

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014 Check if applicable C Name of organization D Employer identification number Delineation Corporation X Address Controller's Office 23-7259519 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-802-443-5699 152 Marble Works 101 Amende City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 88,070. Applica-tion pending Middlebury, VT 05753 H(a) Is this a group return F Name and address of principal officer. Frederick M. Fritz Yes X No for subordinates? Old Chapel, Middlebury, VT H(b) Are all subordinates included? 501(c)(3) X 501(c) (1 Tax-exempt status:) ◀ (insert no.) L ___ 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -L Year of formation: 1969 M State of legal domicile: VT Part I Summary Bnefly describe the organization's mission or most significant activities: To receive and administer funds ENDENSES NOT GRAVENGEYOR Activities & Governance for the benefit of the President and Fellows of Middlebury College. Check this box $oldsymbol{ol{ol{oldsymbol{ol}}}}}}}}}}}}}}}}}}$ Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year က် **Current Year** 0. 8 Contributions and grants (Part VIII, line 1h) Ō. Program service revenue (Part VIII, line 2g) ÷3·57. 13,221. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>,100,565</u> -1,144,804. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,026,208 1,131,583. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,026,208. -1,131,583. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 2,254,771. 2,283,298. 20 Total assets (Part X, line 16) 17,939,627. 19,042,683. 21 Total liabilities (Part X, line 26) Net -15,656,329. 22 Net assets or fund balances. Subtract line 21 from line 20 -16,787,912. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign 5-25-15 VP Finance and Treasurer Patrick J. Morton, Here Type or print name and title Date Print/Type preparer's name Preparer's signature Check Paid seti-employed Preparer Firm's EIN Firm's name **Use Only** Firm's address Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	Delineation Corporation	
Form	1990 (2013) Controller's Office	23-7259519
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Bnefly describe the organization's mission:	
	To receive and administer funds for the benefit of	
	Fellows of Middlebury College and their educations	al and charitable
		The second second

2002	Check if Schedule O contains a response or note to any line in this Part III	X
1	Bnefty describe the organization's mission:	
	To receive and administer funds for the benefit of the President and	
	Fellows of Middlebury College and their educational and charitable	
	purpose. To purchase or to receive by gift or devise and to own,	
	operate real and personal property, whether said property is received	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	No
	·	1110
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	1
3		1 NO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$)
	N/A	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	N/A	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
	N/A	— ′
		`
	<u></u>	
4d	Other program services (Describe in Schedule O.)	
- ru		
4 =	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent			77
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		v	
L	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		Х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
٠	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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		Х
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Ш	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	l

Form 990 (2013) Controller's Office
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,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.7
	Schedule K. If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	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			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	:		v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ا مم ا		X
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
Ţ	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-•	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	L
		Form	990	(2013)

Form 990 (2013) Controller's Office

Part V Statements Regarding Other IRS Filings and Tax Compliance

16 Enfert the number reported in Box 3 of Form 1006. Enter 0.f not applicable 17 Enter the number of Forms W.26 nobuded in line 1 a. Enter - 0.f not applicable 18 Enter the number of Forms W.26 nobuded in line 1 a. Enter - 0.f not applicable 19 Enter the number of Forms W.26 nobuded in line 1 a. Enter - 0.f not applicable 20 Did the organization comply with backing rules for reportable payments to vendors and reportable gaming (gambling) writings to price winners? 22 Enter the number of employees reported on Form W.3., Transmittal of Wage and Tax Statements. 10 If a lies one is reported on line 2a, did the organization file all required developed employment tax returns? 25 If the lies one is reported on line 2a, did the organization file all required federal employment tax returns? 26 If the organization have unrelated businesses gross income of \$1,000 or more during the year? 27 All at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, sections account, or other financial account?? 28 If Yes, a retir the name of the foreign country. 29 If Yes, a retir the name of the foreign country. 29 If Yes, a retir the name of the foreign country. 29 If Yes, a retir the name of the foreign country. 29 If Yes, a retir the name of the foreign country. 29 If Yes, and the organization have annual gross except that are normally greater than \$100,000, and did the organization solidar any contributions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 29 If Yes, did the organization name accepts that are normally greater than \$100,000, and did the organization solidar any contributions that we end tax deductible as charitable contributions? 29 If Yes, did the organization number section that it was or a a party to a prohibited tax schedule to the payor. 30 If Yes, did the organization number section that the very solidation and party for		Check if Schedule O contains a response or note to any line in this Part V			
16 Enter the number reported in Box 3 of Form 1098. Enter- 0° in not applicable 15 Enter the number of Forms W2 of included in line 1s. Enter 0° 4 not applicable 15 Enter the number of Forms W2 of included in line 1s. Enter 0° 4 not applicable 20 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 21 Enter the number of employees exported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 2 It all teats one is reported on line 2a, did the organization life all required decard employment tax returns? 2 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3 Did the organization have unleaded bourness gross income of \$1,000 or more dump the year? 3 Did the organization have unleaded bourness gross income of \$1,000 or more dump the year? 3 Did the organization have the serve and the foreign country. 3 Did the organization have the name of the foreign country is with a sa bank account, securities account, or other financial accounts? 4 See Was the organization party to a prohibited tax sheller transaction and any town dump the tax year? 4 Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 4 If Yas, 1 did not grainization that the organization that it was or is a party to a prohibited tax sheller transaction and the organization society and the organization that the organization that it was or is a party to a prohibited tax sheller transaction? 5 Did the organization party to a prohibited tax sheller transaction and the town of the service of the service of the organization than the party of the party of the party of the organization that the organization that it was or is a party to a prohibited tax sheller transaction or the tax year. 5 Did the organization receive a condition of the supporting of the supporting of the or				Yes	No
be Enter the number of Forms W-2G included in line 1a. Enter 0-4 not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winning is to prize winners? 2 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 bil 1 at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of inne 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a D die organization have unrelated business gross income of \$1,000 or more during the year? 3a I are the view of the 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3b If Yes, 1 are if filed a form 900 Tof the year If "No," to fire 3b, your day an explanation in Schedule O 4a A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a I are yit in the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts. 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c I was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductables form 88861? 5c I was the organization have annual gross scharable contributions? 5c I was the organization include with every solicitation an express statement that such contributions or grifts were not tax deductables a scharable contributions? 5c I was the organization shall be a scharable contributions and aparty for goods and services provided to the payor? 5c I was the organization shall be a scharable contribution or any organiza	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Count the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambling) without some without the contributions of the collection of the calendar year ending with or within the year covered by this return. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-fee (see instructions) 3 but the organization have unreaded bosiness gross income of \$1,000 or more dump the year? 3 b If 1 Yes, has if filed a Form 990-1 for this year? If 1/No, 1 the 3b, provide an explanation in Schedule O 3 b If 1 Yes, has if filed a Form 990-1 for this year? If 1/No, 1 the 3b, provide an explanation in Schedule O 3 b If 1 Yes, 1 the filed year, and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. In 1 Yes, 1 the second of the filed year, and the organization and party to a prohibeted tax shelter transaction? 5 b Was the organization a party to a prohibeted that was or is a party to a prohibeted as whether transaction? 5 b If 1 Yes, 1 the Se of Sb, did the organization file Form 8888-17 6 c If 1 Yes, 1 the Se of Sb, did the organization file Form 8888-17 6 c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions under section 170(c). 9 b If Yes, 3 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 10 b If we organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 8889: a contribution or sources any funds, directly or indirectly, to pay personal benefit contract? 10 b If the organization sell, exchange, or otherwise dis					
Gambling) winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return by If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2 is greater than 250, you may be required to effel (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? of the third organization from 17 thin, or file and 50, you may be provided an explanation in Schedule O 5b If "Yes," the file a form 900 To fir this year! If "No," to file and 50, your way be provided an explanation in Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 5b Was the organization an party to a prohibeted tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibeted tax shelter transaction? 6c If "Yes," the 5a or 5b, did the organization that it was or is a party to a prohibeted tax shelter transaction? 6c If "Yes," the 5a or 5b, did the organization that it was or is a party to a prohibeted tax shelter transaction? 6c If "Yes," the 5a or 5b, did the organization that was or as party to a prohibeted tax shelter transaction? 6c If "Yes," did the organization in tax deductible forms 88891. 6c If "Yes," did the organization in tax deductible accombustone? 6c If "Yes," did the organization in that was or its week organization and party for goods and services provided to the payor? 7c Organization shall make the payor and the payor	С				
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. Filed for the calendar year ending with or within the year covered by this return. Filed for the calendar year ending with or within the year covered by this return. Filed for the calendar year ending with or within the year of the calendar year of the calendar year. Filed the calendar year of the calendar year. Filed a form 390-T for this year? If "No," to the 3b, provide an explanation in Schedule C 3b. If "Yes," has it filed a Form 390-T for this year? If "No," to the 3b, provide an explanation in Schedule C 3b. If "Yes," the state of the grant year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, so count, or other financial account)? See instructions for filing requirements for Form TD F092-21, Report of Foreign Bank and Financial Accounts. Was the organization a party to a principled tax sheller transaction at any time duming the sax year? See X Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction at any time duming the sax year? See I "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction any contributions that the was or is a party to a prohibited tax sheller transaction any contributions that may receive diductible as charitable contributions? See I "Yes," to the organization noticed with every solotation an express statement that such contributions or grits were not tax deductible? Did the organization network any time discovered by the diductible contributions under section 170(c). But the organization network any time diductible contributions under section 170(c). But the organization sell exchange, or charvested slopes of tangible personal property for which it was required to the pay			1c	X	-
filed for the calendary year ending with or within the year covered by this return 2a 0	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.			
If I all 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) 3	b		2b	- '	
b If "Yes, has it filled a Form 990-T for this year? If "No." to line 3b, provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4					
b if "Yes, has it filled a Form 990-T for this year? if "No." to see 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) b if "Yes," enter the name of the foreign country: ▶ See instructions for fiting requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts. See in the organization a party to a prohibited tax shelter transaction at any time during the tax year? b id any taxable party norify the organization that it was or as a party to a prohibited tax shelter transaction? b if "Yes," to line 5a or 5b, did the organization that it was or a a party to a prohibited tax shelter transaction? c if "Yes," to line 5a or 5b, did the organization that it was or a a party to a prohibited tax shelter transaction? b obset the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? c if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? c organizations that may receive deductible contributions under section 170(c). b if "Yes," did the organization notify the donor of the value of the goods or services provided? c bid the organization notify the donor of the value of the goods or services provided? b if the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f if the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C? b of the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organizations. Both esupporting organizations maintaining dener advised funds and section 505	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Ŕ
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332005 10-29-13

Controller's Office 23-7259519 Form 990 (2013) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section 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 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 3 **b** Enter the number of voting members included in line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other $\overline{\mathbf{X}}$ 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b с Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c $\overline{\mathbf{x}}$ 13 Did the organization have a written whistleblower policy? 13 $\overline{\mathbf{x}}$ 14 Did the organization have a written document retention and destruction policy? 14 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? X The organization's CEO, Executive Director, or top management official 15a $\overline{\mathbf{x}}$ 15b Other officers or key employees of the organization 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 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed VT Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) X Another's website ■ Upon request ☐ Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Patrick J. Norton - 802-443-5699

05753

Old Chapel Road, Middlebury, VT

Form 990 (2013) Part VIII 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	Officere Directore	Tructone Kov	Employage and His	thest Compensated Employees
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- 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.

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)			ed any current officer, o	(E)	(F)
Name and Title	Average	Position (do not check more than one) than	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless persor officer and a direc		rson is both an		h an	compensation	compensation	amount of
	week	⊢	cer an	nd a d	recto	or/trus	tee)	from	from related	other
	(list any	recto	ļ					the	organizations	compensation
	hours for related	0 G	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ustee	Trust		 8	uben		(44-27 1099-141130)		and related
	below	dual	trona		l e	yee yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Frederick M. Fritz	0.50	┢	Ť	Ť	Ť	Ť	<u> </u>			
President / Chair	0.50	1		X				0.	0.	0
(2) Kendrick R. Wilson III	0.50								•	
Vice Chair				X				0.	0.	0
(3) Patrick J. Norton	0.50									
Treasurer				X		L		0.	253,503.	168,173
(4) Thomas J. Corbin	0.50		•							
Secretary			<u> </u>	X		ļ		0.	151,983.	47,524
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	C VII Section A. Officers, Directors, Trus	itees, Key Em	pioy	ees	, and	HI	gne	St C	ompensated Employe	es (continueu)				
	(A) (B)				_ (C				(D)	(E)		((F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable			mate	
		hours per week			ss per dadı				compensation	compensation			unt d)f
		(list any	· ·	 				Γ,	from the	from related		o omp	ther	hon
		hours for	direct				Ļ		organization	organizations (W-2/1099-MIS	1	•	n the	
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		organizations	trusti	al tru		yee	ш		(,			and		
		below	Individual trustee or director	Institutional trustee	er	Key employee	est co loyee	<u> </u>			0	organ	ızatıc	ns
		line)	ģ	Insti	Officer	Keye	Highest compensated employee	Former						
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1b	Sub-total Sub-total	L		_			1		0.	405,48	36.1 2	215	. 69	97.
	Total from continuation sheets to Part V	II. Section A							0.		0.		,	0.
	Total (add lines 1b and 1c)	, 000							0.	405,48	36. 2	215	. 69	97 .
2	Total number of individuals (including but r	not limited to th	ose	liste	ed at	OOVE	e) wt	no re	eceived more than \$100	<u>-</u>			,	
_	compensation from the organization						-,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			(
												1	es	No
3	Did the organization list any former officer.	director, or tru	uste	e, ke	у еп	nplo	yee,	, or l	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	•				•				. ,		3		X
4	For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	ation	and	d oth	ner compensation from	the organization		┪		
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	duk	e J f	or such individual	-	4	1	Χ	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr	elat	ed organization or indiv	dual for services				
	rendered to the organization? If "Yes," con	plete Schedul	e J f	or st	ıch j	pers	on				!	5		X
Sec	tion B. Independent Contractors	<u>.</u>												
1	Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of com	pensatio	on fro	m	
	the organization. Report compensation for	the calendar y	ear (endı	ng w	vith	or w	ıthır	the organization's tax	year.				
	(A)		37/	``					(B)		0	(C)		_
	Name and business	address	N	INC	<u> </u>			\dashv	Description of s	ervices	Con	pens	ation	<u> </u>
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	Total number of independent contractors (including but s	ot l	mıto	d to	the	ا مو	L	Labove) who received a	ore than				
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	\$100,000 of compensation from the organ	ization 🗪				ı)			ı				

Total reversue Resided or exemplations of the first state of the first			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
Tall					<u> </u>	(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under
Business Code 2 a	Ø Ø I			1.1		-	revenue	revenue	512 - 514
Business Code 2 a			. •						
Business Code 2 a	윤림	i	• • •	1b					
Business Code 2 a	A,ts	•	Fundraising events	1c	·				
Business Code 2 a	후	•	d Related organizations	1d					
Business Code 2 a	έĒ	•	 Government grants (contribut 	ions) 1e					
Business Code 2 a	èκ	1	F All other contributions, gifts, gran	ts, and					
Business Code 2 a	호		similar amounts not included abor	ve 11					
Business Code 2 a	ag a	9	Noncash contributions included in lines	1a-1f \$					
2 a b b d d d d d d d d d d d d d d d d d	<u>8</u> 8		Total. Add lines 1a-1f		<u> </u>				
Total. Add lines 2a:27 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties (i) Real (ii) Personal 68, 066.					Business Code				
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Total. Add lines 2a:27 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties (i) Real (ii) Personal 68, 066.	<u> </u>	•							
g Total. Add tines 2a:2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 58, 065. b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other bases and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 13, 221. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 19 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b C c All other revenue e Total. Add lines 11a-11d 12 Tatlat revenue. See instructions. 1	ا تة	1	All other program service reve	enue					
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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX						
	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								
2	Grants and other assistance to individuals in	`			-				
	the United States. See Part IV, line 22		•		1				
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16		•		ı				
4	Benefits paid to or for members	··							
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above, to disqualified								
•	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	•							
7	Other salaries and wages				<u> </u>				
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								
ь	Legal			-					
c	Accounting								
d	Lobbying			-					
e	Professional fundraising services. See Part IV, line 17								
f	Investment management fees	-							
g	Other. (If line 11g amount exceeds 10% of line 25,	,							
9	column (A) amount, list line 11g expenses on Sch O.)								
12	Advertising and promotion								
13	Office expenses	****							
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses		·						
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings				-				
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance								
24	Other expenses. Itemize expenses not covered								
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				,				
	amount, list line 24e expenses on Schedule O.)								
а									
b					·				
С									
d		-							
	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	0.	0.	0.	0.				
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)								
332010	10-29-13				Form 990 (2013)				

Form 990 (2013)
Part X Balance Sheet

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			L
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing		1	
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	٥	3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			· · · · · · · · · · · · · · · · · · ·
ł	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment: cost or other		-	
'0"	basis. Complete Part VI of Schedule D 10a 2,993,622.			
_	Less: accumulated depreciation 10b 738,851.	2,283,298.	10c	2,254,77
11	Investments - publicly traded securities	2,203,230.		2,234,11
12	Investments - other securities. See Part IV, line 11		11	-
1			12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets .		14	
15	Other assets. See Part IV, line 11	2,283,298.	15	2 254 77
16	Total assets. Add lines 1 through 15 (must equal line 34)	451.	16	2,254,77
17	Accounts payable and accrued expenses	451.	17	11
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
ı	key employees, highest compensated employees, and disqualified persons.			
1	Complete Part II of Schedule L	17 030 172	22	10 040 56
23	Secured mortgages and notes payable to unrelated third parties	17,939,176.	23	19,042,56
24	Unsecured notes and loans payable to unrelated third parties		24	
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			
	Schedule D '	19 020 629	25	10 040 60
26	Total liabilities. Add lines 17 through 25	17,939,627.	26	19,042,68
	Organizations that follow SFAS 117 (ASC 958), check here ▶			
	complete lines 27 through 29, and lines 33 and 34.	i .		-
27	Unrestricted net assets		27	
28	Temporanly restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► X			
	and complete lines 30 through 34.	-		
30	Capital stock or trust principal, or current funds	0.	30	
31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	147 BAR A4
32	Retained earnings, endowment, accumulated income, or other funds	-15,656,329.	32	-16,787,91
33	Total net assets or fund balances	-15,656,329.	33	-16,787,91
34	Total liabilities and net assets/fund balances	2,283,298.	34	2,254,77

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8	-1	,13 ,13 ,65	1,5	<u>0.</u> 83.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		1.0	70	7 A	1 2
Da	column (B))	10	-T0	<u>, 78</u>	1,9	14.
Pal	rt XIII Financial Statements and Reporting					X
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,					
c	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt			L J
	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 required	ired au	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>
				Form	990	(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.urs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Delineation Corporation Name of the organization Controller's Office

Employer identification number 23-7259519

Pa	t I Organizations Maintaining Donor Advised		Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	used funds
_	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor ac	<u> </u>	
_	for charitable purposes and not for the benefit of the donor or	* *	-
	impermissible private benefit?		Yes No
Pa		anization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n 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 stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	ture
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the pen	odic monitoring, inspection, handling of	f
	violations, and enforcement of the conservation easements it	holds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	-	
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for
Do	conservation easements rt III Organizations Maintaining Collections of	Art Historical Transpurse or (Other Similar Assets
Га		· · · · · · · · · · · · · · · · · · ·	Other Silliar Assets.
	Complete if the organization answered "Yes" to Form 9		amont and halones shoot wades of art
ıa	If the organization elected, as permitted under SFAS 116 (ASI		
	historical treasures, or other similar assets held for public exhibits to the feetness to the		rance of public service, provide, in Part XIII,
b	the text of the footnote to its financial statements that describ		nt and halange sheet works of art. histories
U	If the organization elected, as permitted under SFAS 116 (ASI treasures, or other similar assets held for public exhibition, ed	·	
	relating to these items:	deation, or research in future ance of pr	dolic service, provide the lollowing amounts
	(i) Revenues included in Form 990, Part VIII, line 1		L c
	(ii) Assets included in Form 990, Part X		> s > s
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under SFAS 11		iai gaiii, piovide
а	Revenues included in Form 990, Part VIII, line 1	to the state of th	> \$
b	Accests included in Form 000. Port V		· • •
-	Assets included in Form 990, Fait A	•	F *

Schedule D (Form 990) 2013

Delineation Corporation

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Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, c	or Oth	<u>er Simi</u>	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	t are a s	ignificant	use of its	collection	tems
	(check all that apply):		_							
а	Public exhibition	d	·	Loan or exc	hange progra	ams				
b	Scholarly research	e	. 📖	Other						
C	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	on answered '	'Yes" to	Form 990	0, Part IV,	line 9, or	
. 1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets no	included	l	_	
	on Form 990, Part X?							. L	Yes	Ш No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	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	U No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanatio	n has beer	provided in l	Part XIII		_		
Pai	rt V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	orm 990, Part	IV, line	10.			
		(a) Current year	(b) P	nor year	(c) Two year	s back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance						_			
b	Contributions									
С	Net investment earnings, gains, and losses		Ì				·			
ď	Grants or scholarships						-			
е	Other expenditures for facilities		ĺ				_	,		
	and programs									
f	Administrative expenses				i					
g	End of year balance								†	
2	Provide the estimated percentage of the cur	rent vear end baland	ce (line 1	a. column (a)) held as:					
	Board designated or quasi-endowment		%	3 , (,,					
	Permanent endowment	%								
	Temporanly restricted endowment ▶									
Ū	The percentages in lines 2a, 2b, and 2c short									
За	Are there endowment funds not in the posse		ation tha	at are held a	and administe	ered for t	the organ	ızatıon		
	by:								ſγ	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the	•			-				<u> </u>	
_	rt VI Land, Buildings, and Equipn									
	Complete if the organization answere) Part IV	. line 11a. S	See Form 990	Part X	line 10.			
	Description of property	(a) Cost or o			t or other		ccumulat	ted	(d) Book	value
	bescription of property	basis (investi		, , ,	(other)		preciation	•	(a) DOOK	raido
10	Land	223.0 (,		1,393.		F		2,061	393
					0,495.		677,1	17.	193	,378.
b	Buildings			, ,	J, 1550		- · · , -			, 5 . 0 .
۲ 5	Leasehold improvements Equipment			-	1,734.		61,7	34.	·	0.
	Other						,,			
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. colur	nn (B), line	10(c))				2,254	.771 -

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	Complete if the organization answered "Yes" to on of security or category (including name of security)	(b) Book value			d-of-year market value
) Financial	I denvatives				
) Closely-h	neld equity interests				
Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)				-	
(H)					
) must equal Form 990, Part X, col. (B) line 12.)				· ·
	Investments - Program Related.				
	Complete if the organization answered "Yes" i	to Form 990. Part IV. lin	e 11c. See Form 990. I	Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1)	· · · · · · · · · · · · · · · · · · ·				
(2)				·	-
(3)					
(4)					
(5)			-		
(6)					
(7)					
(8)	"		+		
(9)			 		
) must equal Form 990, Part X, col. (B) line 13.)				
	Other Assets.				
	Complete if the organization answered "Yes" f	to Form 990 Part IV lin	e 11d. See Form 990. I	Part X line 15	
		Description		- u	(b) Book value
(1)		<u>'</u>			
<u> </u>					
(2)			_		
(2)		·			
(3)					
(3) (4)					
(3) (4) (5)					
(3) (4) (5) (6)					
(3) (4) (5) (6) (7)					
(3) (4) (5) (6) (7) (8)					
(3) (4) (5) (6) (7) (8) (9)					
(3) (4) (5) (6) (7) (8) (9) tal. (<i>Colum</i>	nn (b) must equal Form 990, Part X, col. (B) line	e 15.)		•	
(3) (4) (5) (6) (7) (8) (9) tal. (Colum	Other Liabilities.	· · · · · ·			
(3) (4) (5) (6) (7) (8) (9) tal. (Colum	Other Liabilities. Complete if the organization answered "Yes"	· · · · · ·		990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) tal. (Colum	Other Liabilities. Complete if the organization answered "Yes": (a) Description of liability	· · · · · ·	e 11e or 11f. See Form	• 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) tal. (Colum art X	Other Liabilities. Complete if the organization answered "Yes"	· · · · · ·		• 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) tal. (Coluntart X	Other Liabilities. Complete if the organization answered "Yes": (a) Description of liability	· · · · · ·		• 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) tal. (Columnart X	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	· · · · · ·		• 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) tal. (Columnart X (1) Fedee (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	· · · · · ·		■ 1990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) tal. (Column Part X (1) Fede (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	· · · · · ·		990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) tal. (Column Part X (1) Fede (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	· · · · · ·		■ 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) tal. (Column Part X (1) Fede (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	· · · · · ·		990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) (1) Fede (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	· · · · · ·		990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) (1) Fede (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	· · · · · ·		990, Part X, line 25	

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	·					
1	Total revenue, gains, and other support per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
C	Recovenes of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d	•	2e				
3	Subtract line 2e from line 1		3				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
C	Add lines 4a and 4b		4c				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5				
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		er Return.				
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements	,	1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	1 1				
а	Donated services and use of facilities	2a					
b	Pnor year adjustments	2b					
C	Other losses	2c					
d	Other (Describe in Part XIII.)	2d	_				
е	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1		3				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	→				
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b		4c				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5				
	rt XIII Supplemental Information.						
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par		ine 4; Part X, line	e 2; Part XI,			
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional information.					
	<u> </u>						
Do:	nt V Tino 2.						
Pa.	rt X, Line 2:		 				
D0.	lineation Corporation is organizated as de	vaaribed in					
<u>De</u> .	illeacton corporation is organizated as de	scribed in					
90	ction 501 (c) (2) of the Internal Revenue	Code and recor	nizes th	e effect			
56	ction 501 (c) (z) of the internal Revenue	code and recog	IIIZES CII	e errect			
٥f	income tax positions only if those positi	ong are more 1	ikalv th	an not			
<u> </u>	Theome tax positions only it those positi	Ons are more r	TKETY CIT	all liot			
٥f	being substained by a taxing authority.	Middlehury bel	ieves it	hag			
<u> </u>	being substained by a carring additionity.	HIGGIEDGIY DEI	TCVCB TC	1105			
t a l	cen no significant uncertain tax positions	1.					
- Cu.	ten no significant uncertain tax positions	•	-				
			-				

SCHEDULE'J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.us.gov/form990

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

Delineation Corporation Controller's Office

Questions Regarding Compensation

Employer identification number

23-7259519

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			'
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			,
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		1 '
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		د ا
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	j		
	contingent on the revenues of:	1		
а	The organization?	5a		ĺ '
	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		i
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			l
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		L
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedu	le J (Forr	n 990	2013

Delineation Corporation Controller's Office

23-7259519

Page 2

Schedule J (Form 990) 2013 Controller's Office 23-7259519

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W 2 and/or 1099 MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(6)(i)-(0)	in prior Form 990
(1) Patrick J. Norton	(1)	0.	0.	0.	0.	0.	0.	0.
Treasurer	(ii)	252,489.	0.	1,014.	140,140.	28,033.	421,676.	0.
(2) Thomas J. Corbin	(1)	0.	0.	0.	0.	0.	0.	0.
Secretary	(11)	150,427.	0.	1,556.	34,434.	13,090.	199,507.	0.
	(1)							
	(11)							
	(i)						L	
	(ii)							
	(i)							
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	(1)							
	(11)							<u> </u>
	(i)			ļ				
	(11)						-	
	(0)							
	(ii)							
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Schedule J (Form 990) 2013

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Delineation Corporation

332113 09-13-13

Schedule J (Form 990) 2013 Controller's Office	23-7259519	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also con	nplete this part for any additional informa	ition
Part I, Line 1a:		
furc 1, dime 14.		
Compensation is paid by the related organization and all		
policies and procedures of the related organization are adhered to.		
		
Part I, Line 1b:		
The written policies and procedures of President and Fellows		
of Middlebury College are adhered to.		
Part I, Line 4b:		
The College President and the Vice President for Finance and		
Treasurer participate in a supplemental nonqualified retirement plan whi	ich	
is contingent upon services. Contributions to the plan were \$0,		
\$86,590,respectively.		
Deferred composition includes pretax contributions to the voluntary		
retirement plan, contributions to the College's non-qualified tax		
advantaged deferred-compensation retirement plan (457) plan, and the		
College contributions to the core retirement plan on the behalf of the		
employee.		
	Schedule J (F	orm 990) 2013

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SCHEDULE 0

(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.

OMB No 1545-0047 Open to Public Inspection

information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.urs.gov/form990.

Delineation Corporation Emplo

Controller's Office

Employer identification number 23-7259519

Form 990, Part III, Line 1, Description of Organization Mission:
by gift, bequest or devise or is purchased or leased or held absolutely
or in trust for such objects and purposes, educational or charitable,
as the membership shall from time to time determine, with the ownership
of said property being without any limitation as to value, except as
may be provided by Vermont Law.
Form 990, Part III, Line 4d, Other Program Services:
N/A
N/A
N/A
Form 990, Part VI, Section B, line 11:
The organization adheres to the policies and procedures of
President and Fellows of Middlebury College. The final Form 990 is
presented to the Board for review.
Form 990, Part VI, Section C, Line 18:
The Form 990 is available through Guidestar.org.
Form 990, Part VI, Section C, Line 19:
The Form 990 is prepared by management and is distributed to
the board or the organization before it is filed. All policies and
procedures of the related organization, President and Fellows of Middlebury
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization Delineation Corporation	Employer identification number
Controller's Office	23-7259519
College, are adhered to by this organization.	
Part XII, Line 2c	·
The Delineation Corporation has not changed its oversig	jht
process regarding the financial statements and the sele	ection of an
independent auditor.	
	3
	
 	
	
	· · · · · · · · · · · · · · · · · · ·
	

SCHE	DULE	R
(Form	990)	

2013

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

Open to Public Inspection

Controller's		23-7259519					
Part I Identification of Disregarded Entities Complet	e if the organization answered "Yes	on Form 990, Part IV, line 33	3				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) (c) Primary activity Legal domicile (statification) foreign country		(d) Total incom	(e) me End-of year	assets Direc	(f) entity	g
						-	
						-	
Part II Identification of Related Tax-Exempt Organizations during the tax year	ations Complete if the organization	answered "Yes" on Form 990), Part IV, line 34 be	ecause it had one o	or more related tax-e	xempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
President and Fellows of Middlebury College - 03-0179298, 84 S. Service Road, Middlebury, VT 05753	Liberal arts college -	Vermont	501(c)(3)	2	NA.		x
		-					

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

Schedule R (Form 990) 2013

332161 09-12-13 LHA

Delineation Corporation
Schedule R (Form 990) 2013 Controller's Office

23-7259519

Page 2

Part III 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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) Disproportionate allocations?		(1)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets			amount in box 20 of Schedule	managm partner?	
		country)		sections 512-514)			Yes	No	K 1 (Form 1065)	Yes No	<u> </u>
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Part IV 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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of year assets	(h) Percentage ownership		tion b)(13) rolled bty?
		country)	l	,				Yes	No
							1		\vdash
						,			
	<u> </u>	22			L	L	11.55		

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Schedule R (Form 990) 2013

332162 09-12-13

Delineation Corporation
Schedule R (Form 990) 2013 Controller's Office

(3)

(5)

(6) 332163 09-12-13

23-7259519 Page 3

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	a Receipt of (i) interest (ii) annurities (iii) royalties or (iv) rent from a controlled entity								
b	b Grit, grant, or capital contribution to related organization(s)								
c	Gift, grant, or capital contribution from related organization(s)				1c		Х		
d	Loans or loan guarantees to or for related organization(s)				1đ		X		
0	Loans or loan guarantees by related organization(s)				1e	X	⊢		
f	f Dividends from related organization(s)								
g	g Sale of assets to related organization(s)								
ĥ									
i	i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)							Х		
k	k Lease of facilities, equipment, or other assets from related organization(s)								
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)								
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizat	tion(s)			1n		X		
0	Sharing of paid employees with related organization(s)				10		Х		
	ı.					_			
P	Reimbursement paid to related organization(s) for expenses				1p		X		
q	Reimbursement paid by related organization(s) for expenses				1q		X		
r	r Other transfer of cash or property to related organization(s)								
8	s Other transfer of cash or property from related organization(s)								
2	If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered	relationships and transaction thresholds					
	(a) (b) (c) (d) Name of related organization Transaction type (a-s)								
(1)									
(2)									
		ement paid by related organization(s) for expenses Inster of cash or property to related organization(s) Inster of cash or property from related organization(s) Inster of cash or property from related organization(s) Inster of cash or property from related organization(s) Inster of cash or property from related organization(s) Inster of cash or property from related organization for information on who must complete this line, including covered relationships and transaction thresholds (a) Inster of cash or property to related organization for information on who must complete this line, including covered relationships and transaction thresholds (b) Inster of cash or property from related organization for information on who must complete this line, including covered relationships and transaction thresholds (b) Inster of cash or property to related organization(s)							

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Part VI) Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, Irne 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	An : partner 501 (c orps) s sec)(3)	(f) Share of total mcome	(g) Share of end-of year assets	Dispi boi alloca	n) opor- nath tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti Yes	nal or F	(k) Percentage ownership
Walland Control of the Control of th	٠		,	7 645	NO			7 443	NO	V 5 1550	163		· .
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