

** PUBLIC DISCLOSURE COPY **

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

A I	For the	2017 calendar year, or tax year beginning $JUL I$, 2017 and e	ل ending	UN 30, 2018				
	Check if applicable	C Name of organization		D Employer identifi	cation number			
	Addres change	S THE DELTA INSTITUTE						
	Name change	Doing business as	36-4210191					
	Initial return	,	Room/suite	E Telephone numbe				
	Final return/		L200	(312) 554-0900			
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,876,815.			
	Amend	CHICAGO, IL 00001		H(a) Is this a group re				
	Applica tion pending			for subordinates				
		SAME AS C ABOVE		H(b) Are all subordinates in				
		mpt status: X 501(c)(3)	or 527	1	list. (see instructions)			
		e: ► WWW.DELTA-INSTITUTE.ORG	1	H(c) Group exemption				
		organization: X Corporation	L Year	of formation: 1996	M State of legal domicile: IL			
		Briefly describe the organization's mission or most significant activities: DELTA	TNCT	TTITE TC 10 1	MONDROFTT			
e	1 6	THAT COLLABORATES WITH COMMUNITIES TO SOLV						
Jan	2	Check this box if the organization discontinued its operations or dispose						
Governance	3 1			3	16			
ဗိ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			15			
<u>ფ</u>	5	Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)			23			
Activities &	6	Fotal number of volunteers (estimate if necessary)			50			
Ęį	7a	Fotal unrelated business revenue from Part VIII, column (C), line 12			0.			
_₹	1 d	Net unrelated business taxable income from Form 990-T, line 34			2,978.			
				Prior Year	Current Year			
Ð	8 (Contributions and grants (Part VIII, line 1h)		2,852,560.	2,662,425.			
ğ	9 F	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		204,864.	214,390.			
<u>~</u>	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		3,057,424.	2,876,815.			
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		182,603.	881,190.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,441,433.	1,712,907.			
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ă	. b]	Total fundraising expenses (Part IX, column (D), line 25)		1 505 227	607 670			
	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,595,327. 3,219,363.	687,678.			
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-161,939.	3,281,775.			
		Revenue less expenses. Subtract line 18 from line 12		•	· · · · · · · · · · · · · · · · · · ·			
ts o	20	Fotal assets (Part X, line 16)	Ве	ginning of Current Year 7,824,092.	End of Year 7,464,392.			
ASSE	21	Fotal liabilities (Part X, line 26)		1,404,236.	1,239,035.			
Net Assets or	22 1	Net assets or fund balances. Subtract line 21 from line 20		6,419,856.	6,225,357.			
Pa	art II	Signature Block		0,122,000	0/==0/00.0			
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	/ knowledge and belief, it is			
		, and complete. Declaration of preparer (other than officer) is based on all information of whi						
Sig	n	Signature of officer		Date				
Here		WILLIAM SCHLEIZER, CHIEF EXECUTIVE DIR	ECTOR					
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN			
Paid	- 1	LU ANN TRAPP LU ANN TRAPP	0	5/10/19 self-employ				
-	parer	Firm's name PLANTE & MORAN, PLLC		Firm's EIN ▶	38-1357951			
Use	Only	Firm's address 10 S. RIVERSIDE PLAZA, 9TH FLOOR		, _	10\ 000 1010			
_		CHICAGO, IL 60606		Phone no. (3				
May	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

ra	Check if Schedule O contains a response or note to a									
1	•	ny mie iii uno fait iii								
1	Briefly describe the organization's mission: DELTA TNSTTTITE TS A NONDROFTT	ТЕЗ ЖТТН СОММІТКІТТ Т	ድ ፍ ጥር							
	DELTA INSTITUTE IS A NONPROFIT THAT COLLABORATES WITH COMMUNITIES TO SOLVE COMPLEX ENVIRONMENTAL CHALLENGES ACROSS THE MIDWEST.									
	DOLVE COMILER ENVIRONMENTAL CH	ALLENGED ACKODS	THE HIDWEST.							
2	Did the organization undertake any significant program serv	- ·								
				Yes X No						
_	If "Yes," describe these new services on Schedule O.									
3	Did the organization cease conducting, or make significant of "Yes," describe these changes on Schedule O.	changes in how it conducts, an	ny program services?	Yes X No						
4	Describe the organization's program service accomplishmen	nts for each of its three largest	program services, as measured by	expenses.						
	Section 501(c)(3) and 501(c)(4) organizations are required to	•		•						
	revenue, if any, for each program service reported.	•		•						
4a		ncluding grants of \$	81,190.) (Revenue \$)						
	DELTA INSTITUTE AND ITS PROGRA	MS FOCUS ON THRI	EE PRIMARY STRATEG							
	AREAS: CATALYZING ECOSYSTEM ST	•								
	LIABILITY INTO AN ASSET, AND D									
	THIS BY IDENTIFYING STRATEGIC									
	AND THE BOTTOM LINE, DEVELOPIN OPERATIONS, CONVENING DIVERSE		-							
	INFORMING POLICIES THAT BENEFI			LUGUED,						
	COMMUNITIES, & DESIGNING AND I		<u> </u>	NGAGE						
	AND EDUCATE.	HI BEHENTING HODI		1102101						
4b	(Code:) (Expenses \$ ii	ncluding grants of \$) (Revenue \$)						
				_						
	-									
				,						
4c	(Code:) (Expenses \$ in	ncluding grants of \$) (Revenue \$)						
	-									
	-									
	-									
	-									
	-									
_										
4d	Other program services (Describe in Schedule O.)									
	(Expenses \$ including grants of \$		Revenue \$)						
4e	Total program service expenses ► 2,564,	191.								
_				Form 990 (2017)						

Form 990 (2017) THE DELTA INSTITUTE Part IV Checklist of Required Schedules

			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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		Х
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 1.6		
-	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		Х
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		х
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		х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
		18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II	-10		
13	·	19		Х
	complete Schedule G. Part III	פו ו	000	

Form 990 (2017) THE DELTA INSTITUTE Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic 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 or for domestic individuals 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			
	Schedule K. If "No", go to line 25a	24a		Х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
	, ,	25b		x
26	Schedule L, Part I 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 "Yes"			
		26		x
27	complete Schedule L, Part II	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	21		
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):	00-		х
_	, , , , , , , , , , , , , , , , , , , ,	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		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			 ₩
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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			\ . ,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
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	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		<u> </u>
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		X
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	X	

Form 990 (2017) THE DELTA INSTITUTE Part V Statements Regarding Other IRS Filings and Tax Compliance

Pee No No Pee No No Pee No Pee No Pee No Pee No Pee No Pee Pee No Pee Pe		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W.26 included in line 1a. Enter of Lind applicable De Dot the thorogramization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 2a 23						Yes	No
Did the organization comply with backup withholding rules for reportable payments to vandors and reportable gaming gambling) winnings 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 2 B If all least note is reported on line 2a, did the organization file all required federal employment tax returns? 2 B X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fige (see instructions) 3 D Id the organization have unrelated business gross income of \$1,000 or more during the year? 3 B IV the "Yes," has it filed a Form 990-T for this year? If *No,* to file 2b, provide an explanation in Schedule O 4 A As my time during the calendar year, did the organization have an interest in, or a signature or other authority over, a transmit all count in a foreign country. ► 5 B Was the organization and the foreign country. ► 5 B Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5 B V S D Id any textella party notify the organization that ent twas or is a party to a prohibited stax shelter transaction? 5 B V S D IV ** S S S S S S S S S S S S S S S S S S	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a				
gamblingly winnings to prize winners? a Effect 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 b I at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-five (see instructions) b If Yes, 1 has if filed a form 990-for for this year I* "No, 1 for line 3 year your day an explanation in Schedule O a 2a Day 1 years 1 has a filed a form 990-for for this year I* "No, 1 for line 3 year your day an explanation in Schedule O a 1 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," and the the name of the foreign country. ▶ See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization spot on tax eductibles of the fire ma 898-67. 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization spot any contributions that were not tax eductibles a charlable contributions? 6b If "Yes," did the organization include with every selicitation an express statement that such contributions or gifts were not tax deductibles a charlable contribution and partly for goods and services provided to the payor? 7b Organizations that may receive deductible contributions under section 17t(c). a If I was a financial account of the value of the goods or services provided? 7c Organizations that may receive deductible contributions of the poods or services provided? 7c I was a financial account of the poods or services provided? 7c I was a financial account of the poods	b						
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the celendar year ending with or within the year covered by this return b 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 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3a X b if "Yes," has it filed a Form 990-T for this year? if "No," to file 3b, provide an explanation in Schedule O 3b X 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country. 5a Was the organization a parity to a proinibate out. 5b If "Yes," enter the name of the foreign country. 5ce instructions for filing requirements for innCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization a parity to a proinibated in twe sor is a parity to a prohibated as shelter transaction? 5c Was the organization requirements for innCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization requirements for innCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization requirements for innCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization requirements for innCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization requirements for innCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization requirements for innCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization requirements for innCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization requirements for innCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the Care	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable	e gaming			
tiled for the calendar year ending with or within the year covered by this return 2a		(gambling) winnings to prize winners?			1c	X	
b If a 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 2a is greater than 250, you may be required to a-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If 1'ves, 'has it filed a Form 990-Tro this year? If ''No, ' to line 3b, provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or orther authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X 5b If 'ves, 'reter the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction? 5b X 5c If 'ves, 'to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If 'ves, 'to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'ves, 'to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'ves, 'to line 5a or 5b, did the organization in file Form 8886.1? 6c If 'ves, 'to line 5a or 5b, did the organization in include with every solicitation an express statement that such contributions or gifts we not tax deductible? 6c If 'ves, 'to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible? 6c If 'ves, 'to did the organization neceive a payment in excess of \$75 inade party as a contributions? 6c If 'ves, 'to did the organization neceive a payment in excess of \$75 inade party as a contribution or payment in excess of \$75 inade party as a contribution or payment in excess of \$75 inade party as a contribution or payment in exces	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 As 1 any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country (such as a bank account, securities account or other financial accountly over, a financial account in a foreign country to the sa bank account, securities accountly or other financial accountly over, a financial account in a foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing any to a prohibited tax shelter transaction? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing in the first of the filing foreign Bank and Financial Accounts (FBAR). See instructions for thing in the first of the filing foreign Bank and Financial Accounts (FBAR). See instructions for the filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for the filing foreign Bank and Financial Accounts (FBAR). See instructions for the filing foreign Bank and Financial Accounts (FBAR). See instructions for the filing foreign Bank and Financial Accounts (FBAR). See instructions for the filing foreign Bank and Financial Accounts (FBAR). See instructions for filing foreign filing foreign Bank and Financial Accounts (FBAR). See instructions foreign filing foreign filing foreign Bank and Financial Accounts (FBAR). See instructions foreign filing foreign filing foreign Bank and Financial Accounts (FBAR). See instructions foreign filing for filing foreign filing foreign filing foreign fi		filed for the calendar year ending with or within the year covered by this return	2a	23			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
b If "Yes," has it flied a Form 990.T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, diff the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial accountly over, and the control output year has been as bank account, excertible accountly, or other financial accountly over, a serial provided in the provided of the provided in the p		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions	s)				
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 accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a 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 deductible as charitable contributions? 5b If Yes, 'i did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). a lid the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If Yes, 'id dit the organization notity the cloner of the value of the goods or services provided? 7c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If Yes, 'indicate the number of Forms 8282 filed during the year 1c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d If Yes, 'indicate the number of Forms 8282 filed during the year 8 Did the organization received a contribution of qualified infelledual property, did the organization file Form 8890 as required? 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations make at ontributions included on Part VIII, line 12 1c Gross income from members or sha	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		
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	D	ii res, has it filed a Form /20 to report these payments? If "No," provide an explanation in Schedule	υ			990	(2017)

732005 11-28-17

THE DELTA INSTITUTE 36-4210191 Form 990 (2017) 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. 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 16 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. 15 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 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 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? **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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?

and branches to choose their operations are consistent with the organization severific purposes.	100		
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
in Schedule O how this was done	12c	X	
Did the organization have a written whistleblower policy?	13	Х	
Did the organization have a written document retention and destruction policy?	14	X	
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?			
The organization's CEO, Executive Director, or top management official	15a	X	
Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
taxable entity during the year?	16a		X
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
exempt status with respect to such arrangements?	16b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If a lea 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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12a X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe In Schedule O how this was done 12c X Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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

Section C. Disclosure

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17	List the states with which a copy of this Form QQQ is required to be filled $ ightharpoons$ $ ightharpoons$	

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.

- 1		A	V		
- 1	l I Own website	Another's website	I. ∆ I Upon request	Other (evolain in Sc	hadula (

Ü	State the name, address, and telephone number of the person who possesses the organization's books and records:
	WILLIAM SCHLEIZER - (312) 554-0900
	35 E. WACKER DR., NO. 1200, CHICAGO, IL 60601

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.

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

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

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

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

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

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

(A) Name and Title	(B) Average	(B) (C)						(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unles	ss per	rson is both an director/trustee)			compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer B	Key employee	Highest compensated S		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) WILLIAM SCHLEIZER	40.00									
CEO	2.00	Х		Х				165,762.	0.	12,963.
(2) JULIA PARZEN	6.00									
CHAIR	0.00	Х		Х				0.	0.	0.
(3) MARK EIDELMAN	4.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(4) SAM SCHILLER	4.00								_	
SECRETARY	0.00	Х		Х				0.	0.	0.
(5) JEFF WILLIAMS	4.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(6) JOSINA MORITA	2.00								•	
DIRECTOR	0.00	Х						0.	0.	0.
(7) ANDREW BURROUGHS	2.00								•	•
DIRECTOR	0.00	Х						0.	0.	0.
(8) JON CHEFFINGS	2.00	.,							0	•
DIRECTOR	0.00	Х						0.	0.	0.
(9) SABINA SHAIKH	2.00	37							0	•
DIRECTOR	0.00	Х						0.	0.	0.
(10) ALLISON HOLLY DIRECTOR	2.00	v						0.	0.	0
(11) KATE ANSORGE	2.00	Х						0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
(12) PAUL DECOTIS	2.00	Λ						0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
(13) ANN MCCABE	2.00							•	•	<u>.</u>
DIRECTOR	0.00	Х						0.	0.	0.
(14) DAVID ULLRICH	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(15) HENRIETTA SAUNDERS	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(16) JEFF FORT	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(17) EVE PATEL	40.00									
DIRECTOR, PROGRAMS	0.00					Х		120,079.	0.	5,103.

732007 11-28-17

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) (B) (C)							(D)		(F)				
	Name and title	Average	(do		Pos		1 than d	one	Reportable	Reportable)	Es	stimat	ed
		hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation		l	nount	
		week (list any	_			110010	1711 43	(00)	from	from relate		l	othe	
		hours for	director						the organization	organizatior (W-2/1099-MI		ı	pens om th	
		related	e or c	stee			sated		(W-2/1099-MISC)	(***-2/1099-1011	30)	l	aniza	
		organizations	truste	al trus		yee	mper		(17 27 1000 111100)			ı -	d rela	
		below	Individual trustee or	Institutional trustee	l la	Key employee	est co	-BI				orga	anizat	ions
		line)	Indiv	Insti	Officer	Key 6	Highest compensated employee	Former						
(18)	KEVIN DICK	40.00												
DIRE	CTOR, PROGRAMS	0.00					X		115,894.		0.		4,9	36.
(19)	HELEN HARDY	40.00												
DIRE	CTOR, FINANCE & OEPRATIONS	0.00					X		104,416.		0.	1	0,3	57.
			1											
1b	Sub-total	•						▶	506,151.		0.	3	3,3	59.
С	Total from continuation sheets to Part VI	I. Section A						•	0.		0.			0.
	Total (add lines 1b and 1c)							•	506,151.		0.	3	3,3	59.
2	Total number of individuals (including but n							o re	· · · · · · · · · · · · · · · · · · ·	000 of reportabl	<u></u>			
_	compensation from the organization						,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-			4
-	compensation from the organization												Yes	_
3	Did the organization list any former officer.	director or tru	iste	≥ ke	v en	nnlo	WEE	or l	highest compensated er	nnlovee on				
·	line 1a? If "Yes," complete Schedule J for s	•			•	•	•		•			3		Х
4	For any individual listed on line 1a, is the su													
•	and related organizations greater than \$150									•		4	Х	
5	Did any person listed on line 1a receive or a											_		
J	rendered to the organization? If "Yes," com	•				•			•			5		х
Sec	tion B. Independent Contractors	ipiete Scrieduli	. J 1	OF SL	ICIT I	Jers								
1	Complete this table for your five highest co	mnensated inc	lene	nde	nt co	ntr	acto	rs th	nat received more than \$	100 000 of com	nensa	tion fro	nm.	
•	the organization. Report compensation for	-	-								porioa		J.111	
	(A)	tric calcindar y	Jai C	, i i dii	ig w	1111	JI WI		(B)	car.		(0	<u>.,</u>	
	رم) Name and business	address							Description of s	ervices	c	ompe		on
CAF	RDNO, INC.	*						\dashv						
	D. BOX 123422, DALLAS,	ΨX 7531	2						PROJECT CONS	III.TTNG		10	7 8	29.
- • (,, DOW TESTER, DUNING!	-12 / J J I						一	THOUSE COMP				, , 0	·

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2017) THE DELTA INSTITUTE
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to anv lin	e in this Part VIII			
				<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns	1a					312 311
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
		Fundraising events						
		Related organizations						
ig G		Government grants (contribution		219,345.				
Sir		All other contributions, gifts, grant						
e ti	•	similar amounts not included abov		443.080.				
를 를 를		Noncash contributions included in lines 1	· · · · · · · · · · · · · · · · · · ·					
S P		Total. Add lines 1a-1f			2,662,425.			
<u> </u>		Total: Add lines 12 11		Business Code				
σ.	2 a	•		Business ooue				
Nice	2 b							
Ser	C	-	·					
E S	d	_						
gra Re	е							
Program Service Revenue		All other program service rever	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			214,390.			214,390.
	4	Income from investment of tax						
	5	Royalties						
		•	(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)		······				
une	8 a	Gross income from fundraising including \$						
eve		contributions reported on line	1c). See					
Other Revenu		Part IV, line 18	а					
돭	b	Less: direct expenses	b					
٥	c	Net income or (loss) from fund	raising events	>				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a					
		Less: direct expenses						
		: Net income or (loss) from gam		····· •				
	10 a	Gross sales of inventory, less i						
		and allowances						
		Less: cost of goods sold						
		Net income or (loss) from sales						
	11 ~	Miscellaneous Revenue		Business Code				
	ii a							
	C							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		and the second s	2,876,815.	0.	0.	214,390.

Form 990 (2017) THE DELTA INSTITUTE Part IX Statement of Functional Expenses

Payments to affiliates Depreciation, depletion, and amortization 20,536. 14,786. 4,518. 1,232	Section	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must com	nplete column (A).	
		Check if Schedule O contains a respon-			(0)	
and domestic poverments. See Part IV, line 21 Grants and other assistance to foreign organizations, foreign poverments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members of Compensation of current officors, directors, trustees, and key employees 178, 726 129, 544 38, 998 10, 184 persons described in section 4586(x)(3) and parsons described in section 4586(x) and part of the part o			(A) Total expenses	Program service	Management and	
2 Grants and other assistance to domestic incidviduals. See Part N, line 17 comparison of the comparis	1	Grants and other assistance to domestic organizations				
individuals. See Part IV, Ine 22 Grants and other assistance to foreign organizations, foreign governments, and foreign in organizations, foreign governments, and foreign organizations, foreign governments, and foreign in the second of the search of the second of the		and domestic governments. See Part IV, line 21	881,190.	881,190.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of unded detail above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described and persons for any federal state, for local public officials for any federal state, for local public officials for any feder	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 () 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 (sold effect under section 4980((1)) and approximate () 7 Other salaries and wages () 8 Pension plan accruals and contributions (include section 401(4) and 40(5)) employer contributions () 9 Other employee benefits () 1 1, 231, 649 () 8 Pension plan accruals and contributions (include section 401(4) and 40(5)) employer contributions () 9 Other employee benefits () 10 Payroll taxes () 10 P		individuals. See Part IV, line 22				
Individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 178,726 129,544 38,998 10,184	3	Grants and other assistance to foreign				
## Benefits paid to or for members 178,726 129,544 38,998 10,184		organizations, foreign governments, and foreign				
178,726						
trustees, and key employees						
6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions (14, 732, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 31, 864, 8, 723, 104, 145, 145, 104, 145, 145, 145, 145, 145, 145, 145, 14			450 506	100 544	20.000	10 101
persons (as defined under section 4988(f)(1)) and persons described in section 4988(s)(8)8 7 Other salaries and wages 8 Pension plan accruads and contributions (include section 401(s) and 403(s) employer contributions) 9 Other employee benefits 1 44,732, 104,145, 31,864, 8,723 10 Payrolt taxes 10 Payrolt taxes 10 Payrolt taxes 10 Legal			178,726.	129,544.	38,998.	10,184.
Persion described in section 4968(c)(3)(B)	6					
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(k) employer contributions 9 Other employee benefits 144,732. 104,145. 31,864. 8,723 174,970 184 1858. 3,097 184 1858. 31,864. 8,723 184 1858. 31,864. 8,723 184 1858. 31,864. 8,723 185 185 185 185 185 185 185 185 185 185						
8 Pension plan accruals and contributions (include section 40 (K) and 403(b) employer contributions) 9 Other employee benefits 144,732. 104,145. 31,864. 8,723. 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal 887. 639. 195. 53 c Accounting 35,826. 25,794. 7,882. 2,150 d Lobbyring e Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other. (If (line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schol 14,784. 10,771. 2,878. 1,135 14 Information technology 159,477. 115,592. 34,798. 9,087 17 Travel 6 Occupancy 159,477. 115,592. 34,798. 9,087 17 Travel 7 Payments to affiliates 17 Payments to affiliates 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Payments to affiliates 20 Depreciation, depletion, and amortization 20,536. 14,786. 4,518. 1,232 10 Payments to affiliates 20 Depreciation, depletion, and amortization 20,536. 14,786. 4,518. 1,232 21 Payments to affiliates 27 Paymenss. Intrinzic expenses in lower deal fline 24 expenses in Schedule 0, a PROJECT EXPENSES 150 (a) MISCELLANEOUS 280. 401 (b) Expenses 11 (b) Grant Color (c) Grant C			1 001 640	000 700	260 745	70 101
Section 401(k) and 403(h) employer contributions 54, 347.			1,∠31,649.	894,723.	468,/45.	/U,181.
Other employee benefits		,	E 4 2 4 7	20 202	11 050	2 007
10			24,34/	39,392.		3,097
11 Fees for services (non-employees): a Management b Legal		·				8,723
a Management b Legal			103,453.	/4,985.	22,5/3.	5,895
b Legal 887 639 195 53 c Accounting 35,826 25,794 7,882 2,150 d Lobbying 9 Professional fundraising services. See Part IV, line 17 f Investment management fees 9 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 21g expenses on Sch O.) 12 Advertising and promotion 25,567 9,937 2,946 12,684 13 Office expenses 14,784 10,771 2,878 1,135 41 Information technology 84,742 64,634 15,944 4,164 15 Royalties 159,477 115,592 34,798 9,087 17 Travel 42,933 31,311 6,325 5,297 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 191 Conferences, conventions, and meetings 32,897 23,686 7,237 1,974 21 Payments to affiliates 20 Depreciation, depletion, and amortization 20,536 14,786 4,518 1,232 22 Depreciation, depletion, and amortization 20,536 14,786 4,518 1,232 24 Other expenses I line 24e, If line 24e amount, list line 24e expenses on Schedule 0.) 25,260 152,260 5,097 -5,035 -1,315 24 Other expenses Schedule 0. 27 PROJECT EXPENSES 150 152,260 5 28 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		-				
C Accounting 35,826. 25,794. 7,882. 2,150			0.07	620	105	E 2
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, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 25, 567. 9, 937. 2, 946. 12, 684 3 Office expenses 14, 784. 10, 771. 2, 878. 1, 135 4 Information technology 84, 742. 64, 634. 15, 944. 4, 164 5 Royalties 7 6 Occupancy 159, 477. 115, 592. 34, 798. 9, 087 7 Travel 42, 933. 31, 311. 6, 325. 5, 297 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 7, 011. 5, 048. 1, 542. 421 1 Payments to affiliates 7, 011. 5, 048. 1, 542. 421 21 Payments to affiliates 7, 011. 5, 048. 1, 542. 421 22 Depreciation, depletion, and amortization 20, 536. 14, 786. 4, 518. 1, 232 23 Insurance 166, 283. 11, 724. 3, 582. 977 24 Other expenses. Itemize expenses on trovered above. (List miscellancous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 24 PROJECT EXPENSES 8 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						2 1 5 0
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion			33,040.	25,794.	1,004.	2,130
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 25,567. 9,937. 2,946. 12,684 13 Office expenses 114,784. 10,771. 2,878. 1,135 14 Information technology 84,742. 64,634. 15,944. 4,164 15 Royalties 16 Occupancy 159,477. 115,592. 34,798. 9,087 17 Travel 42,933. 31,311. 6,325. 5,297 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 20 Insurance 21 Payments to affiliates 22 Depreciation, depletion, and amortization 20,536. 14,786. 4,518. 1,232 21 Insurance 21 Insurance 22 Depreciation, depletion, and amortization 20,536. 14,786. 4,518. 1,232 23 Insurance 16,283. 11,724. 3,582. 977 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 0.) 2 PROJECT EXPENSES 3 447. 847. 2 BANK FEE 3 280. 280. 3 11,724. 581,645. 135,939 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion						
Column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 25,567. 9,937. 2,946. 12,684 Office expenses 14,784. 10,771. 2,878. 1,135 Information technology 84,742. 64,634. 15,944. 4,164 Royalties 16 Occupancy 159,477. 115,592. 34,798. 9,087 Travel 242,933. 31,311. 6,325. 5,297 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 32,897. 23,686. 7,237. 1,974 Interest 7,011. 5,048. 1,542. 421 Payments to affiliates 20,536. 14,786. 4,518. 1,232 Insurance 20,536. 14,786. 4,518. 1,232 Insurance 20,536. 14,786. 4,518. 1,232 Insurance 16,283. 11,724. 3,582. 977 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 0.) a PROJECT EXPENSES 152,260. 152,260. b UBIT TAX 847. 847. 847. c BANK FEE 280. 280. 280. d MISCELLANEOUS -31,447. -25,097. -5,035. -1,315 e All other expenses Add lines 1 through 24e 3,281,775. 2,564,191. 581,645. 135,935 d Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
12 Advertising and promotion 25,567. 9,937. 2,946. 12,684 13 Office expenses 14,784. 10,771. 2,878. 1,135 14 Information technology 84,742. 64,634. 15,944. 4,164 15 Royalties 16 Occupancy 159,477. 115,592. 34,798. 9,087 17 Travel 42,933. 31,311. 6,325. 5,297 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 20,536. 14,786. 4,518. 1,232 21 Insurance 24 Office expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule 0.) 24 PROJECT EXPENSES 347. 847. 847. 280. 280. 280. 4 MISCELLANEOUS All other expenses. Add lines 1 through 24e 3,281,775. 2,564,191. 581,645. 135,935 4 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	g		12/ 795		124 795	
13 Office expenses	10			9 937		12 684
14 Information technology 84,742. 64,634. 15,944. 4,164 15 Royalties 15 Occupancy 159,477. 115,592. 34,798. 9,087 17 Travel 42,933. 31,311. 6,325. 5,297 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,011. 5,048. 7,237. 1,974 10 Interest 7,011. 5,048. 1,542. 421 21 Payments to affiliates 20 Experciation, depletion, and amortization 20,536. 14,786. 4,518. 1,232 21 Insurance 16,283. 11,724. 3,582. 977 24 Other expenses, Itemize expenses in line 24e. If line 24e expenses on Schedule 0.) 152,260. 152,260. 2 PROJECT EXPENSES 152,260. 152,260. 547. 3 BAT. 847. 847. 847. 4 Interest companies 280. 280. 280. 5 UBIT TAX 280. 280. 280. 6 MISCELLANEOUS -31,447. -25,097. -5,035. -1,315. 26 J					2 878	
15 Royalties						4 164
16 Occupancy 159,477. 115,592. 34,798. 9,087 17 Travel 42,933. 31,311. 6,325. 5,297 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20 Conferences, conventions, and meetings 32,897. 23,686. 7,237. 1,974 20 Interest 7,011. 5,048. 1,542. 421 21 Payments to affiliates 20 Experciation, depletion, and amortization 20,536. 14,786. 4,518. 1,232 23 Insurance 16,283. 11,724. 3,582. 977 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 0.) 152,260. 152,260. a PROJECT EXPENSES 152,260. 152,260. 152,260. b UBIT TAX 280. 280. 280. c BANK FEE 280. 280. -5,035. -1,315 d MISCELLANEOUS -31,447. -25,097. -5,035. -1,315 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined			04,742.	04,034.	13,344.	1,101
17 Travel			159.477.	115.592.	34.798.	9.087.
18						
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 0.) 28 PROJECT EXPENSES 29 UBIT TAX 20 BANK FEE 30 MISCELLANEOUS All other expenses. 21 All other expenses. 22 All other expenses. 23 All other expenses. 24 All other expenses. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				01,011	0,0201	0,20
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 0.) a PROJECT EXPENSES b UBIT TAX c BANK FEE d MISCELLANEOUS e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	.0					
Interest	19	· · · · · · · · · · · · · · · · · · ·	32,897.	23,686.	7,237.	1,974.
Payments to affiliates Depreciation, depletion, and amortization 20,536						421.
22 Depreciation, depletion, and amortization 20,536. 14,786. 4,518. 1,232 23 Insurance 16,283. 11,724. 3,582. 977 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule 0.) 16,283. 11,724. 3,582. 977 a PROJECT EXPENSES 152,260.						
23 Insurance 16, 283. 11,724. 3,582. 977 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 0.) a PROJECT EXPENSES 152, 260. 152, 260. b UBIT TAX 847. 847. c BANK FEE 280. 280. 280. d MISCELLANEOUS -31,44725,0975,0351,315. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 3,281,775. 2,564,191. 581,645. 135,939. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			20,536.	14,786.	4,518.	1,232.
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.) a PROJECT EXPENSES b UBIT TAX c BANK FEE d MISCELLANEOUS e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		,				977.
a PROJECT EXPENSES b UBIT TAX c BANK FEE d MISCELLANEOUS e All other expenses Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	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)				
b UBIT TAX c BANK FEE d MISCELLANEOUS e All other expenses Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	а	PROJECT EXPENSES	152,260.	152,260.		
BANK FEE d MISCELLANEOUS e All other expenses Total functional expenses. Add lines 1 through 24e 280. 280. -31,44725,0975,0351,315 3,281,775. 2,564,191. 581,645. 135,939 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
MISCELLANEOUS e All other expenses Total functional expenses. Add lines 1 through 24e 3,281,775. 2,564,191. 581,645. 135,939 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
e All other expenses Total functional expenses. Add lines 1 through 24e 3,281,775. 2,564,191. 581,645. 135,939 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.					-5,035.	-1,315
Total functional expenses. Add lines 1 through 24e 3,281,775. 2,564,191. 581,645. 135,939 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			. , = =	.,	-,,	, = = 0
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			3,281,775.	2,564,191.	581,645.	135,939
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			. ,	. ,	,	,
educational campaign and fundraising solicitation.						

Form 990 (2017)
Part X Balance Sheet

Part X	Balance Sheet				
	Check if Schedule O contains a response or note to any line in t	his Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		20,498.	1	0
2	Savings and temporary cash investments		784,970.	2	542,177
3				3	
4	Accounts receivable, net		1,002,710.	4	1,010,450
5	Loans and other receivables from current and former officers, d				
	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			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing			
	employers and sponsoring organizations of section 501(c)(9) vol	untary			
<u>v</u>	employees' beneficiary organizations (see instr). Complete Part	II of Sch L		6	
Assets 7	Notes and loans receivable, net		425,829.	7	105,917
₹ 8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges	1	74,811.	9	81,653
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D 10a	254,977. 175,836.			
b	Less: accumulated depreciation 10b	175,836.	80,681.	10c	79,141
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 11			12	
13				13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		5,434,593.	15	5,645,054
16	Total assets. Add lines 1 through 15 (must equal line 34)		7,824,092.	16	7,464,392
17	Accounts payable and accrued expenses		310,376.	17	553,517
18	Grants payable			18	
19	Deferred revenue		351,658.	19	3,329
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of Scheo			21	
၈ 22	Loans and other payables to current and former officers, director	ors, trustees,			
≝	key employees, highest compensated employees, and disqualif	ed persons.			
Liabilities N	Complete Part II of Schedule L			22	
[⊒] ₂₃	Secured mortgages and notes payable to unrelated third parties	sL	500,000.	23	500,000
24	Unsecured notes and loans payable to unrelated third parties			24	
25	Other liabilities (including federal income tax, payables to related	d third			
	parties, and other liabilities not included on lines 17-24). Comple	ete Part X of			
	Schedule D		242,202.	25	182,189 1,239,035
26	Total liabilities. Add lines 17 through 25		1,404,236.	26	1,239,035
	Organizations that follow SFAS 117 (ASC 958), check here	► X and			
ဖွ	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		-91,960.	27	-443,644
28	Temporarily restricted net assets		1,077,223.	28	1,023,947
27 28 29 30 31 32 33 33 33 33 33 33 33 33 33 33 33 33	Permanently restricted net assets		5,434,593.	29	5,645,054
5	Organizations that do not follow SFAS 117 (ASC 958), check	here 🕨 🔲			
5	and complete lines 30 through 34.				
2 30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipment fund			31	
32	Retained earnings, endowment, accumulated income, or other to			32	
ž 33	Total net assets or fund balances		6,419,856.	33	6,225,357
34	Total liabilities and net assets/fund balances		7,824,092.	34	7,464,392

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,87		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,28		
3	Revenue less expenses. Subtract line 2 from line 1	3	-40		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,41	9,8	56.
5	Net unrealized gains (losses) on investments	5	21	0,4	<u>61.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
					<u>57.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	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				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
c 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 Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization THE DELTA INSTITUTE 36-4210191 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3140469.	3304435.	3075947.	2852560.	2662425.	15035836.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3140469.	3304435.	3075947.	2852560.	2662425.	15035836.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						250,523.
	Public support. Subtract line 5 from line 4.						14785313.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	3140469.	3304435.	3075947.	2852560.	2662425.	15035836.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	291,467.	211,088.	211,784.	204,864.	214,390.	1133593.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						16169429.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 1	,317,588.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here					>
	tion C. Computation of Publi						
	Public support percentage for 2017 (li					14	91.44 %
	Public support percentage from 2016					15	91.54 %
16a	6a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac-			=		-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	- 2016. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th		•		•		e
	organization meets the "facts-and-circ		-	•			>
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	'	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6		, ,	, ,			
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975	ļ					
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	-			•		
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by lin	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2017. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						>
k	33 1/3% support tests - 2016. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
0.0		
3с		
- 55		
4a		
41-		
4b		
4c		
-10		
5a		
- Cu		
5b		
5c		
6		
-		
7		
8		
-		
9a		
- Ju		
9b		
9с		
_		
40-		
10a		
10b		

Par	rt IV Supporting Organizations _(continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
h		11b		
	• • • • • • • • • • • • • • • • • • • •	11c		
Sect	tion B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
0	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
S001	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Seci	tion 6. Type it Supporting Organizations		, ,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations	I	1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions),		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	anization (see
	instructions).	. •		·

Schedule A (Form 990 or 990-EZ) 2017

Par	^ব	(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section B, line 1e; Part V, Section B, line 1e;
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

TH	HE DELTA INSTITUTE	36-4210191				
Organization type (check or	one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private found	ndation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on				
	501(c)(3) taxable private foundation					
Note: Only a section 501(c)(General Rule	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a second sec					
property) from any	one contributor. Complete Parts I and II. See instructions for determining a	a contributor's total contributions.				
Special Rules						
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, I or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% I, line 1. Complete Parts I and II.	line 13, 16a, or 16b, and that received from				
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file So Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-E The filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

THE DELTA INSTITUTE

36-4210191

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and ZiF + 4	\$ 76,691.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$83,579.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 85,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$55,113.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$55,413 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

•		
miin Dni ma		26 4212121
THE DELTA	INSTITUTE	36-4210191

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7	Hame, address, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9	Humo, audi 000, unu En TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 10	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

THE DELTA INSTITUTE

36-4210191

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
723453 11-01-			990 990-F7 or 990-PF\ (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number THE DELTA INSTITUTE 36-4210191 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE DELTA INSTITUTE

Employer identification number 36-4210191

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II	Par	Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	or Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (auring year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all chorns and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors or for any other purpose conferring impermisable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete ines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (e) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of states where property subject to conservation easements is located by a visit of the National Register Number of states where property subject to conservation easements in list of the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year by and section 170ph)(4(B)(B)) 1 Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization easements in the requirements of section 170ph)(4(B)(B)) 9 In Part XIII, describe how t		organization answered "Yes" on Form 990, Part IV, line	e 6.	
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all orders and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). 1 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of pans pace 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Total number of conservation easements 3 Total arceage restricted by conservation easements 4 Number of conservation easements in cluded in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 5 Number of conservation easements in confided, transferred, released, extinguished, or terminated by the organization during the tax year? 4 Number of states where property subject to conservation easement is located Positions, and enforcing conservation easements during the year Position and value and present and the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year Position of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Position and section 170(h)(4)(B)(ii) 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easeme			(a) Donor advised funds	(b) Funds and other accounts
3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor during the tree organization is property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of natural habitat Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 4 Total acreage restricted by conservation easements 5 Number of conservation easements on a certified historic structure included in (a) 8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 1 Number of states where property subject to conservation easement is located 2 So Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 2 Amount of expenses incurred of the conservation easements in holds? 3 Amount of expenses incurred of the conservation easements in its revenue and expenses statement, and balance sheet, and include, if applicable, the text of the footnote to the organization easements in this revenue and expenses statement, and balance shee	1	Total number at end of year		
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of open space 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a certified historic structure □ Preservation of open space 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements. 1 Total acreage restricted by conservation easements. 2 Total acreage restricted by conservation easements. 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements that holds? 5 Does the organization have a written policy reparding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements. 5 Does each conservation easement reported on line 2(d) above satisfy the requirements of se	2	Aggregate value of contributions to (during year)		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of perservation easements held by the organization contribution in the form of a conservation easement on the last day of the tax year. 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Total acreage restricted by conservation easements 7 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure is lasted in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Number of states where property subject to conservation easement is located > 10 Staff and volunteer house devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year organization seasement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(B)	3	Aggregate value of grants from (during year)		
are the organization's property, subject to the organization's exclusive legal control?	4	Aggregate value at end of year		
6 Did the organization inform all grantlees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferning impermissible private benefit? Personation Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. I held at the End of the Tax Yea Total number of conservation easements Conservation easements are called in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P Number of states where property subject to conservation easement is located P Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P Note that the organization easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)	5	-	-	
for charitable puryoses and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply).				
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education)	6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	e used only
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(6) of conservation easements held by the organization (check all that apply). Preservation of I and for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of and for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2b Total areage restricted by conservation easements 2b Total areage restricted by conservation easements 2b Total number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2d Number of states where property subject to conservation easement is located 2d Number of states where property subject to conservation easement is located 2d Number of states where property subject to conservation easements is located 2d Number of states where property subject to conservation easements is located 2d Number of states where property subject to conservation easements is located 2d Number of states where property subject to conservation easements is located 2d Number of states where property subject to conservation easements in this revenue and expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 3d Number of states where property subject in the organization reports conservation easements in its revenue and expense sta		·	donor advisor, or for any other purpose	
Propose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements 2a Held at the End of the Tax Yea 2a Total acreage restricted by conservation easements 2b Total acreage restricted by conservation easements 2b Ze Ze Ze Ze Ze Ze Ze Ze Ze Z	Day			
Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Itel did at the End of the Tax Yea Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements in holds? A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Notes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Notes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Notes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Notes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Notes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva				Part IV, line 7.
Protection of natural habitat	1			
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expenses statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organiza				•
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)) and section 170(h)(4)(B)(iii)?			Preservation of a cer	rtified historic structure
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(ii) Assets included in Form 990, Part X		-		• •
	2			
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the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	_			• \$
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \bullet\$ \$				_

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

	t III Organizations Maintaining Col			orical Tre	asures o	r Other			<u> </u>	
	•									
3	Using the organization's acquisition, accession	, and other records	s, check	any or the	iollowing tha	t are a sig	Jillicant u	se or its c	ollection it	ems
	(check all that apply):		. —		L					
a	Public exhibition	d			change progra					
b	Scholarly research	е	• '	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle							se in Part	XIII.	
5	During the year, did the organization solicit or r								٦	
Day	to be sold to raise funds rather than to be main								Yes	No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part 3		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV, I	ine 9, or	
12	Is the organization an agent, trustee, custodian		iany for c	contribution	e or other as	eate not i	ncluded			
Ia									Yes	☐ No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII an								_ 1 C S	NO
b	ii res, explain the anangement in rait Alli an	d complete the for	lowing to	abi c .					Amount	
_	Paginning halanco						1c		Amount	
	Beginning balance									
	Additions during the year									
e f	Distributions during the year									
	Ending balance Did the organization include an amount on Form								Yes	No
	If "Yes," explain the arrangement in Part XIII. C									
	t V Endowment Funds. Complete if t									
1 311		(a) Current year		rior year	(c) Two year			pare hack	(e) Four y	pare hack
10	Basinaia a foresa halana		(b) F	noi yeai	(C) TWO yea	15 Dack	(u) Thiree y	cais Dack	(e) i our y	Gai S Dack
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
g	End of year balance	at waar and halana	l line 1e	, aalumn (a	\\					
2	Provide the estimated percentage of the curren	•	e (iirie i g	j, column (a)) riela as.					
a	Board designated or quasi-endowment ► Permanent endowment ►	%	_%							
C	Temporarily restricted endowment	%								
2-	The percentages on lines 2a, 2b, and 2c should	•	tion that	t are bold o	ad administa	rad far th		tion		
Sa	Are there endowment funds not in the possess	ion of the organiza	uon ma	i are neio ai	iu auministe	rea for the	e organiza	llion	Г	res No
	by: (i) unrelated organizations								3a(i)	es No
	(**)								3a(ii)	+
b	(ii) related organizations If "Yes" on line 3a(ii), are the related organization								3b	+
4	Describe in Part XIII the intended uses of the or								SD	
Par	t VI Land, Buildings, and Equipme		willent i	urius.						
	Complete if the organization answered) Part IV	line 11a S	See Form 990) Part X	line 10			
	Description of property	(a) Cost or o			t or other		ccumulate	<u></u>	(d) Book	valuo
	Description of property	basis (investn			(other)		oreciation	·	(u) book	value
10	Land	· ` `		54013	(50.101)	40,	2.00.000			
	Land									
	Buildings Leasehold improvements			5	5,940.		23,00)5.	3.2	,935.
	Leasehold improvements				9,037.	1	152,83		46	, <u>935.</u> ,206.
	Equipment				J, UJ 1 •			<u> </u>		, 400 •
	Other	15 600. 5	V	(D) " 1	0 - 1	l			70	,141.
rotal	. Add lines 1a through 1e. (Column (d) must equ	ıaı ⊢orm 990. Part .	x. colum	າກ (<i>ປ</i>). Iine 1	UC.)				13	,

Schedule D (Form 990) 2017 THE DELTA IN		36-4210191 Page			
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-o	f-year market value	
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of	on Form 990. Part IV	Lline 11c. See Form 990.	Part X. line 13.		
(a) Description of investment	(b) Book value		aluation: Cost or end-o	f-year market value	
(1)		``		•	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.		•			
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.		
	Description			(b) Book value	
(1) BENEFICIAL INTEREST IN TRU	ST			5,645,054	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		•	5,645,054	
Part X Other Liabilities.	10.,1				
Complete if the organization answered "Yes" of	on Form 990. Part IV	. line 11e or 11f. See Form	n 990. Part X. line 25.		
1. (a) Description of liability	, , , , , , , , , , , , , , , , , , , ,	(b) Book value	, , , , , ,		
(1) Federal income taxes					
(2) REVOLVING LOAN FUND - COOK	COUNTY	182,189.			
(3)		•			
· · · · ·			1		

(4) (5) (6) (7) (8) (9) 182,189. \triangleright Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public

Inspection

Employer identification number Name of the organization 36-4210191 THE DELTA INSTITUTE Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 1 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) AG INNOVATIONS NETWORK 101 MORRIS ST, STE 212 PROJECT SEBASTOPOL, CA 95472 68-0462304 501(C)(3) 0 PARTNER/CONSULTANT 5,750. ALLEGAN CONSERVATION DISTRICT 1668 LINCOLN RD PROJECT 38-6033609 GOVERNMENT ALLEGAN, MI 49010 27,315, 0. PARTNER/CONSULTANT ALLIANCE FOR THE GREAT LAKES 150 N. MICHIGAN PROJECT CHICAGO, IL 60601 23-7104524 501(C)(3) 25,455 0. PARTNER/CONSULTANT ATOMIC OBJECT 1034 WEALTHY ST SE PROJECT 38-3623015 GRAND RAPIDS MI 49506 40 568 0. PARTNER/CONSULTANT BICKFORD FARMS 6346 REED RD PROJECT 39-1259176 PARTNER/CONSULTANT RIDGEWAY, WI 53582 10 675 0. CARDNO PO BOX 123422 PROJECT DALLAS, TX 75312 45-2663666 39 450 0 PARTNER/CONSULTANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

(a) Name and address of organization or government	(b) EIN (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
J J			3	assistance	(book, FMV, appraisal, other)		
COMMUNITY TRANSITION PLANNING							
628 W WRIGHTWOOD, 5E							PROJECT
CHICAGO, IL 60614	82-1669334		71,440.	0.			PARTNER/CONSULTANT
CROATAN INSTITUTE							
PO BOX 2044							PROJECT
DURHAM, NC 27702	46-3673347	501(C)(3)	53,173.	0.			PARTNER/CONSULTANT
ENCOURAGE CAPITAL							
156 FIFTH AVENUE, STE 804							PROJECT
NEW YORK, NY 10010	47-2528537		65,000.	0.			PARTNER/CONSULTANT
FOREFRONT							
208 S LASALLE ST, UNIT 1540							PROJECT
CHICAGO, IL 60604	23-7376023	501(C)(3)	5,325.	0.			PARTNER/CONSULTANT
FRESH COAST CAPITAL							
318 W ADAMS ST, 16TH FLOOR							PROJECT
CHICAGO, IL 60606	46-5765537	501(C)(3)	14,251.	0.			PARTNER/CONSULTANT
GEOSYNTEC							
900 BROKEN SOUND PARKWAY NW, STE 20							PROJECT
BOCA RATON, FL 33487	59-2355134		6,229.	0.			PARTNER/CONSULTANT
GREAT LAKES YARD							
2651 W LAKE ST							PROJECT
CHICAGO, IL 60612	47-4131959		5,000.	0.			PARTNER/CONSULTANT
HAMMOND FARMS							
5834 MICHIGAN RD							PROJECT
DIMONDALE, MI 48821	38-2393238		50,997.	0.			PARTNER/CONSULTANT
ILLINOIS ENVIRONMENTAL COUNCIL							
230 BROADWAY							PROJECT
SPRINGFIELD, IL 62701	51-0211835	501(C)(3)	15,000.	0.			PARTNER/CONSULTANT

Schedule I (Form 990) THE DELTA							6-4210191 Page
Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IT'S GARY'S TIME							
2600 W 93RD AVE CROWN POINT, IN 46307	27-2435550		5,541.	0.			PROJECT PARTNER/CONSULTANT
,			,				
JO DAVIESS CONSERVATION FOUNDATION 126 N MAIN ST, PO BOX 216							PROJECT
ELIZABETH, IL 61028	36-3913497	501(C)(3)	5,000.	0.			PARTNER/CONSULTANT
LEIDENSCHAFT FARM 3754 RIDGEVUE RD							PROJECT
RIDGEWAY, WI 53582	81-1845306		16,050.	0.			PARTNER/CONSULTANT
,							
LIFT ECONOMY							
1388 HAIGHT ST, UNIT 107				_			PROJECT
SAN FRANCISCO, CA 94117	47-2351385		18,188.	0.			PARTNER/CONSULTANT
MICHIGAN STATE UNIVERSITY							
524 S SHAW LN, RM 216							PROJECT
EAST LANSING, MI 48824	38-6005984	GOVERNMENT	18,000.	0.			PARTNER/CONSULTANT
MONTAGUE TREE FARMS							
3220 FRUITVALE RD.							PROJECT
MONTAGUE, MI 49437	38-3205798		24,000.	0.			PARTNER/CONSULTANT
MUSKEGON CONSERVATION DISTRICT							
4735 HOLTON RD							PROJECT
TWIN LAKE, MI 49457	38-2333068	501(C)(3)	6,120.	0.			PARTNER/CONSULTANT
MUSKEGON COUNTY ROAD COMMISSION							
7700 APPLE AVE				_			PROJECT
MUSKEGON, MI 49442	38-6006065	GOVERNMENT	150,000.	0.			PARTNER/CONSULTANT
MUSKEGON RIVER WATERSHED ASSEMBLY							
1009 CAMPUS DRIVE JOH 303							PROJECT
BIG RAPIDS, MI 49307	38-3523819	501(C)(3)	15,682.	0.			PARTNER/CONSULTANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NATURAL LAND INSTITUTE									
320 S 3RD ST							PROJECT		
ROCKFORD, IL 61104	26-2478025	501(C)(3)	25,000.	0.			PARTNER/CONSULTANT		
NEHEMIAH GROUP									
6439 S PEORIA ST							PROJECT		
CHICAGO, IL 60621	46-5737246		5,000.	0.			PARTNER/CONSULTANT		
NEW VENTURE FUND									
1201 CONNECTICUT AVE NW, UNIT 300							PROJECT		
WASHINGTON, DC 20036	20-5806345		15,000.	0.			PARTNER/CONSULTANT		
NOURISHN									
PO BOX 462							PROJECT		
BATH, ME 04530	81-2667040		7,874.	0.			PARTNER/CONSULTANT		
OPENLANDS									
25 E WASHINGTON, STE 1650							PROJECT		
CHICAGO, IL 60602	36-2649603	501(C)(3)	10,000.	0.			PARTNER/CONSULTANT		
PLOVGH									
PO BOX 295							PROJECT		
VIROQUA, WI 54665	27-4871312		20,113.	0.			PARTNER/CONSULTANT		
PRIMROSE VALLEY FARM									
321 PRIMROSE CENTER RD							PROJECT		
BELLEVILLE, WI 53508	27-0794242		7,000.	0.			PARTNER/CONSULTANT		
SPENCE FARM FOUNDATION									
3138 AUBURN RD							PROJECT		
BLOOMINGTON, IL 61704	81-0670192	501(C)(3)	39,990.	0.			PARTNER/CONSULTANT		
UNIVERSITY OF ILLINOIS									
28392 NETWORK PLACE							PROJECT		
CHICAGO, IL 60673	37-6000511	GOVERNMENT	26,301.	0.			PARTNER/CONSULTANT		

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WEST MICHIGAN SHORELINE REGIONAL DEVELOPMENT COMMISSION - 316 MORRIS AVE - MUSKEGON, MI 49440	38-1957127	GOVERNMENT	18,203.	0.			PROJECT PARTNER/CONSULTANT			

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, columr	n (b); and any other ac	ditional information.	
PART I, LINE 2:					
DELTA MAINTAINS ACCOUNTING SYSTEMS	, FINANCI	AL RECORD	S AND PROJE	CT	
MANAGEMENT SYSTEMS TO ACCURATELY A	CCOUNT FO	R FUNDS A	WARDED. THE	SE RECORDS	
SHALL INCLUDE BOTH FEDERAL, STATE,	LOCAL AN	D PRIVATE	ORGANIZATI	ONS. THE	
PROJECT MANAGEMENT SYSTEM PROVIDES	THE RECO	DING OF E	XPENDITURES	FOR EACH	
AWARD BY THE COMPONENT PROJECT AND	BUDGET C	OST CATEGO	ORIES. THE	SYSTEMS ALSO	
INCLUDE BUDGETARY CONTROLS TO PREC	LUDE INCU	RRING OBL	IGATIONS IN	EXCESS OF	
TOTAL FUNDS AVAILABLE FOR A BUDGET	СОЅТ САТ	ECORV			

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.

2017

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

THE DELTA INSTITUTE

 $\begin{array}{c} \text{Employer identification number} \\ 36-4210191 \end{array}$

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		Yes	No
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 (such as, maid, chauffeur, chef)			
b 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		
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 on line 1a?	2		
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.			
X Compensation committee Written employment contract			
Independent compensation consultant			
X Form 990 of other organizations X Approval by the board or compensation committee			
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
organization or a related organization:			7.7
Receive a severance payment or change-of-control payment?			X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only costion $E01(a)(2)$, $E01(a)(4)$, and $E01(a)(20)$ organizations must complete lines $E(0)$			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the revenues of:			
a The organization?	5a		х
b Any related organization?	5b		X
If "Yes" on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the net earnings of:			
a The organization?	6a		Х
b Any related organization?			Х
If "Yes" on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8 Were any amounts reported on 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		Х
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
Regulations section 53.4958-6(c)?	9		

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

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 on 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 aren't 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990		
(1) WILLIAM SCHLEIZER	(i)	165,762.	0.	0.	6,733.	6,230.	178,725.	0.		
	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i) (ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i) (ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i) (ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									

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 complete this part for any additional information.	

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. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE DELTA INSTITUTE

Employer identification number 36-4210191

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHALLENGES ACROSS THE MIDWEST. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S DIRECTOR OF FINANCE AND OPERATIONS WORKS CLOSELY WITH THE FORM 990 PREPARER IN ANSWERING ALL QUESTIONS ON THE FORM AS WELL AS PROVIDING ACCURATE FINANCIAL AND OTHER INFORMATION FOR INCLUSION. A DRAFT THE FORM IS THEN REVIEWED BY THE CEO AND DIRECTOR OF FINANCE AND OPERATIONS PRIOR TO FINALIZATION. ANY CHANGES THEY DETERMINE ARE REQUIRED ARE INCORPORATED INTO THE FORM PRIOR TO FILING. THE 990 IS ALSO PROVIDED TO THE FINANCE COMMITTEE PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST STATEMENT IS REVIEWED AND UPDATED ANNUALLY BY ALL OFFICERS AND DIRECTORS. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE ORGANIZATION SETS THE COMPENSATION FOR THE CEO USING EXTERNAL DATA. EACH YEAR THE CHAIR OF THE BOARD MEETS WITH THE CEO TO REVIEW PERFORMANCE AGAINST GOALS AND ESTABLISH COMPENSATION FOR THE NEW BUDGET YEAR. THE CEO DETERMINES ALL OTHER EMPLOYEE SALARIES BASED ON EXTERNAL DATA. FORM 990, PART VI, SECTION C, LINE 19: FORMS ARE MADE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990)

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.

Department of the Treasury

Go to www ire gov/Form990 for instructions and the latest information

OMB No. 1545-0047

Open to Public Inspection

internal Reve	eriue Service		Go to www.iis.gov/Formago for instructions and the latest information.		mopeodon
Name of	the organization			Employer ide	entification number
	THE	DELTA	INSTITUTE	36-42	10191
Part I	Identification of Disregarde	d Entities.	Complete if the organization answered "Yes" on Form 990, Part IV, line 33.		

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DELTA P2E2 CENTER, LLC - 06-1765349	SUPPORT IMPLEMENTATION OF				
35 E. WACKER DR., STE 1200	POLLUTION PREVENTAION AND				
CHICAGO, IL 60601	ENERGY EFFICIENCY	ILLINOIS	0.	0.	THE DELTA INSTITUTE
DELTA REVERE PROGRAM, LLC - 20-3026664	FINANCIAL SUPPORT FOR				
35 E. WACKER DR., STE 1200	ECO-FRIENDLY, RESIDENTIAL				
CHICAGO, IL 60601	IMPROVEMENTS	ILLINOIS	0.	0.	THE DELTA INSTITUTE

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	1	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
DELTA REDEVELOPMENT INSTITUTE - 36-4282747							
35 E. WACKER DR., STE 1200							
CHICAGO, IL 60601	BROWNFIELD REDEVELOPMENT	ILLINOIS	501(C)(3)	LINE 12A, I			X
]						
	1						

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

	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990, I	Part IV, line 34,	because it had one or more related
raitiii	organizations treated as a partnership during the tax year.				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Predominant income Share of total Share of Dispressionate Co		unate Code V-UBI G		Percentage				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	1										
	1										
	1										
	1										
	1			1					1		

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	Sector 512(b) control enti	tion b)(13) rolled tity?
		country)		,				Yes	No
								igsqcup	
								igsqcup	
									<u> </u>

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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 organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) 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 who must complete this line, including covered relationships and transaction threshold (a) Name of related organization (b) Transaction Transaction Amount involved Method of determining a stransaction for type (a-s)				1b		_X_			
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
d	Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
					1f		_X_		
g	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		<u>X</u>		
j	Lease of facilities, equipment, or other assets to related organization(s)				1 j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
- 1					11		X		
m									
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X		
0	Sharing of paid employees with related organization(s)				10	X			
р	Reimbursement paid to related organization(s) for expenses				1p	X			
q	Reimbursement paid by related organization(s) for expenses				1q	X			
r	Other transfer of cash or property to related organization(s)				1r		<u>X</u>		
s	Other transfer of cash or property from related organization(s)				1s		<u>X</u>		
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete thi	s line, including covered re	elationships and transaction thresholds.					
	Name of related organization Tran	nsaction			olved				
(1)									
(2)									
(3)									
(0)									
(4)									
,									
(5)									
(e)									
(6)	53 09-11-17	es, equipment, or other assets from related organization(s) es, equipment, or other assets from related organization(s) f services or membership or fundraising solicitations for related organization(s) f services or membership or fundraising solicitations by related organization(s) it exployees with related organization(s) It paid to related organization(s) for expenses It paid to related organization(s) for expenses It paid by related organization(s) It paid by related) (Ear	n 000\	2017			
3216	75 U9-11-17	4.0		Schedule	ı (Forr	ii 990)	2017		

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

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

(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 sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 004