			Extended to May 15, 2			
	ſ		Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047
Forr	Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc					» 2018
Depa	Department of the Treasury Do not enter social security numbers on this form as it may b			e made public.	Open to Public	
-		enue Service	Go to www.irs.gov/Form990 for instructions and			Inspection
<u>A</u> F	or t			ل ending	UN 30, 2019	
B c a	heck pplica	if C Name c	of organization		D Employer identific	ation number
	Add	nge Delt	a Properties, Inc.			
	Nan Cha	ne	business as		82-02	212806
]Initia retu	n Numbe	r and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
]Fina	m/ <u> </u>	9 S Hill St	600	323-5	65-1600
	tern ateo	City or	town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,724,361.
	retu		Angeles, CA 90015		H(a) Is this a group ret	
	App tion pen	F Name a	and address of principal officer: John Buck		for subordinates?	' Yes X No
		same	as C above		H(b) Are all subordinates inc	luded? Yes No
		xempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	If "No," attach a l	ist. (see instructions)
		site: 🕨 N/A			H(c) Group exemption	
			X Corporation Trust Association Other ►	L Year	of formation: 2007 M	State of legal domicile: CA
Pa	nrt I	,		<u> </u>		1 1 1
ġ	1		be the organization's mission or most significant activities: $To start Start$	upport	Green Dot P	ublic
Governance			California.			
ern	2		ox if the organization discontinued its operations or dispos			-
Š	3					3
ۍ ه	· ·		dependent voting members of the governing body (Part VI, line 1b)			<u> </u>
ies	5		of individuals employed in calendar year 2018 (Part V, line 2a)			<u> </u>
Activities &	6		of volunteers (estimate if necessary)			0.
Ac			ed business revenue from Part VIII, column (C), line 12			0.
			I business taxable income from Form 990-T, line 38		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)			
anc	9		and grants (Part VIII, line 1h) ice revenue (Part VIII, line 2g)		3,581,976.	9,554,136.
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		74,954.	599,983.
Å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		752,031.	570,242.
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,408,961.	10,724,361.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
s	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
nse	16		fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	1	o Total fundrais	sing expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		4,761,307.	7,390,069.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,761,307.	7,390,069.
	19	Revenue less	expenses. Subtract line 18 from line 12		-352,346.	3,334,292.
Net Assets or - und Balances				Be	ginning of Current Year	End of Year
ssets	20		Part X, line 16)		65,514,256.	108,014,480.
it As	21		s (Part X, line 26)		61,787,739.	100,953,671.
_			fund balances. Subtract line 21 from line 20		3,726,517.	7,060,809.
	nrt I	•				
	-		I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	corr	ect, and complete	e. Declaration of preparer (other than officer) is based on all information of wh	nch preparer	nas any knowledge.	
Signature of officer Date						
Sig			Buck, President		Sato	
Her	e		print name and title			

	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	Kim Hunwardsen, CPA	Kim Hunwardsen, (CPA 05/01	/20 self-employed	P00484560	
Preparer	Firm's name 🕨 Eide Bailly LLP			Firm's EIN 🕨 🏼 4	5-0250958	
Use Only	y Firm's address 💊 800 Nicollet Mall, Ste. 1300					
	Minneapolis, MN 55402-7033 Phone no.612-253-6500					
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)					
	Server 990 (2010)					

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Part III Statement of Program Service Accomplishments Image: Standau & Contains a response or note to any line in this Part III Image: Standau & Contains a response or note to any line in this Part III Image: Standau & Contains a response or note to any line in this Part III Image: Standau & Contains a response or note to any line in this Part III Image: Standau & Contains a response or note to any line in this Part III Image: Standau & Contains a response or note to any line in this Part III Image: Standau & Contains a response or note to any line in this Part III Image: Standau & Contains and Standau & Contains a response or note to any line in this Part III Image: Standau & Contains and Standau & Contains a response or note to any line in this Part III Image: Standau & Contains and Standau & Contains a response or note to any line in this Part III Image: Standau & Contains and Standau & Contains a response or note to any line in this Part III Image: Standau & Contains and Standauu & Contains and Standau & Contai	Form	Delta Properties, Inc.	82-0212806	Page 2
1 Birely describe the apparazitor's mission: (See Schedule O) 2 Did the organization undertake any significant program services during the year which were not listed on the proform 360 or 500-627 1 Wes (X) No 1 Total regarization undertake any significant program services during the year which were not listed on the proform 360 or 500-627 1 Wes (X) No 1 Wes (X) Organization case completions are required to repart the amount of grants and allocations to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. 1 Delte terganizations are required to report the amount of grants and allocations to others, the total expenses. 2 Section 501(c)(2) and 501(c)(2) Delte terganizations are required to report and maintenance of certain school facilities. 1 Interaction 1 Interacting ar		rt III Statement of Program Service Accomplishments		5
1 Binkly deaches the angulation's mission: (See Schedule O) 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980-E2? IVes [X] No 1 Did the organization case conducting, or make significant changes in how it conducts, any program services? IVes [X] No 1 The's, 'describe three durings on Schedule O. IVes [X] No IVes [X] No 1 The's, 'describe three durings on Schedule O. IVes [X] No IVes [X] No 1 The's, 'describe three durings on Schedule O. IVes [X] No IVes [X] No 1 The's, 'describe three durings on Schedule O. IVes [X] No IVes [X] No 1 The's, 'describe three durings on Schedule O. IVes [X] No IVes [X] No 1 The's, 'describe three durings on Schedule O. IVes [X] No IVes [X] No 2 Out the organization case comparison are required to report the amount of grants and allocations to others, the total exponses, and reserved, ind, for each organization schedule Schedule C. IVes [X] No 2 Out the organization schedule Schedule O. IVes [X] No IVes [X] No 3 Out the organization schedule Schedule O. IVes [X] No IVes [X] No 4 Outer program services (Describe in Schedule O.) IVes [X] No IVes [X] No 4 Other program services (Describe in Schedule O.) IVestores [X] (Pervest] (Pervest] (Perv		Check if Schedule O contains a response or note to any line in this Part III		X
(See Schedule 0) 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 500 or 5027 □ Ves [X] No 1* Ves, "describe these mays services on Schedule 0. 0 Vet to organization coses conducting, or make significant dranges in how it conducts, any program services? □ Ves [X] No 1* Ves, "describe these charges on Schedule 0. 0 Vescibs the organization's program service accomplainments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(4)(4) granizations are required to terport the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (cose) (brevers 5 = 0, 901, 416.	1			
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 800 or 900 E27				
pror Form 980 or 980 or 980 cr 98				
pror Form 980 or 980 or 980 cr 98				
pror Form 980 or 980 or 980 cr 98				
pror Form 980 or 980 or 980 cr 98	2	Did the organization undertake any significant program services during the year which were not listed on the		
<pre>if "Yes' decombe these new services on Schedule O. 3 Dot the organization cases conducting, or make significant changes in how it conducts, any program services;</pre>	-			XNo
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		I		
<pre>f "Yes," describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Sectors 50(6)(3) and 50(16)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services is a service of a service and maintenance of certain school facilities. 4 (cose</pre>	•			X No
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revenue, fary, for each program service reported. 4a (Godr) (Expenses) (Expen	4			
<pre>4a (cost:</pre>			ers, the total expenses, a	Ind
<pre>Delta Propertiés, Inc. supports Green Dot Public Schools California in financing, development, leasing and maintenance of certain school facilities. 4b (code:)(Expenses \$inclusing grants of \$) (Revenue \$) 4c (code:)(Expenses \$inclusing grants of \$) (Revenue \$) 4c (code:)(Expenses \$inclusing grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule 0) (Expenses \$inclusing grants of \$) (Revenue \$) (Reven</pre>		revenue, if any, for each program service reported.		
<pre>financing, development, leasing and maintenance of certain school facilities. 40 (code:)(Expenses \$ including grants of \$) (Revenue \$) 40 (code:)(Expenses \$ including grants of \$) (Revenue \$) 40 (code:)(Expenses \$ including grants of \$) (Revenue \$) 40 (code:)(Expenses \$ including grants of \$) (Revenue \$) 40 (code:)(Expenses \$ including grants of \$) (Revenue \$) 40 (code:)(Expenses \$ including grants of \$) (Revenue \$) 40 (code:)(Expenses \$ including grants of \$) (Revenue \$) 40 (code:)(Expenses \$ including grants of \$) (Revenue \$)</pre>	4a	(Code:) (Expenses \$6,901,416. including grants of \$) (Reven		
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4e Total program service expenses ► 6,901,416.	4d	Other program services (Describe in Schedule O.)		
)	
	4e	Total program service expenses 6,901,416.		

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Form 990 (2018) Delta Properties, Inc.
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		<u> </u>
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			- v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	<u>11a</u>	- 23	<u> </u>
b		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			- 23
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			
_	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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

Form 990 (2018)

Form	990	(2018)	
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Form 990 (2018) Delta Properties, Inc.
Part IV Checklist of Required Schedules (continued)

			Yes	No
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	X	37
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			v
	any tax-exempt bonds?	24c		X X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.5.1		х
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			х
97	complete Schedule L, Part II	26		<u></u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
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		х
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	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
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?			
Dai	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(any his a) and a state and a sector and a	1c	х	
	(gambling) winnings to prize winners?		43	

	990 (2018) Delta Properties, Inc. 82-0212	806	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	_	
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	_	
7	Organizations that may receive deductible contributions under section 170(c).	_		37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c	_	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	_	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
~	sponsoring organization have excess business holdings at any time during the year?	8	_	
9	Sponsoring organizations maintaining donor advised funds.	0.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against			
b				
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	Note. See the instructions for additional information the organization must report on Schedule O.	134		
h				
U	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a		14a		X
		14a 14b		
ы 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the exercise time of a set of the time of the the exercise 1000 excise terms and investment in service 0	16		х
.0	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

Form 990 (2		Del
Part VI	Governance,	Manag

Delta Prop	perties,	Inc
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X

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, p		

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

Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		3			
	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.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			Γ			
	of officers, directors, or trustees, or key employees to a management company or other person?				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х
6	Did the organization have members or stockholders?			Γ	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			Γ			
	more members of the governing body?				7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
a	The governing body?	-	-	- []	8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
		vonuo	0000.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			- [·	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
		•		.	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			. [11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		C C				
12a				- [-	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			·			
	in Schedule O how this was done	,			12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	-				
а	The organization's CEO, Executive Director, or top management official			- [-	15a		Х
b	Other officers or key employees of the organization				15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990	T (Section 501(c)(3)s o	only) a	vailab	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	in Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor			nd fir	nanci	al	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records 🕨				
	Brenda Breen - 323-565-1600						
	1149 S Hill Street Suite 600, Los Angeles, CA 9001	.5					

Form 990 (2		82-0212806	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated	
	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		
1. Comple	to this table for all persons required to be listed. Penert componentian for the calendar year anding y	ith or within the organization'	tox yoor

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle:	Position tot check more than one unless person is both an er and a director/trustee)				Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) John Buck	1.00									
President		Х		Х				0.	0.	0.
(2) Peter Kyriacou	1.00									
Secretary		Х		X				0.	0.	0.
(3) Antonio Gonzalez	1.00									
Treasurer		X		X				0.	0.	0.
		-								
		•								
		-								
		-								

Form 990 (2018) Delta Pro	operties	;,	In	c.					82-0	2128	306	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	e (B) (C) Average hours per week week		ition more rson i	than c s both	an	(D) Reportable compensation from	(E) Reportable compensatic from related	on	an	(F) timate ount o other			
	(list any hours for related organizations below line)	Individual trustee or director			organization (W-2/1099-MK	ons compe /IISC) fror organ		pensa om the anizati d relate	e on ed				
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							> >	0.		0.			0.
2 Total number of individuals (including but n compensation from the organization ▶							o re	eceived more than \$100,	000 of reportable	Э			0
												Yes	No
3 Did the organization list any former officer,	director, or tru	istee	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on	ſ			
line 1a? If "Yes," complete Schedule J for s	uch individual										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											_		х
rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors	plete Schedule	<u>ə J fo</u>	or si	ich <u>r</u>	oers	on .				<u></u>	5		Λ
1 Complete this table for your five highest control the organization. Report compensation for the organization for										pensat	ion fro	m	
(A) Name and business	address							(B) Description of s	ervices	C	(C omper		ı
Delta Financial Associate 2605 Oak Ave, Manhattan B		A	90	26	6			Project Manag	ger Fee		190),82	27.
Buck Financial, 5150 Oliv	re Court							Financial Ad	visor				
Greenwood Village, CO 801 Green Dot Public Schools		1.	1	14	9	s.		Fee & Expense	e		182	2,50	.00
Hill St., Ste. 600, Los A	ngeles,	Ċ.	A	90	01		_	Shared Servi			15),00	00.
Quarles & Brady, 300 N La 400, Chicago, IL 60654	saile S	ς.	,	DTO	e.			Underwriter': Counsel Fee	5		14:	L,59	96.
Orrick, Herrington & Sutc				01	0			Bond Counsel	Fee &				
 51 West 52nd Street, New 2 Total number of independent contractors (in 						e lis		Expenses above) who received mo	ore than		120	5,49	99.
\$100,000 of compensation from the organiz	-				5	-							

	990 (2 t VIII	2018) Delta Propert	cies, Inc.			82-0212	2806 Page
an							_
		Check if Schedule O contains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
mounts	1 a	Federated campaigns 1a					
un		Membership dues 1b					
Ĕ		Fundraising events 1c					
and Other Similar Ar		Related organizations 1d					
niŝ		Government grants (contributions) 1e					
Sil		All other contributions, gifts, grants, and					
her		similar amounts not included above 1f					
ò	a	Noncash contributions included in lines 1a-1f: \$					
anc		Total. Add lines 1a-1f					
			Business Code				
	2 a	Debt Cancellation	611710	4,869,796.	4,869,796.		
Revenue		Rental Income	611710	4,496,484.	4,496,484.		
iue	0	Contract Fee Income	611710	187,856.	187,856.		
ven	ט ה		011/10				
Re	d						
	e	All other program convice revenue					
		All other program service revenue		9,554,136.			
		Total. Add lines 2a-2f		5,554,150.			
	3	Investment income (including dividends, inter	· ·	599,983.			599,98
		other similar amounts)					555,50
	4	Income from investment of tax-exempt bond	' ' F				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents					
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	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)					
,	8 a	Gross income from fundraising events (not					
		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	a				
	b	Less: direct expenses I	b				
'	с	Net income or (loss) from fundraising events	>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	a				
	b	Less: direct expenses	b				
	с	Net income or (loss) from gaming activities					
1	10 a	Gross sales of inventory, less returns					
		and allowances	a				
	b		b				
		Net income or (loss) from sales of inventory	>				
		Miscellaneous Revenue	Business Code				
1	11 a	Insurance Claim	900099	570,242.	570,242.		
	b				-		
	c						
1		All other revenue					
		Total. Add lines 11a-11d		570,242.			

а

b С d

25

26

Property Taxes

e All other expenses

Shared Services

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Joint costs. Complete this line only if the organization

orm Pai	990 (2018) Delta Proper t IX Statement of Functional Expense	rties, Inc. s		82-0
	on 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	nplete column (A).
	Check if Schedule O contains a response			
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and
'n,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses
1	Grants and other assistance to domestic organizations			
	and domestic governments. See Part IV, line 21			
2	Grants and other assistance to domestic			
	individuals. See Part IV, line 22			
3	Grants and other assistance to foreign			
	organizations, foreign governments, and foreign			
	individuals. See Part IV, lines 15 and 16			
ŀ	Benefits paid to or for members			
5	Compensation of current officers, directors,			
	trustees, and key employees			
6	Compensation not included above, to disqualified			
	persons (as defined under section 4958(f)(1)) and			
	persons described in section 4958(c)(3)(B)			
	Other salaries and wages			
3	Pension plan accruals and contributions (include			
	section 401(k) and 403(b) employer contributions)			
)	Other employee benefits			
)	Payroll taxes			
I	Fees for services (non-employees):			
а	Management	20.000		20.000
b	Legal	20,998.		20,998. 7,025.
	Accounting	7,025.		/,025.
	Lobbying			
е	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 0.)	45,445.		45,445.
2	Advertising and promotion			
3	Office expenses			
4	Information technology			
5	Royalties	05 000	05 000	
6	Occupancy	25,999.	25,999.	
7	Travel			
8	Payments of travel or entertainment expenses			
	for any federal, state, or local public officials			
9	Conferences, conventions, and meetings	1 706 007	1 776 207	
D	Interest	4,726,207.	4,726,207.	
1	Payments to affiliates	2 242 000	1 077 002	96E 10F
2	Depreciation, depletion, and amortization	2,242,988.	1,977,803.	265,185.
3				
4	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.)			
~	Property Taxes	171,407.	171,407.	

171,407.

6,901,416.

150,000.

488,653.

171,407.

150,000.

7,390,069.

(D) Fundraising expenses

0.

Delta	Properties,	Inc.

Form **990** (2018)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	350,242.	1	590,035.
	2	Savings and temporary cash investments	8,004,539.	2	23,592,728.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	505,671.	4	991,205.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	1,886,667.	7	4,760,475.
◄	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	46,172.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 86, 446, 421.			
	b	Less: accumulated depreciation	52,241,838.	10c	74,147,125.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11	2,525,299.	15	3,886,740.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	65,514,256.	16	108,014,480.
	17	Accounts payable and accrued expenses	1,124,010.	17	2,054,263.
	18	Grants payable	347,303.	18 19	183,756.
	19 20	Deferred revenue	38,437,531.	19 20	98,140,256.
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	50,457,551.	20	50,140,250:
	22	Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities	~~	key employees, highest compensated employees, and disqualified persons.			
bili		Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	21,446,516.	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	432,379.	25	575,396.
	26	Total liabilities. Add lines 17 through 25	61,787,739.	26	100,953,671.
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
s		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	3,726,517.	27	7,060,809.
ala	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets		29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here			
ŗ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	3,726,517.	33	7,060,809.
	34	Total liabilities and net assets/fund balances	65,514,256.	34	108,014,480.

Form 990 (2018)
Part X Balance Sheet

Form	Delta Properties, Inc.	82-02	212806	Pag	_{ge} 12
	rt 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	10,724	, 30	61.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,390	,00	69.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,334	, 29	92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,726	, 51	17.
5	Net unrealized gains (losses) on investments	5			
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,				
	column (B))	10	7,060	, 80	09.
Pa	rt 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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2 b	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	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?		3a		X
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	200	<u> </u>

Form **990** (2018)

SCHEDULE A

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
2018
Open to Public Inspection

Nam	e of t	the organization		_					identification number
De		Delt Delt	a Propertie	es, Inc.					2-0212806
Pa	rτι	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions	6.	
The	organ	ization is not a private found	dation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch	nurches, or associatio	n of churches described	l in sectio	n 170(b) (1	1)(A)(i).		
2		A school described in sec	tion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	e hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	zation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated f	or the benefit of a col	lege or university owned	d or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv).	Complete Part II.)						
6		A federal, state, or local go	overnment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	ally receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (0	Complete Part II.)						
8		A community trust describ	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:							
10		An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from c	contributio	ns, membersl	nip fees, an	d gross receipts from
		activities related to its exer	mpt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	ts support f	rom gross investment
		income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ıfter June 30, 1975.
		See section 509(a)(2). (Co	omplete Part III.)						
11		An organization organized	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12	X	An organization organized	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported of	rganizations describe	d in section 509(a)(1) o	or section !	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a through 12d that	• •					-	
а	X	Type I. A supporting org	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
		the supported organizati	on(s) the power to req	gularly appoint or elect a	i majority o	of the direc	ctors or truste	es of the su	Ipporting
		organization. You must	complete Part IV, Se	ections A and B.					
b		Type II. A supporting or	ganization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		_ organization(s). You mus	st complete Part IV,	Sections A and C.					
С		Type III functionally inte	egrated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
	_	its supported organizatio	on(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functional						-	
		that is not functionally in	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	/eness
		requirement (see instruct	,	•					
е		Check this box if the org					Туре I, Туре	II, Type III	
		functionally integrated, o		nally integrated supporti	ng organiz	ation.			
		er the number of supported	• • • • • • • • • • • • • • • • • • • •						1
g		vide the following informatio i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetany	(vi) Amount of other
	,	organization		(described on lines 1-10	in your governi	ng document?	support (see ir	-	support (see instructions)
0.00		Dot Public		above (see instructions))	Yes	No		,	, , ,
			95-4679811	2	x			0.	6,907,604.
501	100		95-4079011	<u>ک</u>				0.	0,907,004.
Tota	1							0.	6,907,604.

Schedule A (Form 990 or 990-EZ) 2018 Delta Properties, Inc. 82-0212 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

82-0212806 Page 2

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
6							
	Public support. Subtract line 5 from line 4. ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(a) 2014	(0) 2013	(0) 2010	(u) 2017	(e) 2018	
-							
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3)	
<u>.</u>	organization, check this box and sto	phere					
See	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (•	.,,		14	%
	Public support percentage from 2017					15	%
16 a	33 1/3% support test - 2018. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this	box and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			▶∟
b	33 1/3% support test - 2017. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, chec	k this box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances test	-	-	• • • •			
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				ions
	J		,				

Schedule A (Form 990 or 990-EZ) 2018 Delta Properties, Inc. 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	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 organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	_						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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	r	1	1			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)						
14	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 sectio	n 501(c)(3) org	anization,
	check this box and stop here						
See	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2018 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box ar						
t	33 1/3% support tests - 2017. If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						

Yes

Х

1

No

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 (as 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.)

2	X
3a	X X
3b	
3c	
4a	X
ти	
4b	
4c	
5a	X
5b	
<u>5c</u>	
6	X
7	x x
0	v
8	Δ
9a	Х
	77
9b	X
9c	х
_	
10a	х
10b	

			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)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		Х
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	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	х	
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	- 1	<u></u>	
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,			37
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II 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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,		
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		

	3		222 IIICOIIIE		
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Net short-term capital gain

Section A - Adjusted Net Income

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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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		
		1		

Schedule A (Form 990 or 990 EZ) 2018 Delta Properties, Inc. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 82-0212806 Page 6

(B) Current Year

(optional)

(A) Prior Year

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

1

5

6

5

6

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
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	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1	1	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

	Schedule A (Form 990 or 990-EZ) 2018	Delta	Properties,	Inc.
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Part VI	
. are tr	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 1 and 2; 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.)

		Cumplements	al Financial Otatomonta		OMB No. 1545-00	047
			al Financial Statements		2010)
(Forr	n 990)	► Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			5
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information.		Open to Pu Inspection	blic
-	e of the organizati			Emp	ployer identification nu	umber
	-	Delta Properties,	Inc.	-	82-0212806	
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	coun	nts. Complete if the	
	organizatio	on answered "Yes" on Form 990, Part IV, lir	ne 6.			
			(a) Donor advised funds (b) Fun	ids and other accounts	
1	Total number at e	nd of year				
2	Aggregate value o	of contributions to (during year)				
3		of grants from (during year)				
4		t end of year				
5	-		writing that the assets held in donor advised func			_
			exclusive legal control?		Yes	No
6	•		advisors in writing that grant funds can be used or			
			or donor advisor, or for any other purpose conferri	•		_
Pa	impermissible priv	vate benefit?	ganization answered "Yes" on Form 990, Part IV,		Yes	No
				line 7.		
1		servation easements held by the organizati n of land for public use (e.g., recreation or e		impor	tant land area	
		of natural habitat	Preservation of a certified his	•		
		n of open space		Storie a	Siluciule	
2			fied conservation contribution in the form of a cor	nserva	tion easement on the la	et
2	day of the tax yea				Held at the End of the Ta	
а				2a		IX TOUT
b				2b		
c	-		ucture included in (a)	2c		
d			after 7/25/06, and not on a historic structure			
			·	2d		
3			leased, extinguished, or terminated by the organiz	zation	during the tax	
	year 🕨					
4	Number of states	where property subject to conservation eas	sement is located			
5	Does the organiza	ation have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and en	forcement of the conservation easements it	t holds?		Yes	No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n ease	ements during the year	
	▶					
7		ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation eas	sement	ts during the year	
~	►\$			~		
8			ve satisfy the requirements of section 170(h)(4)(B)			_
•						No
9		•	on easements in its revenue and expense statem			
			tion's financial statements that describes the orga	anizatio	on s accounting for	
Pa	conservation ease	ations Maintaining Collections of	f Art, Historical Treasures, or Other S	imila	r Assets.	
		f the organization answered "Yes" on Form				
1a			SC 958), not to report in its revenue statement and	d balar	nce sheet works of art	
14			hibition, education, or research in furtherance of p			XIII
		tnote to its financial statements that descri				,
b			SC 958), to report in its revenue statement and ba	lance	sheet works of art. histo	orical
	-		ducation, or research in furtherance of public serv			
	relating to these it			<i>,</i> 1	3	
	-				\$	
					\$	

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18 Schedule D (Form 990) 2018

▶ \$

▶ \$

Sche		roperties,	es, Inc. 82					12806	Page 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, o	r Other	Similar	Assets	(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following tha	it are a sigr	nificant u	se of its c	ollection if	tems
	(check all that apply):								
а	Public exhibition	d	Loan o	r exchange progr	ams				
b	Scholarly research	e	e 🔄 Other_						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they furth	er the organizati	on's exemp	ot purpos	e in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations of	of art, historical	treasures, or oth	er similar a	ssets		_	
	to be sold to raise funds rather than to be ma			s collection?	<u></u>			Yes	No
Pa	t IV Escrow and Custodial Arran		ete if the organi	zation answered	"Yes" on F	orm 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Pa								
1 a	Is the organization an agent, trustee, custodi						_	-	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		7	<u> </u>
	Did the organization include an amount on F				-	/?	L	Yes	No
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete					<u></u>	<u></u>		
1 4							aara baali	(a) [aur.)	vaara baak
4.	Designing of year balance	(a) Current year	(b) Prior yea	ar (c) Two yea	ars Dack (C	a) Three y	ears Dack	(e) Four y	Pears Dack
1a	Beginning of year balance								
D	Contributions								
C In	Net investment earnings, gains, and losses								
a	Grants or scholarships								
е	Other expenditures for facilities								
4	and programs								
י מ	Administrative expenses								
y 2	End of year balance Provide the estimated percentage of the curr	cont year and balance	l Alina 1a, colum	n (a)) hold as:					
2	Board designated or quasi-endowment	•	%	in (a)) neiù as.					
a h	Permanent endowment	%							
0	Temporarily restricted endowment	%							
U	The percentages on lines 2a, 2b, and 2c sho								
39	Are there endowment funds not in the posse		ation that are he	ld and administe	red for the	organiza	tion		
ou	by:					organiza			res No
	(i) unrelated organizations							3a(i)	
								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the	-							
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 1	1a. See Form 990), Part X, lir	ne 10.			
	Description of property	(a) Cost or o		Cost or other	1	cumulate	d	(d) Book	value
		basis (investr	• • •	asis (other)	1	eciation		()	
1a	Land		21,	500,881.			2	1,500	,881.
	Buildings			456,433.	11,8	63,21		5,593	
	Leasehold improvements					-			
	Equipment			436,078.	4	36,07	78.		0.
	Other		7,	053,029.				7,053	
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part						4,147	

Schedule D (Form 990) 2018

Schedule D	(Form 990)) 2018	Delta	Prop	perties,	Inc.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" 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 valuation: Cost or end-of-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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accounts Payable - Related	
(3) Organizations	575,396.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 575,396.

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

Sche	dule D (Form 990) 2018 Delta Properties, Inc.		82-	0212806 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu		¥
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	10,724,361.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			10,724,361.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.,		10,724,361.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.		
1	Total expenses and losses per audited financial statements		1	7,390,069.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			7,390,069.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>3.)</u>	5	7,390,069.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

Delta is a nonprofit public benefit corporation that is exempt from income
taxes under Section 501(c)(3) of the Internal Revenue Code and classified
by the Internal Revenue Service as other than a private foundation and
qualifies for deductible contributions as a public charity described in
Section 509(a)(3) Type I Supporting Organizations and is exempt from State
franchise and income taxes under Section 23701(d) of the California
Revenue and Taxation Code. Subsidiaries 8255 Beach LLC and 12628 S. Avalon
LLC qualify for exemption from the California state LLC fee under
California Revenue and Taxation Code Section 23701(x). Subsidiaries
Manchester & 27th LLC, 1655 27th Street Facilities LLC, 8205 Beach LLC,
111th Place LLC, 810 E. 111th LLC, 12700 S. Avalon LLC and 11044 S.
832054 10-29-18 Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	Delta Properties,	Inc.	82-0212806 Page 5					
Part XIII Supplemental Inform	nation (continued)							
Freeman LLC qualify	for exemption from	the California state	LLC fee under					
California Revenue and Taxation Code Section 23701(h). Accordingly, no								
provision for income taxes has been made. Delta files informational								
returns in the U.S.	Federal jurisdicti	on, and the State of C	alifornia. The					
statute of limitatio	ons for Federal and	l California State purp	oses is					
generally three and	four years, respec	tively.						

Delta has adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740 that clarifies the accounting for uncertainty in tax positions taken or expected to be taken on a tax return and provides that the tax effects from an uncertain tax position can be recognized in the financial statements only if, based on its merits, the position is more likely than not to be sustained on audit by the taxing authorities. Delta management has determined that all income tax positions are more likely than not of being sustained upon potential audit or examination; therefore, no disclosures of uncertain income tax positions are required.

(Form 9 Departmen	CHEDULE K Sorm 990) epartment of the Treasury errnal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.							OMB No. 1545-0047 2018 Open to Public Inspection						
	f the organization	6 Form 990. 🏲 Go	to www.irs.gov/Fo	orm990 for instru	ictions and t	ne latest in	formation.		Emp	loyer			n num	ber
		erties, Inc							8	2-0	212	806		
Part I	Bond Issues Se	ee Part VI	for Colum	ns (a) an	d (f) (<u>Continu</u>	uations							
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	l (e) Issu	le price	(f) Descripti	on of purpose	(g) De	feased	(h) On		1	
											of is		finan	cing
									Yes	No	Yes	No	Yes	No
	lifornia Statewide						acility							
	mmunities Development	68-0164610	130790AN8	07/20/11	. 7,630					X		Х		X
	lifornia School					-	Construc							
	nance Authority	68-0280917	13059TCD9	09/29/15	2745			<u>lities an</u>		x		X		X
	lifornia School						Acquire							
<u>c</u> Fi	nance Authority	68-0280917	13059TFH7	10/11/18	5989	7263.e	expand e	ducationa		X		X		X
<u>D</u>														
Part II	Proceeds					1								
				A		B C		D						
-	mount of bonds retired													
-	mount of bonds legally defeased				0,000. 27,450,882. 59,897,		262							
-	otal proceeds of issue				<u>30,000.</u>			<u>59,897,</u>						
	ross proceeds in reserve funds			02	29,475.	5. 1,737,588. 3,672,		340	•					
	apitalized interest from proceeds									_				
	roceeds in refunding escrows			1 6	52,600.			001	_					
	suance costs from proceeds			13	02,000.	0. 548,018. 1,188,		004	•					
-	redit enhancement from proceeds									_				
-	orking capital expenditures from proceeds			1 00	3,753.	1 5	502,365.	31,780,	663					
-					54,172.		562,911.	23,255,						
	ther spent proceeds			5,75	, 1 / 2 •	20,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23,233,	570	•				
-	ear of substantial completion			2	2011		2016			+				
<u>13 16</u>				2 Yes	No	Yes	No	Yes	No		Yes		No	
14 W	ere the bonds issued as part of a refunding	issue of tax-avampt h	onds (or	105		162		169	NU	-	162	+		
	issued prior to 2018, a current refunding iss	•		x		x			х					
	ere the bonds issued as part of a refunding			23					- 23	+		+		
	sued prior to 2018, an advance refunding is				x	x		x						
	as the final allocation of proceeds been made			 X			X		x	+		+		
-	bes the organization maintain adequate boo		poort the											
	nal allocation of proceeds?			X		x		x						

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Schedule K (Form 990) 2018

Schedule K (Form 990) 2018 Delta Properties, Inc.

82-0212806

			04	-0212000				Page
Part III Private Business Use		•						
		A	Y	B		C N		
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No X	Yes	No X	Yes	No X	Yes	No
which owned property financed by tax-exempt bonds?		A		A		A		
2 Are there any lease arrangements that may result in private business use of		77		77		77		
bond-financed property?		X		X		X		
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	de							
counsel to review any management or service contracts relating to the financed prope	rty?							
c Are there any research agreements that may result in private business use of								
bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outsid	de							
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government	►	.00 %		.00 %		.00 %		(
5 Enter the percentage of financed property used in a private business use as a result of	:							
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		.00 %		.00 %		.00 %		
6 Total of lines 4 and 5		.00 %		.00 %		.00 %		(
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?	,	x		x		x		
 b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed 								
of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections		70		/0		/0		
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under		x		x		x		
Regulations sections 1.141-12 and 1.145-2?		A				A		
Part IV Arbitrage		•		_				
d - Lies the issues filed Fause 0000 T. Asking to Data to Mattheway in the			¥	B	V	C No		D Na
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X	Yes	No X	Yes	No X	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X		<u> </u>		
2 If "No" to line 1, did the following apply?								1
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X		X		X		
c No rebate due?	X			X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								1
3 Is the bond issue a variable rate issue?		X		X		X		

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Schedule K (Form 990) 2018 Delta Properties, Inc.

82-0212806

Page 3

Part IV Arbitrage (Continued)								
		A		B	(2	D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		Х		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of								
section 148?		x		X		X		
Part V Procedures To Undertake Corrective Action								
		A	В		С		D)
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		X		X		X		
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	e K. See instru	uctions					
Schedule K, Part I, Bond Issues:								
(a) Issuer Name: California Statewide Communities	B Devel	opment	Authori	ity				
(f) Description of Purpose:								
Facility Acquisition to Construct and Equip and r	cefund (debt is	sued 11	L/22/04				
(a) Issuer Name: California School Finance Author	rity							
(f) Description of Purpose:								
Construction of new facilities and refinance NMTC	2 loans	issued	•					
(a) Issuer Name: California School Finance Author	rity							
(f) Description of Purpose:								
Acquire and expand educational facilities and ref	inance	NMTC 1	oans is	ssued.				
Schedule K, Part IV, Arbitrage, Line 2c:								
(a) Issuer Name: California Statewide Communities	B Devel	opment	Authori	ity				
Date the Rebate Computation was Performed: 06	5/30/20	16						

SCHEDULE L		Tra	nsactior	ns V	Vith	Interested	I P	ersons			O	MB No. ⁻	1545-00	47
(Form 990 or 990-EZ)			rganization and	swere	d "Yes	" on Form 990, Par -EZ, Part V, line 38	rt IV	, line 25a, 25b, 20	6, 27,	28a,		20	18	3
Department of the Treasury Internal Revenue Service		io to v	Atta	ich to	Form	990 or Form 990-E	Ζ.					pen T spect		olic
Name of the organization										-	ident		on nu	mber
	Delta :	Proj	perties,	In	c.			(128	06		
			-			ion 501(c)(4), and 50								
	the organization		vered "Yes" on I Relationship bety		,	art IV, line 25a or 25	b, or	r Form 990-EZ, Pa	art V, I	ine 40	b.	(4)	Corre	cted?
1 (a) Name of disquali	fied person	(D) F	person and or			((c) D	escription of tran	sactio	n			es	No
												_		
2 Enter the amount or section 4958			0	Ũ		ualified persons du	Ũ	2		▶ \$				
3 Enter the amount of										\$				
	and/or Fron													
	•					, Part V, line 38a or	Forn	n 990, Part IV, line	e 26; o	or if th	e orga	nizatio	on	
(a) Name of	amount on Forr (b) Relatio		(c) Purpose		∠. Dan to or	(e) Original	1	f) Balance due	(a)	In	(h) Ap	proved	(i) V	/ritten
interested person	with organi		of loan	fror	m the ization?	principal amount	`	Dalarice due		ault?	by board or committee?			
				<u> </u>	From				Yes	No	Yes		Yes	No
							+							
				-			+							
				1	1		-							
							+							
Total Part III Grants o	r Assistance	Ben	efiting Inter	este	d Per	> \$	6							
	the organizatior		•											
(a) Name of interes			b) Relationship interested pers the organiza	betwe son an	en	(c) Amount of assistance		(d) Type assistanc			•) Purp assista		f
		_	J											
								1						
		_												

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Schedule L	(Form 990 or 990-EZ) 2018	Delta 1	Properties,	Inc.
Part IV	Business Transactio	ons Involvii	ng Interested Pe	rsons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of intereste	ed person		(b) Relationship between interested person and the organization			(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?	
								Yes	No	
Buck Financial		Entity	More	than	35	182,500.	Consulting		X	

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Buck Financial

(b) Relationship Between Interested Person and Organization:

Entity More than 35% owned by John Buck, President

(d) Description of Transaction: Consulting Services

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- 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.	EZ	OMB No. 1545-0047 2018 Open to Public Inspection
Name of the organization			identification number 212806
	t III, Line 1, Description of Organization Mi		
	pration to support Green Dot Public Schools Ca		ia
(GDPS CA) tog	gether with Delta's subsidaries, 810 E. 111th	LLC,	
Manchester &	27th LLC, 1655 27th Street Facilities LLC, 82	55 Bea	ch LLC,
111th Place I	LC, 12628 S. Avalon LLC, 12700 S. Avalon LLC,	11044	S.
Freeman LLC a	and 8205 Beach LLC.		
Form 990, Par	t VI, Section A, line 6:		
GDPS CA is th	ne sole corporate member of Delta Properties,	Inc.	
Form 990, Par	t VI, Section A, line 7a:		
GDPS CA, the	sole corporate member of Delta Properties, In	с., ар	points all
members of th	ne governing body.		
Form 990, Par	t VI, Section A, line 7b:		
The Membershi	p has the following voting rights: Election	of the	directors
of the Board,	diposition of all or substantially all of the	e corp	oration's
<u>assets, merge</u>	er and its principal terms and any amendments	to tho	se terms,
and any elect	ion to dissolve the corporation.		
Form 990, Par	t VI, Section A, line 8b:		
	committees with broad authority to act on beha	alf of	the
governing bod	ly.		

Form 990, Part VI, Section B, line 11b:

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization Delta Properties, Inc.	Employer identification number 82-0212806
	02 0212000

The Audit Committee reviews and approves the Form 990. A copy of the Form

990 is provided to the Board of Directors for review and approval prior to filing.

Form 990, Part VI, Section B, Line 12c:

All officers and directors of the organization are required to disclose <u>conflicts of interest should they arise.</u> Any officer or director with a <u>conflict of interest is required to recuse themselves from voting on issues</u> for which a conflict of interest exists.

Form 990, Part VI, Section B, Line 15:

No officers or employees are compensated by Delta Properties, Inc. The

Organization shares employees with Green Dot Public Schools National and

reimburses Green Dot Public Schools National for employee services

provided.

Form 990, Part VI, Section C, Line 19:

Required documents are available on the organization's website and at the

business address during normal business hours upon request.

SCH	EDULE	R
	1	

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

OMB No. 1545-0047

2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Delta Properties, Inc.

Employer identification number 82 - 0212806

Part I Identification of Disregarded 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
111th Place LLC - 82-0212806					
1149 S. Hill Street, Suite 600					
Los Angeles, CA 90015	Educational Facilities	California	-92,420.	14,024,039.	Delta Properties, Inc.
8255 Beach LLC - 82-0212806					
1149 S. Hill Street, Suite 600					
Los Angeles, CA 90015	Educational Facilities	California	-632,767.	10,521,609.	Delta Properties, Inc.
12628 S. Avalon LLC - 82-0212806					
1149 S. Hill Street, Suite 600					
Los Angeles, CA 90015	Educational Facilities	California	-646,767.	9,588,082.	Delta Properties, Inc.
Manchester & 27th LLC - 82-0212806					
1149 S. Hill Street, Suite 600					
Los Angeles, CA 90015	Educational Facilities	California	-54,207.	6,711,156.	Delta Properties, Inc.

Part II 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	conti	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
Green Dot Public Schools California -							
95-4679811, 1149 S Hill St Suite 600, Los					Green Dot Public		
Angeles, CA 90015	Educational Services	California	501(c)(3)	Line 2	Schools National		х
Green Dot Public Schools National -							
46-5740783, 1149 S Hill St Suite 600, Los							
Angeles, CA 90015	Educational Services	California	501(c)(3)	Line 10	N/A		X
	_						
	_						
	_						

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

Schedule R (Form 990) 2018

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
1655 27th Street Facilties LLC - 82-0212806					
1149 S. Hill Street, Suite 600					
Los Angeles, CA 90015	Educational Facilities	California	4,575,823.	21,510,482.	Delta Properties, Inc.
810 E. 111th LLC - 82-0212806					
1149 S. Hill Street, Suite 600					
Los Angeles, CA 90015	Educational Facilities	California	820,272.	11,165,843.	Delta Properties, Inc.
8205 Beach LLC - 82-0212806					
1149 S. Hill Street, Suite 600					
Los Angeles, CA 90015	Educational Facilities	California	-514,483.	19,992,331.	Delta Properties, Inc.
12700 S Avalon LLC - 82-0212806					
1149 S. Hill Street, Suite 600					
Los Angeles, CA 90015	Educational Facilities	California	-123,122.	9,580,109.	Delta Properties, Inc.
11044 S. Freeman LLC - 82-0212806					
1149 S. Hill Street, Suite 600					
Los Angeles, CA 90015	Educational Facilities	California	4,605.	4,880,685.	Delta Properties, Inc.
]				

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or F ging ier?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	-											
	-											
	-											
	-											
	4											

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	(i Sect 512(b contr enti	i) :tion ɔ)(13) rolled ity?
		country)		or tructy		400010		Yes	No

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g		1g		Х
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(4)</u>				
(5)				
(6)				

Schedule R (Form 990) 2018 Delta Properties, Inc.

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.

(0)	<u> </u>	F	(d)	1-		(f)	(a)		•	(1)	(i)	(14)
(a)	(b)	(c)	(d)	(e Are partners 501(c orgs	all	(f)	(g) Share of		ר) החסיי-	(i) Code V UBI	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner: 501(c	s sec. ;)(3)	Share of total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	asseis	Yes	No	(Form 1065)	Yes No	·
				$\left \right $								

Schedule R (Form 990) 2018

Provide additional information for responses to questions on Schedule R. See instructions.

2018 DEPRECIATION AND AMORTIZATION REPORT

Form 99	0 Page 10							990	-			-			
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Program Services														
2	Buildings		SL	30.00		16	57456433.				57456433.9	,885,415.		1,977,803.	11863218.
3	Work in Progress		NC	.000	ну		7,053,029.				7,053,029.			0.	
4	Land		L				21500881.				21500881.			0.	
5	Equipment * 990 Page 10 Total Program	Various	SL	10.00		16	436,078.				436,078.	436,078.		0.	436,078.
	Services						86446421.				86446421.	10321493.		1,977,803.	12299296.
	Management and General														
6	Debt Issue Costs	Various		180M	НУ	43 4	4,650,874.				4,650,874.	498,949.		265,185.	764,134.
	* 990 Page 10 Total Management and General					4	1,650,874.				4,650,874.	498,949.		265,185.	764,134.
	* Grand Total 990 Page 10 Depr & Amort						91097295.				91097295.	10820442.		2,242,988.	13063430.
	Current Year Activity														
	Beginning balance					!	5,086,952.			0.	5,086,952.	935,027.			1,200,212.
	Acquisitions						86010343.			0.	86010343.9	,885,415.			11863218.
	Dispositions						٥.			٥.	0.	٥.			0.
	Ending balance						91097295.			0.	91097295.	10820442.			13063430.
	Ending accum depr											13063430.			
	Ending book value											78033865.			

828111 04-01-18

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 4562	
Department of the Treasury Internal Revenue Service	(99
Name(s) shown on return	

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172 2

8

Attachment Sequence No. **179**

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Nume				Duoin			, ,	nacharying namber			
Delta Properties, Inc. Form 990 Page 10											
Pa	Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.										
1 1	Maximum amount (see instructions)						1	1,000,000.			
2	Fotal cost of section 179 property place	d in service (see	instructions)				2				
	Threshold cost of section 179 property I							2,500,000.			
	Reduction in limitation. Subtract line 3 fr						4				
5 🛙	Dollar limitation for tax year. Subtract line 4 from line 1	. If zero or less, enter -	0 If married filin	g separately, see i	nstructions		5				
6	(a) Description of pro	cost									
								1			
7 I	isted property. Enter the amount from I	ine 29			7						
	Fotal elected cost of section 179 proper						8				
	Fentative deduction. Enter the smaller										
	Carryover of disallowed deduction from										
	Business income limitation. Enter the sn										
	Section 179 expense deduction. Add lin										
	Carryover of disallowed deduction to 20										
	: Don't use Part II or Part III below for li										
	rt II Special Depreciation Allowar	,			e listed proper	tv.)					
14 9	Special depreciation allowance for quali										
	he tax year	1 1 3 (e	14				
	Property subject to section 168(f)(1) elec										
								1,977,803.			
	rt III MACRS Depreciation (Don't i						10	2757770030			
			· · ·	ection A							
17 1	MACRS deductions for assets placed in	service in tax ve			1		17				
	f you are electing to group any assets placed in service					▶ □	π H				
10 1	Section B - Assets I					eral Deprecia	Lion Syste	m			
		(b) Month and	(c) Basis fo	r depreciation	(d) Recovery						
	(a) Classification of property	year placed in service		instructions)	period	(e) Convention	(f) Method	(g) Depreciation deduction			
19a	3-year property										
<u>19a</u> b	5-year property	1									
	7-year property	1									
 d	10-year property	1									
	15-year property	1									
e	20-year property	1									
f	· · · · ·	1			25 1/10		S/L				
g	25-year property				25 yrs.	NAN4					
h	Residential rental property	/			27.5 yrs.	MM	S/L				
		/			27.5 yrs.	MM	S/L				
i	Nonresidential real property	/			39 yrs.	MM	S/L				
	Continu O Annata D	/ /	Durrin a 0040				S/L				
	Section C - Assets Pl	aced in Service	During 2018	s lax year U	sing the Altern	ative Depreci					
<u>20a</u>	Class life	-			10		S/L				
b	12-year				12 yrs.		S/L				
<u> </u>	30-year	/			30 yrs.	MM	S/L				
d	40-year	/			40 yrs.	MM	S/L				
	rt IV Summary (See instructions.)							1			
	_isted property. Enter amount from line						21				
	Fotal. Add amounts from line 12, lines 1							1 000 000			
	Enter here and on the appropriate lines				ions - see instr		22	1,977,803.			
	For assets shown above and placed in s			r, enter the							
ŗ	portion of the basis attributable to section	on 263A costs			23						

Fo	rm 4562 (2018)	Del	ta Prop	erti	es, 1	Inc.						82-	0212	806	Page 2
P	art V Listed Propert	y (Include au	utomobiles, ce	rtain oth	ner vehicl	les, cerl	tain aircr	aft, an	d property	used fo	r				
	entertainment, Note: For any				standard	d milead	ne rate o	r dedu	cting lease	expens	e comr	olete or	ulv 24a		
	24b, columns (0,00111		ny 240,		
	Section A -	Depreciatio	on and Other	nforma	tion (Cau	ution: S	See the i	nstruc	tions for li	nits for p	basseng	er autor	nobiles.)		
<u>24</u> ;	a Do you have evidence to s	upport the bus	siness/investme	nt use cla	aimed?	<u> </u>	′es 🗌	No	24b If "Y	es," is th	e evide	nce writ	ten?	Yes	No
	(a)	(b) Date	(c)		(d)		(e)		(f)		g)		(h)		(i)
	Type of property (list vehicles first)	placed in	Business/ investment		Cost or		sis for depressiness/inve		Recovery period		:hod/ ention		eciation uction		cted on 179
		service	use percentaç	je ^{Ul}	ther basis		use only	/)	periou			ueu	uction		ost
25	Special depreciation allo	wance for qu	ualified listed	oroperty	placed i	n servic	e during	the ta	x year and	ł					
	used more than 50% in a										25				
<u>26</u>	Property used more that	n 50% in a qu	ualified busine	ss use:											
		: :	9	6											
		: :	9	6											
		: :	9	6											
<u>27</u>	Property used 50% or le	ss in a qualif	ied business ι	ise:								r			
		: :	0	6						S/L -					
		: :	0	6						S/L -					
		: :	,	6						S/L -					
28	Add amounts in column	(h), lines 25	through 27. Ei	nter here	e and on	line 21,	page 1				28				
<u>29</u>	Add amounts in column	(i), line 26. E	nter here and	on line 7	7, page 1			<u></u>		<u></u>			29		
			-		B - Infori										
Со	mplete this section for ve	hicles used b	by a sole prop	rietor, pa	artner, or	other "	more tha	an 5%	owner," or	related	person.	lf you p	rovided v	vehicles	
to	your employees, first ans	wer the ques	tions in Sectio	n C to s	ee if you	meet a	in excep	tion to	completin	g this se	ction fo	r those	vehicles.		
												1			
					a)		b)		(c)	(0	d)	(e)	(f)
30	Total business/investment		•	Vel	nicle	Ve	hicle	<u> </u>	/ehicle	Veh	icle	Ve	hicle	Vel	nicle
	year (don't include commu														
31	Total commuting miles of	driven during	the year												
32	Total other personal (no	ncommuting)) miles												
	driven														
33	Total miles driven during														
	Add lines 30 through 32						· · · · ·						-		
34	Was the vehicle availabl	•		Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?								_						
35	Was the vehicle used pr														
	than 5% owner or relate								_						
36	Is another vehicle availa	ble for perso	nal												
	use?														
		Section C	 Questions f 	or Empl	oyers W	ho Pro	vide Ver	nicles 1	for Use by	Their E	mploye	es			
An	swer these questions to c	letermine if y	ou meet an e	ception	to comp	leting S	Section E	3 for ve	hicles use	ed by em	ployees	who a	ren't		
	re than 5% owners or rela	· · · ·													
37	Do you maintain a writte	en policy stat	ement that pro	ohibits a	ll person	al use c	of vehicle	es, incl	uding com	imuting,	by your			Yes	No
38	Do you maintain a writte		-	-							our				
	employees? See the ins	tructions for	vehicles used	by corp	orate offi	icers, d	irectors,	or 1%	or more o	wners					
	Do you treat all use of ve														
40	Do you provide more that					nformat	ion from	your e	employees	about					
	the use of the vehicles,														
41	Do you meet the require														
	Note: If your answer to	37, 38, 39, 40	0, or 41 is "Ye	s," don'i	t comple	te Secti	on B for	the co	vered veh	icles.					
Р	art VI Amortization			(1)	1	()			(1)					(0)	
	(a) Description of	costs	Date	(b) amortization		(c) Amortizal	ble		(d) Code		(e) Amortiza		Ar	(f) nortization	
				begins		amoun	t		section		period or per		fc	nortization r this year	
<u>42</u>	Amortization of costs th	at begins du	ring your 2018	tax yea	ır:			1							
				: :											
				: :										0.05	105
	Amortization of costs th											43			<u>185.</u>
44	Total. Add amounts in c	olumn (f). Se	e the instructi	ons for v	where to	report						44		265,	T82.

44 Total. Add amounts in column (f). See the instructions for where to report	44	265,18
816252 12-26-18		Form 4562 (2

(Rev. January 2019)

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

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for each	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifying	g number		
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer identification number (EIN) or				
print	Delta Properties, Inc.				82-021	2806		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 1149 S Hill St, No. 600	ee instruct	tions.	Social se	curity number			
return. See instructions.	City, town or post office, state, and ZIP code. For a fo Los Angeles, CA 90015	oreign add	ress, see instructions.					
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)					
Applicati	on	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990)-BL	02	Form 1041-A			08		
Form 472	20 (individual)	03	Form 4720 (other than individual)			09		
Form 990)-PF	04	Form 5227			10		
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	D-T (trust other than above) Brenda Breen	06	Form 8870			12		
box ▶ [1 I re the ▶[is for a Group Return, enter the organization's four digit (and atta	$\frac{15}{2020}$, to file return for: d ending <u>JUN 30, 2019</u>	all memb	ers the extension of th	on is for.		
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, / nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.		
b lfth	nis application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year overp			3b	\$	0.		
c Bal	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by					
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ins.	3c	\$	0.		
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct del	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879-E	O for payment		
LHA F	or Privacy Act and Paperwork Reduction Act Notice, Mail to: Department Internal F Ogden, UT	c of t Revenu	the Treasury Ne Service Center		Form 88	68 (Rev. 1-2019)		