EXTENDED TO NOVEMBER 15, 2018 **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

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Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990PF for Instructions and the latest information. 2017 2017 JUL 6, and ending For calendar year 2017 or tax year beginning A Employer Identification number Name of foundation 82-2187286 DELTA FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 864-906-0300 340 INTERSTATE BLVD. City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here GREENVILLE, SC 29615 X Initial return Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply: Amended return Final return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: 10 E If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation X Cash J Accounting method: Accrual I Fair market value of all assets at end of year If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here ... (from Part II, col. (c), line 16) 500,000. (Part I, column (d) must be on cash basis.) ▶\$ (d) Disbursements or charitable purposes (cash basis only) Part | Analysis of Revenue and Expenses (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income 500,000 N/A Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents h Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 500.000. 0. Total. Add lines 1 through 11 0. О. 13 Compensation of officers, directors, trustees, etc. Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest 18 Taxes Depreciation and depletion 19 20 Оссиралсу Travel conferences, and meetings Printing and publications 21 22 Other expenses Total-operating and administrative 0. expenses. Add lines 13 through 23 0 25 Contributions, grfts, grants paid 26 Total expenses and disbursements. 0 . Add lines 24 and 25 27 Subtract line 26 from line 12; 500,000. 2 Excess of revenue over expenses and disbursements 0. b Net investment income (If negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

c Adjusted net income (if negative, enter -0-)

N/A

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Page 2

Par	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
- ***	column should be for ena-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
'	Cash - non-interest-bearing	<u> </u>		
[2		De automos de calabra anti-	500,000.	500,000.
8			14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	
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4				
l.	Less; allowance for doubtful accounts	<u> </u>		
5				
•	Receivables due from officers, directors, trustees, and other			
_	disqualified persons	* * * * * * * * * * * * * * * * * * *	क्रमक हैं क्रमुख्य के कर्णात् व	* * * * * * * * * * * * * * * * * * *
7				
١.	Less: allowance for doubtful accounts		<u> </u>	
\$ S		 		
Assets		 		
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	b Investments - corporate stock			
. I	c Investments - corporate bonds	,		
[11		''		
	Less accumulated depreciation			
12				
13	• • • • • • • • • • • • • • • • • • • •			
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١.,	Less accumulated depreciation			
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16		•	E00 000	E00 000
- . =	instructions. Also, see page 1, item I)	0.	500,000.	500,000.
17	A			
18				. ,
8 18				
Liabilities 5				
물 21				
22	Other liabilities (describe			
ا	Tatal liabilities (add lines 17 through 99)	0.	0.	_ 1
23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here			
- {	and complete lines 24 through 26, and lines 30 and 31.			- 1
2 24	Unrestricted			
Net Assets or Fund Balance 25 26 25 26 25 26 25 26 25 26 25 26 26 26 26 26 26 26 26 26 26 26 26 26	· · · · · · · · · · · · · · · · · · ·			**
E 26				* * * * * * * * * * * * * * * * * * * *
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딆	and complete lines 27 through 31.			
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Ž	I DIAN HEL ASSELS OF THING DATABLES		300,000.	
31	Total liabilities and net assets/fund balances	0.	500,000.	
Par	Analysis of Changes in Net Assets or Fund Ba	uances		
1 Tot	al net assets or fund balances at beginning of year - Part II, column (a), line	30		
	ist agree with end-of-year figure reported on prior year's return)			0.
•	er amount from Part I, line 27a	• • • • • • • • • • • • • • • • • • • •	2	500,000.
	er increases not included in line 2 (itemize)	• • • • • • • • • • • • • • • • • • • •	3	300,000.
	I lines 1, 2, and 3			500,000.
-	reases not included in line 2 (itemize)	• • • • • •	_ 5	0.
	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		500,000.
			<u></u>	Form 990-PF (2017)

82-2187286

DELTA FOUNDATION

2-story brick wa	the kind(s arehouse; (of property sold (for example) or common stock, 200 shs	mple, real esta s. MLC Co.)	ite,	1 ` P - I	w acquired Purchase Donation	(c) Date acc (mo., day,		(d) Date sold (mo., day, yr.)
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<u>e</u>	10.5	Controlistion allowed	(=) Co	st or other basis	Ь		/h) Coin	or (loss)	
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		expense of sale	_	<u> </u>	((e) plus (f	or (loss)) minus (g))
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Capital gain net income or (net ca	apital loss)	If gain, also enter the lift (loss), enter th	r in Part I, line ⊢ in Part I, line	:	<u>}</u>	2			
Net short-term capital gain or (lo:	ss) as defi	ned in sections 1222(5) an	nd (6):		\ \ \				
If gain, also enter in Part I, line 8,	, column (d								
If (loss), enter -0- in Part I, line 8 Part V Qualification U	- जिन्नक हैं		Bedueed	Toy on Not	وويروا	3	20000		
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CUL UNITUDAL LICE DA GOMECTIC DEMAST			10.10() 1						37/3
or optional ass by admissus private	e foundatio	ons subject to the section 4	1940(a) tax on	net investment in	come.)				N/A
		-	1940(a) tax on	net investment in	come.)				N/A
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orm	990-PF			FOUNDA							2187			Page 4
Pa	rt VI	'Excise Tax I	3ased	on Invest	ment Incom	ne (Section 4940)(a), 4940(b), 4940(e)	or 49	48 -	see in	struc	tion	s)
1a	Exempt	operating foundation	ns descri	bed in section	4940(d)(2), checl	k here 🕨 🔲 and e	nter "N/A" on li	ine 1.)					•
	Date of	ruling or determinati	on letter	·	(atta	ach copy of letter if neo	essary-see in	structions)	ŀ					_ ` ;
b	Domest	ic foundations that n	neet the s	section 4940(e) requirements in	Part V, check here	► 🔲 and er	nter 1%	•	1_				0.
		l, line 27b					-				`` '			- J. J.
C	All other	r domestic foundatio	ns enter	2% of line 27b	. Exempt foreign	organizations, enter 4%	of Part I, line	12, col. (b).)		l			·
2	Tax und	er section 511 (dom	estic sec	tion 4947(a)(1) trusts and taxab	ole foundations only; ot	hers, enter -0-))		2				<u>0.</u>
3	Add line	es 1 and 2								3				0.
4	Subtitle	A (income) tax (don	nestic se	ction 4947(a)(1) trusts and taxal	ble foundations only; of	thers, enter -0-	-)		4				0.
5	Tax bas	ed on investment in	come. S	Subtract line 4	from line 3. If zero	o or less, enter -0-				5				0.
6	Credits/	Payments:								•		٠	•	-2
		timated tax payment				7 .	6a		0.		s s	4,		
þ	Exempt	foreign organization	s - tax wi	ithheld at sour	ce .		_6b		0.		^		*	
C	Tax paid	l with application for	extensio	n of time to fil	e (Form 8868)		6c		0.	• /	` ,			•
d	Backup	withholding erroneo	usly with	held			6d		0.		٠			
7	Total cr	edits and payments.	Add lines	s 6a through 6	d			-	•	7				<u>0.</u>
8	Enter an	y penalty for underp	ayment	of estimated ta	ıx. Check here 🗌	if Form 2220 is atta	ched			8				0.
9	Tax due	. If the total of lines	5 and 8 i	is more than lii	ne 7, enter amour	nt owed				9				0.
10	Overpay	ment. If line 7 is mo	ore than t	the total of line	s 5 and 8, enter t	he amount overpaid			. ▶	10				
11	Enter th	e amount of line 10 t	o be: Cr	edited to 2018	estimated tax	<u> </u>	_	Refund	led 🕨	11				
Pa	rt VII-	A Statemen	ts Reg	garding Ad	ctivities							,		
			oundatio	n attempt to ir	ifluence any natio	nal, state, or local legis	lation or did it	participate or ir	itervene	in			Yes	-
	• •	tical campaign?					•					1a		X
						ctly) for political purpo			he defini	tion	-	1b		Х
						e activities and copies (of any material	s published or						
		ted by the foundatior						-					~	,
		foundation file Form										1c		X
						55) imposed during the								
		the foundation.				n foundation managers			<u>0.</u>			1		
			any) paid	-	ition during the ye	ear for political expendi	ture tax impos	ed on foundatio	n			i		
	-	rs. 🕨 \$		0.										
			-			been reported to the IF	RS?					2		X
		attach a detailed des	-											
						RS, in its governing in	nstrument, arti	icles of incorpor	ration, or					
		or other similar inst										3		X
				_		or more during the year	?		-	31	. / is	4a		Х
		has it filed a tax retu								IA	/A	4b		x
			-	-		action during the year?						5		-
		attach the statement					ub							l
		-	•		sections 494 i thri	ough 4945) satisfied ei	iner:							
	-	nguage in the govern	-	•		-+ +b-+d-+	, dianatana th.			la				
		in the governing inst			verning instrume	nt so that no mandator	y airections th	at conflict with t	ine state	iaw			x.	-
					on time during t	 he year? If "Yes," comp	Into Dort II. ani	 (a) and Dort)	^/	-		7	X	
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٥.	Enter th	a ctatae to which the	founder	ion ranorto or :	with which it ic so	gistered. See instructio	ne 🕨					-	-	1
08	SC	c states to Willell tile	ivunuali	ion reports of t	with which it is fe	gistereu. See mstructio								1
		rewar is "Vas" to line	7 han th	e foundation fo	urniched a convict	f Form 990-PF to the A	Horney Concre	l (or decionate)						1
							morney denera	si (or designate) SEE ST.		ENTO	١ 1	o.		. X
		state as required by				explanation ithin the meaning of se	ction 4049(1)/3				#	8b		
				-	-	Part XIV. If "Yes," com			IUI ÇAICI	iuai		9		\mathbf{x}^{-}
						? If "Yes." attach a schedu	=			TMT	· · 2	10	X	 -

Form **990-PF** (2017)

ننا	(continued)			
	·		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_	_X	
,	Website address N/A	<u> </u>		
14	The books are in care of DANIEL FRIST Telephone no. D864-90		300	
4-	Located at ► 340 INTERSTATE BLVD., GREENVILLE, SC ZIP+4 ►29	PT2		_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<i>,</i> ▶	ш
40	and enter the amount of tax-exempt interest received or accrued during the year		/A Yes	NI-
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		res	
	securities, or other financial account in a foreign country?	16	.; ,	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		,	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	,		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1 1	Yes	No
18	During the year, did the foundation (either directly or indirectly):	\vdash	. 55	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	4	- 1	,
	if the foundation agreed to make a grant to or to employ the official for a period after		ŀ	
	termination of government service, if terminating within 90 days.)		- 1	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	l		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	_1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		_	
	before the first day of the tax year beginning in 2017?	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$):			
	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
d	before 2017?			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	[1		
	ctatement - con instructions \	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>		-	_
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2017.)	3b]	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		<u> </u>
	For	m 99 0)-PF ((2017)

Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contine}	ued)			
5a. During the year, did the foundation pay or incur any amount to:				,	Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No	6	ب ـــر	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			1		5*
any voter registration drive?	, , , , , , , , , , , , , , , , , , , ,		s X No	" ، ۔ ن	£ 5 6	4 to 14
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	• • • ===	s X No	, n.,		2
(4) Provide a grant to an organization other than a charitable, etc., organization				γ, 1 γ (15)	*9*	5 34 m
4945(d)(4)(A)? See instructions	i described ili sectioni	□ v.	s X No	(A)	4.5	ائم رهند الرائع
			S AL NO	3 ·**	30 A	ئ _{ر ئ} ي
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or to			, 7	At Barrel	51.512
the prevention of cruelty to children or animals?			s X No	3-(130	3.3
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		n Regulations	37 / 3		"married"	_
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	* t. 4	95^s.
Organizations relying on a current notice regarding disaster assistance, check h	•		▶□□		-	73.°).
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			[2	1 34	مدائر مدار
expenditure responsibility for the grant?	, N	' <u>/</u> A .	s No	•		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				ð	هوي مريع	A. Jaces
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		ļ			1 4
a personal benefit contract?		Ye	s 🗓 No		•	&
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		1	6b		X
If "Yes" to 6b, file Form 8870.				٠,	,	6 4
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No			
b If "Yes," did the foundation receive any proceeds or have any net income attribu	• •		N/A	7b		
Part VIII Information About Officers, Directors, Truste		agers, Highly				
Paid Employees, and Contractors	•	0 , 0 .				
1 List all officers, directors, trustees, and foundation managers and the	eir compensation.		_			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	T =	(e) Exp	ense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	J 41	count, allowai	
DANIEL FRIST	PRESIDENT/SEC		compensation	+-	anowa	1003
340 INTERSTATE BLVD.						
GREENVILLE, SC 29615	10.00	0.	0.			0.
	TREASURER/DIR			+-		<u> </u>
329 ARUNDEL RD.	INEASONEN/DIX	BCIOR				
GREENVILLE, SC 29615	1 00	^	0	1		^
	1.00	0.	0.	4-		0.
	DIRECTOR					
4 SPINDLETOP CT.	0 50					^
GREENVILLE, SC 29615	0.50	0.	0.	4-		0.
	DIRECTOR					
411 DRURY LN.			_			_
MAULDIN, SC 29662	0.50	0.	0.	<u></u>		0.
2 Compensation of five highest-paid employees (other than those incl		nter "NONE."	/ / /^ • · · · ·			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	ense other
(a) have and data associated on plant more than 400,000	devoted to position	(C) Compensation	and deterred compensation		allowai	nces
NONE						
				Τ		
				 		
				┼		
						
				+		
- 1 1						
Total number of other employees paid over \$50,000		<u></u>	<u></u> ▶]			0

	DELTA FOUNDATION	82-	2187286 Page 7
Part VIII Informa Paid En	ation About Officers, Directors, Trustees, Foun mployees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid inde	ependent contractors for professional services. If none, er	nter "NONE."	
(a) Nam	ne and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			
Total number of others recei	iving over \$50,000 for professional services ary of Direct Charitable Activities		▶ 0
List the foundation's four lar	rgest direct charitable activities during the tax year. Include relevant sidd other beneficiaries served, conferences convened, research papers p	tatistical information such as the produced, etc.	Expenses
1N/A			
2			
3			
			<u> </u>
4			
	ry of Program-Related Investments ogram-related investments made by the foundation during the tax year	r on lines 1 and 2	Amount
1 N/A	gram related investments made by the reducation during the tax year	Totalino Fullo 2.	7.11100111
2			<u></u>
All other program-related in	vestments. See instructions.		<u> </u>
			†
			1
Total. Add lines 1 through	n3	<u> </u>	0.

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations, see	instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	0.
b Average of monthly cash balances	1b	41,667.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	41,667.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation) 1e 0.		
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	41,667.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	625.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	41,042.
6 Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	8	1,006.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	d certain	27000.
foreign organizations, check here and do not complete this part.)	u certain	
1 Minimum investment return from Part X, line 6	1	1,006.
2a Tax on investment income for 2017 from Part VI, line 5		2,000.
b Income tax for 2017. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	0.
	3	1,006.
3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions	4	0.
	5	1,006.
		0.
6 Deduction from distributable amount (see instructions) 7 Platelly table amount an adjusted Subtract line 5 February and an Part VIII. line 1	7	1,006.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	/	1,000.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	· · · · · ·
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	0.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q		
4940(e) reduction of tax in those years.		2444611

Form **990-PF** (2017)

Part XIII Undistributed Income (s	see instructions)			
`			82	-2187286
1 Distributable amount for 2017 from Part XI,	(a) Corpus	(b)	-	==07286
ine / Long Part XI,	3 · · · · ·	Years prior to 2016	(c)	
2 Undistributed income, if any, as of the end of 2017		1 100	2016	(d)
a Enter amount for 2016 only				2017
b Total for prior years:				
3 Excess distribution				1,00
8 Excess distributions carryover, if any, to 2017:	The state of the s		0.	*
b From 2013	1	0.		
c From 2014	the state of the		1	
d From 2015				
e From 2016				r e e
1 Total of lines 3a through e	, ***:			* *
THE THE THE THE THE TENT OF TH			一家海南,得	
Part XII, line 4:	0.			*
a Applied to 2010				· ,
b Applied to undistributed income of prior	"			ا انو الميتور ال
years (Election required - see instructions) C Treated as distributions out of			1	
c Treated as distributions out of corpus (Election required - see instructions)		*		· -
(Election required - see instructions)		0.	<u> </u>	
d Applied to 2017 distributable amount e Remaining amount distributable.		0.	<u> </u>	
F. C. USUIDLITED OUT.	0.		-	
Excess distributions carryover applied to 2017 must be shown in co-time of the same of th	0.			
Excess distributions carryover applied to 2017 (if an amount appears in column (d), the same amount Before the	0:1			
indicated below.	-			0.
& Corpus Add to	1	-	-	
b Prior years' undistributed income. Subtract line 4b from line 2b		1		0.
line 4b from line or	0.	,		
CENter than 1				
Opticion - 1 Which -				
deficiency has been issued, or on which a notice of the section 4942(a) tax has been assessed.		0.		
			-	
- Juli del line so tra				
amount - see instructions		0.		
		0.		
4a from line 2a. Taxable amount - see instr.		0.		-
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				7
Amounts treated			0.	
Amounts treated as distributions out of		· .		<u> </u>
section 170(h)(1)(r)	-			
may be required (9)(3) (Election		The second		
Excess distributions				,006.
not applied on line 5 or line 7	0.	,		
Excess distribution		·		
Subtract lines 7 and 8 from line 6a	0.			
nalysis of line 9:				
xcess from 2012	0.			
Cess from 2014		-		
Cess from 2015	1			
Cess from 2016	1			
28ss from 2017	1		1	
. 44-10	1	1	1	

Form 990-PF (2017) DELTA F	OUNDATION				L87286 Page 10
Part XIV Private Operating For	oundations (see in	structions and Part VII	A, question 9)	<u> N/A</u>	
1 a if the foundation has received a ruling of					
foundation, and the ruling is effective for	r 2017, enter the date of t	the ruling	▶ 🖳		<u> </u>
b Check box to indicate whether the found	lation is a private operatin	ng foundation described in		4942(j)(3) or 4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for]	ļ		1
each year listed					<u> </u>
b 85% of line 2a				<u></u>	<u> </u>
c Qualifying distributions from Part XII,		}		1	1
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of	,	ĺ			
exempt activities					
e Qualifying distributions made directly				1	}
for active conduct of exempt activities.		, '			
Subtract line 2d from line 2c Complete 3a, b, or c for the	 _	- 7	ļ. —		
alternative test relied upon:					1
a "Assets" alternative test - enter:		/			1
(1) Value of all assets		- /		 	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return		/			Ì
shown in Part X, line 6 for each year listed		/			<u> </u>
c "Support" alternative test - enter:				Ţ	
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section]			1
512(a)(5)), or royalties)					L
(2) Support from general public	/				
and 5 or more exempt organizations as provided in	/				İ
section 4942(j)(3)(B)(iii)	_/				
(3) Largest amount of support from					
an exempt organization	<u></u>	Ĺ			<u> </u>
(4) Gross investment income	<u> </u>	<u> </u>			<u> </u>
Part XV Supplementary Info			f the foundation	had \$5,000 or mo	re in assets
at any time during t	ne year-see instri	uctions.)			
1 Information Regarding Foundatio	_				
a List any managers of the foundation wh			ibutions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed n	nore man \$5,000). (See s	ection 507(a)(2).)			
NONE	···				
b List any managers of the foundation who other entity) of which the foundation has			or an equally large port	ion of the ownership of a p	artnership or
• ,	s a 10 % of greater interes) L			
NONE					· · · · · · · · · · · · · · · · · · ·
2 Information Regarding Contributi				basis talkad	
Check here X if the foundation of the foundation makes gifts, grants, etc.,					Jests for funds. If
					
a The name, address, and telephone numl	per or email address of th	ie person to whom applic	ations should be addres	seu.	
b The form in which applications should b	e submitted and informat	tion and materials they sh	ould include:		
c Any submission deadlines:					
<u></u>	o ough as hu sassashin	al argae, charitable fields	kinde of inetitutions	other factors	
d Any restrictions or limitations on award	s, such as by geographica	ai areas, charitadie fieids,	kiiius oi ilisulutions, of	outer factors.	
723601 01-03-18					Form 990-PF (2017)

	(CONTINUEU)			
3 Grants and Contributions Paid During the You	ear or Approved for Future F	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Paid during the year			,	
		,		
NONE				
			'	
	 	-		
				:
	<u> </u>			
		!		
		}		
		1		
Total			> 3a	0
Approved for future payment				
				i
NONE				
NONE		•		
		ļ		}
			 	<u> </u>
		ł		}
				ł
]
Total			▶ 3b	0

Part XVI-A	Analysis of Income-Producing	Activities
------------	------------------------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelated business income			ided by section 512, 513, or 514	(e)		
•	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income		
1 Program service revenue:	code		COUR				
å							
b	L						
c	<u></u>	<u> </u>	L	<u></u>			
d	<u> </u>	<u> </u>		<u></u>			
e							
1			Г				
g Fees and contracts from government agencies							
A Mambaushia days and sansaments							
3 Interest on savings and temporary cash		 		 			
No. condense and a	1						
• • • • • • • • • • • • • • • • • • • •		 	├──	 			
4 Dividends and interest from securities	- 34 7	1. W 1. V 2. V	, e -		- F 4		
5 Net rental income or (loss) from real estate:	<u> </u>						
a Debt-financed property	<u> </u>	ļ	├				
b Not debt-financed property				<u> </u>			
6 Net rental income or (loss) from personal	! '						
property		<u> </u>		<u> </u>			
7 Other investment income]						
8 Gain or (loss) from sales of assets other							
than inventory	}	1	1	1			
A Not income as /local from appoint quanta							
10 Gross profit or (loss) from sales of inventory			I				
11 Other revenue:	 						
<u> </u>			 	 _			
b			 		 		
c	<u> </u>	 -		<u> </u>	 		
d			├		<u> </u>		
e					 		
12 Subtotal. Add columns (b), (d), and (e)		0.	L	0.			
13 Total. Add line 12, columns (b), (d), and (e)				13 _	0.		
(See worksheet in line 13 instructions to verify calculations.)							
Part XVI-B Relationship of Activities to	the Acco	emplishment of Exc	empt	Purposes			
——————————————————————————————————————							
Line No. Explain below how each activity for which incom			contri	buted importantly to the accor	nplishment of		
▼ the foundation's exempt purposes (other than b	y providing tu	nas for such purposes).					
		<u> </u>					
							
							
							
							
							
					000 DE		

82-2187286 Form 990-PF (2017) DELTA FOUNDATION Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) (1) Cash 1a(2) (2) Other assets **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) 1b(4) (4) Reimbursement arrangements (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 16(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No ☐ Yes in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (b) Type of organization (c) Description of relationship (a) Name of organization N/A Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge return with the preparer Sign Here X Yes PRESIDENT Signature of officer or trustee Title Date

Preparer's signature

onde Al

Phone no.	864-233-3981
-	Form 990-PF (2017)

P00748038

Check [

self- employed

Date 2018.08 13 13:29:06

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SUITE 500

PTIN

Firm's EIN ► 56-0574444

Paid

Preparer

Use Only

Print/Type preparer's name

AMANDA ADAMS

Firm's name ► CHERRY BEKAERT LLP

Firm's address ▶ 110 EAST COURT STREET,

GREENVILLE, SC 29601

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

	DELTA FOUNDATION	82-2187286
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ı
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule. See instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions t iny one contributor. Complete Parts I and II. See instructions for determining a contri	
Special Rules		
sections 509(a)(any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the EZ, line 1. Complete Parts I and II.	, 16a, or 16b, and that received from
year, total contri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ibutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, of cruelty to children or animals. Complete Parts I, II, and III.	
year, contributio is checked, ente purpose. Don't c	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ons exclusively for religious, charitable, etc., purposes, but no such contributions total or here the total contributions that were received during the year for an exclusively recomplete any of the parts unless the General Rule applies to this organization because, contributions totaling \$5,000 or more during the year	aled more than \$1,000. If this box eligious, charitable, etc.,
but it must answer "No"	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedul on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or o at the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•
LHA For Paperwork Re	duction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Sci	hedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

DELTA FOUNDATION

82-2187286

Part 1	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRONTIER LABEL, INC. 340 INTERSTATE BLVD. GREENVILLE, SC 29615	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
722452 11 0		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number

DELTA FOUNDATION

82-2187286

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

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

723454 11-01-17

		00 0107006		
Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the following s, charitable, etc., contributions of \$1,000 or less f	Line entry For organizations		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift			
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift			
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
(e) Transfer of gift				
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift			
Transferee's name, address, and ZIP + 4 Relationship of transferor to transfere				
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift Transferee's name, address, a	Exclusively religious, charitable, etc., contributions to organizations described in at the year from any one contributor. Completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less to Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4		

82-2187286

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 8B

STATEMENT 1

EXPLANATION

THE SC ATTORNEY GENERAL'S OFFICE DOES NOT REQUIRE THAT A COPY BE FILED WITH THEIR OFFICE. INSTEAD, THEY MAINTAIN THE RIGHT TO RECEIVE THE FILING IF THEY SO CHOOSE. THE FOUNDATION WILL COMPLY WITH ANY SUCH REQUEST AS APPLICABLE.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT 2

NAME OF CONTRIBUTOR

ADDRESS

FRONTIER LABEL, INC.

340 INTERSTATE BLVD. GREENVILLE, SC 29615