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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

Ā	For th	e 2009 cal	endar year, or tax year beginning OCT 1, 2009 and end	ding S	EP 30, 201	0
В	Check if	Diago	C Name of organization		D Employer identi	fication number
	applicab	le Please use IRS	Delaware Joybean Board			. (
	Addre	ess label or print or	Delaware Johnson Court		20-41	402220
	Name	type	Doing Business As			
	Initial	·		om/suite	E Telephone numb	er
	Termi	n- Specific	PO BOX 319		410-2	42-9500
Ē	Amen	ded tions	City or town, state or country, and ZIP + 4		G Gross receipts \$ 3	83.003
Ē	Appli		Jalisbury, Md 21803	ĺ	H(a) Is this a group	
	pendi	ng F Nan	ne and address of principal officer:	10444	for affiliates?	Yes X No
		-	euin Evans, 4443 Seashove Hury, Bridge ulle, Del	TAKAT!	H(b) Are all affiliates in	ncluded? Yes 🗀 No
<u> </u>	Tax∙ex		is: X 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527			a list (see instructions)
J	Websi	te: 🕨			H(c) Group exempti	on number 🕨
		forganizatio	n Corporation Trust Association Other ►A) Da Proch	L Year o	f formation	M State of legal domicile
P	art I	Summa	ary			
6	1	Briefly des	scribe the organization's mission or most significant activities:	d Dra	eitz relativ	to the every
Activities & Governance		of Law	deau export markets, Stomation of Landon u	797	L un alual	doered"
ra	2		s box Fig. 1 if the organization discontinued its operations or disposed			
ove			f voting members of the governing body (Part VI, line 1a)		3	1 ^
Ğ			findependent voting members of the governing body (Part VI, line 1b)		. 4	9
SS			ber of employees (Part V, line 2a)		5	0
Ę	6	Total num	ber of volunteers (estimate if necessary)		6	_
Ę	7a		s unrelated business revenue from Part VIII, column (C), line 12		7a	
٩		_	ted business taxable income from Form 990-T, line 34		. 71	,
					Prior Year	Current Year
ø.	8	Contributi	ons and grants (Part VIII, line 1h)		\$ 60.175	\$ 50.214
Revenue	9		ervice revenue (Part VIII, line 2g)	\$ 231,584	₹ 331,780	
}	10	=	it income (Part VIII, column (A), lines 3, 4, and 7d)		\$ 917	597
2 "	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		\$ 1,854	S 412
	l .		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		\$ 294,530	\$ 333,003
2			d similar amounts paid (Part IX, column (A), lines 1-3)		\$ 136.684	\$ 193537
	14	Benefits p				
U S.	15		ther compensation_employee perjefits (Part IX, column (A), lines 5-10)			
Se Se Se Se			nal fundraising fees (Part IX, column (A), ling 11e)			
ာဋ္ဌိ			raising expenses (Part IX, column (D), line 25)			
жij			enses (Part XScolumn(A), lines 14a-11d, 131-241)	_	\$ 130,834	£ 121.601
20			nses. Add lines 3-17 (must equal Part IX Column (A), line 25)		\$ 267.518	\$ 315,138
≝			ess expenses. Subtract line Biron ine 12		\$ 27.012	9 67.865
ces			0001-11	Beg	inning of Current Year	End of Year
sets	20	Total asse	ts (Part X, line 16)		\$191,624	\$ 261,495
Net Assets or Fund Batances	21		ities (Part X, line 26)	;	¢ 12.554	\$ 19.560
캺	22	Net assets	s or fund balances. Subtract line 21 from line 20	-	\$ 174,020	\$241,935
P	art II	Signat	ture Block			
		Under penal	ties of penury, I declare that I have examined this return, including accompanying schedules and sta ie Declaration of preparer (other than officer) is based on all information of which preparer has any kr	atements, a	nd to the best of my knowle	dge and belief, it is true, correct,
		and dompie	C Section of prepared former state strices, is based on all information of which prepared has any ki		1.1	
Sig	n	_	Minis		21311	
Here		Sign	ature of difficer		Date /	•
		TR	EASURER '	_		
		Туре	or print name and title			
Paid	ſ	Preparer's	Date	Che self-		arer's identifying number instructions)
	parer's	signature	7	loyed 🕨 🔲	·	
	Only	Firm's name yours if	(or	EIN ▶		
USE	Omy	self-employe				
		address, and ZIP + 4	· · · · · · · · · · · · · · · · · · ·		Phone no	
Ma	y the II	RS discuss	this return with the preparer shown above? (see instructions)			Yes No
9320	001 02-0	04-10 LH	A For Privacy Act and Paperwork Reduction Act Notice, see the separ	rate inst	ructions.	Form 990 (2009)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

including grants of \$ \$ 290,035

Total program service expenses > \$

Form	1990 (2009) Delaware Joy bean Rd 20-44022.	<u> </u>	<u> </u>	age 3
Pai	t 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)?	1		
•	If "Yes," complete Schedule A	1_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
3	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	1	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- 7]	X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8	1	Х
•	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	1	Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	Ť		
10	If "Yes," complete Schedule D, Part V	10		X
44	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		Ι,	
11		11	X	
•	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-	1	
	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			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	ŀ		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	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	İ		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX.	1		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	ļ		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ŀ		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI, XII, and XIII.	12	X	
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	1		
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
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
. •	located outside the United States? If "Yes," complete Schedule F, Part III	16	İ	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		T	Ī
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
. •	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
			000	(0000)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		<u>X</u> .
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		Ì	
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		.	v
	person outstanding as of the end of the organization's tax year? If "Yes," 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete	0.7		Х
00	Schedule L, Part III	27		<u></u>
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV		1	
	Instructions for applicable filing thresholds, conditions, and exceptions):	200	1	Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
Ç	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		$\frac{1}{X}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	Ì	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity?			-
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		-	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38		X
		F1	000 <i>(</i>	2000

1 1	l	Yes	No
Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	, 1,		
U.S. Information Returns. Enter -0- if not applicable) , ,		
Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin	ng		-
(gambling) winnings to prize winners?	1c	-	
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	0		1
If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return	? <u>3a</u>		X
If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3b</u>	ļ	<u> </u>
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	a		,, `
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a	ļ	X
If "Yes," enter the name of the foreign country: ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
Financial Accounts.	1		
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_	ļ	X
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, Disclosure by Tax-Exempt Entity Regarding Prohibited	d		
Tax Shelter Transaction?	5c		ļ
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization s	solicit		.,
any contributions that were not tax deductible?	6a		X
If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		l .	•
were not tax deductible?	<u>6b</u>		ļ
Organizations that may receive deductible contributions under section 170(c).			ĺ
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service.			
provided to the payor?	7a		X
If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	ļ	ļ
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l v
to file Form 8282?	. <u>7c</u>		X
If "Yes," indicate the number of Forms 8282 filed during the year			
Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		.,
benefit contract?	. <u>7e</u>	-	<u> X</u>
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	. 7h		×
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Dis			
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business ho	oldings 8		\ \
at any time during the year?			X
-	9a		X
Did the organization make any taxable distributions under section 4966?	9b	 	1
Did the organization make a distribution to a donor, donor advisor, or related person?	. 30		X
Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	F		
			1
	——		
Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	/		ŀ
Gross income from other sources (Do not net amounts due or paid to other sources against			1
amounts due or received from them.)	† .		
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		 ``
1 105, Cittle diributit of tax-exempli nitratest received of accided duffing the year . 125	f Form	990 ((2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a		9		
b	Enter the number of voting members that are independent	1b		91		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with an	y other	-		
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direct s	upervision	1 1		
	of officers, directors or trustees, or key employees to a management company or other person?			3_		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 990 v	as filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers of	the	-		
	governing body?			7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during th	e year			
	by the following:					
а	The governing body?			8a	<u>X</u>	٠.
Ь	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 real	ached at t	he			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	لـــــــــــــــــــــــــــــــــــــ	<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue C	ode.)			
					Yes	No
	Does the organization have local chapters, branches, or affiliates?			. 10a		<u>X</u>
Ь	If 'Yes,' does the organization have written policies and procedures governing the activities of such	chapters	, affiliates,	1		
	and branches to ensure their operations are consistent with those of the organization?			10b	$\overline{}$	_
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	iling the f	orm?	11		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				X	
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	4	
Þ	Are officers, directors or trustees, and key employees required to disclose annually interests that course flows?	uld give ri	se	405	X	
_	to conflicts?	"V== " ~/=		12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If in Schedule O how this is done	7es, 0e	SCHOOL	12c	X	
13	Does the organization have a written whistleblower policy?		•	13	<u> </u>	X
14	Does the organization have a written document retention and destruction policy?	•	•	14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by inde	nendent	.		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		portoon			
а	The organization's CEO, Executive Director, or top management official			15a	Ì	X.
	Other officers or key employees of the organization	• ••		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		•			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with	а			
	taxable entity during the year?			16a		X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate its p	articipation			<u> </u>
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization					
	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 ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	「(501(c)(3)s only) avail	able for		
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website Doon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict of	interest polic	y, and fina	ncial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books at	nd record	s of the orga	nization: 🕨	·	
	SANDRA DAVIS - 410-742-9500					
	27137 SCOTLAND PARKWAY, SALISBURY, MD 21801					

Form	990	(2009)	

Delaware Goubeau Ad 20-440222 Page 7

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employees."
- 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.

Check this box if the organization did not co		y cu	rren			, dire	ecto			
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours	(ct	Position (check all the				lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per							from	from related	other
	week	Individual mustoe or director				R		the	organizations	compensation
		Stee or	Site		_	ES S		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		and let	ang 4		ag eg	5 g		(11 2 1033 111100)		and related
		dwd	Institutional frustee	g Ger	Кеу етріоусе	Highest compensated employee	Diame.			organizations
		_	-	۳	_	- •	_			· · · · · ·
Kevin Evons-Chairman						_				
Jesse Vanderwonde - Vice C	nairman	•								سو
Travis Hastings-Treasures						_			pusatie	
Robert Baker - Director								Qu,		
Dennis Clay - Director								pond		
Matthew Webber - Director							abla			· · · · · · · · · · · · · · · · · · ·
Jonathan Inow-Director					7	\bigvee	\mathcal{I}			
Brandon Bonk - Director				7	/	_			_	
James Bayter-Director										
Ed Kee-Ex Officio				,						
	· · · · · · · · · · · · · · · · · · ·									
										
										

	90 (2009)	Delau								<u>4</u>				2226	<u> </u>	F	age 8
Part	VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours	mployees, and Highes (C) Position (check all that apply)						R	(D) eporta npens	able sation	CC	(E) Reportable compensation from related			(F) stimate mount other	of
		per week	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensaled employee	Former	1	fron the ganiza /1099		Of	organizations (W-2/1099-MISC)		ons compensat		ation ne tion ted
			-			-	-				-	-			-		
													::				
																	-
	otal	ot limited to th	ose	liste	ed at	DOVE	e) wh	10 ге	eceived i	more	0 . than \$10	0,000 ir	report	0. table	l	Yes	0 . 0
li	old the organization list any former officer, ne 1a? <i>If</i> "Yes," complete Schedule <i>J</i> for so for any individual listed on line 1a, is the su	uch ındividual							•					ıon	3		X
5 C	nd related organizations greater than \$150 bid any person listed on line 1a receive or a ne organization? If "Yes," complete Sched),000? <i>If "Yes,</i> accrue comper	" co nsati	<i>mple</i> ion f	ete S	Sche	dule	Jf	or such i	Individ	dual .				5		X X
1 0	on B. Independent Contractors Complete this table for your five highest contraction. NONE	mpensated inc	depe	ende	nt c	ontr	acto	rs t	hat recei	lved n	nore than	\$100,0	000 of c	compens	sation	from	
	(A) Name and business	address								Descr	(B) iption of	service	5			C) ensatio	on
								-				- 			<u>-</u>		
2 T	otal number of independent contractors (in	ncluding but o	ot lir	miter	d to	thos	se lis	ted	abovel	whor	eceived r	more th	an				
	100,000 in compensation from the organiz	-	III			(Form	990	(2009)

Delaware Soubeau 20-4462226 Form 990 (2009) Part VIII Statement of Revenue (D) Revenue (B) (C) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns b Membership dues 16 1c c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 900099 All other program service revenue Total. Add lines 2a-2f \blacktriangleright \$331,78b Investment income (including dividends, interest, and \$597 3597 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d 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 c Gain or (loss) . . d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold . . . c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue Misc Income 11 a 900099 d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	8102 K21	\$193,537	,	43
	organizations in the U.S. See Part IV, line 21	\$193,537	Ψ170,30 /		
2	Grants and other assistance to individuals in				,
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			······································	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				1-1 1-1 1-
	trustees, and key employees .		ļ		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	· · · · · · · · · · · · · · · · · · ·			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)		1		
	and section 403(b) employer contributions)				
9	Other employee benefits	·	 		
10	Payroll taxes				
11	Fees for services (non-employees):				
a		· · · · · · · · · · · · · · · · · · ·			
Þ	Legal	60001		57.706	
c	Accounting	\$7,706		4 (10)6	
d	,				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9 12	Other				
13	Office expenses	\$ 266		6266	
14	Information technology	1 ONE W.			
15	Royalties				
16	Occupancy				
17	Travel	\$847		6947	
18	Payments of travel or entertainment expenses	<u>V.J.J.</u>			···
_	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				<u></u>
22	Depreciation, depletion, and amortization .				
23	Insurance	\$ 800		5800	
24	Other expenses Itemize expenses not covered	,	,		
	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				`
	expenses shown on line 25 below)		` `		
а	Miscellangous	65 (8		5518	
Ь	Management Contracts	214,966		\$14,966	
C	Education, Promo & Communication	<u>\$96,499</u>	596,493		
d		•	ļ		
e					<u> </u>
f	All other expenses	m 215 (A4	4-00 10-	Ang inn	
25	Total functional expenses. Add lines 1 through 24f	st 315, 138	6290,035.	€25,103 ·	·
26	Joint costs. Check here		1	1	
	SOP 98-2. Complete this line only if the organization			1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation .		<u> </u>		

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	5451 A1A
2	Savings and temporary cash investments	\$180,172	2	5251,812
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	€ 11,452	4	<u>\$ 9,683</u>
5	Receivables from current and former officers, directors, trustees, key	`		, ,
	employees, and highest compensated employees. Complete Part II	۸.		
ļ	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			,
	Part II of Schedule L		6	·
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a				
1.00	basis. Complete Part Vi of Schedule D			
, h	Less: accumulated depreciation . 10b		10c	
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	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	5191,624	16	6261.495
17		\$13.336	17	\$ 11.738
	Accounts payable and accrued expenses	\$ 4.218	18	6 7,822
18	Grants payable	7/010	19	4 11000
19	Deferred revenue		20	
20	Tax-exempt bond liabilities		21	
21 22	Escrow or custodial account liability. Complete Part IV of Schedule D	113-11-11-11-11-11-11-11-11-11-11-11-11-		
22	Payables to current and former officers, directors, trustees, key employees,			
5	highest compensated employees, and disqualified persons. Complete Part II			•
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	417,554	25	#10 CIN
26	Total liabilities, Add lines 17 through 25	4111227	26	#19,56U
	Organizations that follow SFAS 117, check here and complete			
ß	lines 27 through 29, and lines 33 and 34.	AINI KAN		ANII MOST
27	Unrestricted net assets	\$174,070	27	1241,935
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets	······································	29	······································
:	Organizations that do not follow SFAS 117, check here			
<u>:</u>	complete lines 30 through 34.	,		
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	(0.00
33	Total net assets or fund balances	\$174,070 .	33	0241,935
34	Total liabilities and net assets/fund balances	\$191,624.	34	\$261,495

Form	990 (2009) Delaware Doubeau Bd 20-440	2226	Pa	ge 12
Pa	t XI Financial Statements and Reporting	_		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		V
b	Were the organization's financial statements audited by an independent accountant?	2b	1	
c	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		Ι,	
	review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single 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 audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь	i	

Form **990** (2009)

Schedule D

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Delaware Soutean Board

Employer identification number

	021400000000000000000000000000000000000					1000AC	
Pa	rt I Organizations Maintaining Donor Advise	ed Funds o	r Other Similar	Funds or A	.ccounts. Co	mplete if the	9
	organization answered "Yes" to Form 990, Part IV, line						
		(a) Do	nor advised funds	(b) Funds and ot	her accoun	ts
1	Total number at end of year .		·				
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year .						
5		writing that the	e assets held in dor	or advised fun	ds		
-	are the organization's property, subject to the organization's] Yes "	No No
6	Did the organization inform all grantees, donors, and donor a			can be used o	only		
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?					Yes	☐ No
Pa	rt II Conservation Easements. Complete if the org	ganization ans	wered "Yes" to For	m 990, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organizati						
	Preservation of land for public use (e.g., recreation or p			of an historicall	y important land	l area	
	Protection of natural habitat	•		of a certified his	• •		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservat	ion contribution in t	he form of a co	nservation ease	ment on the	e last
_	day of the tax year.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J 1451
	out of the tall your.				Held at th	e End of the	Tax Year
а	Total number of conservation easements				2a	0 2.114 01 1.110	102 1001
ь	Total acreage restricted by conservation easements				2b		
	Number of conservation easements on a certified historic stru	ruotura malude	nd in (a)		2c		
ر م	Number of conservation easements included in (c) acquired a				2d		
а 3	Number of conservation easements included in (c) acquired a Number of conservation easements modified, transferred, rel		•	Id by the orace		o tov	
3	year	leased, extiligi	distrect, or terrimate	d by the organ	ization during ti	e lax	
4	Number of states where property subject to conservation eas	coment in loor	tod >				
5	Does the organization have a written policy regarding the per			ding of			
•			ng, inspection, nam	Jang Of		Yes [No
e	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,			monto duena ti		_ 162 (140
6							
7	Amount of expenses incurred in monitoring, inspecting, and o				_		
8	Does each conservation easement reported on line 2(d) abov	re satisty the r	equirements of sec	(ION 170(N)(4)(B	,,,,,	7 v [
_	and section 170(h)(4)(B)(ii)?					JYes ∣	No No
9	In Part XIV, describe how the organization reports conservati						na
	include, if applicable, the text of the footnote to the organizat	tion's financial	statements that de	scribes the org	janization's acco	ounting for	
Da	conservation easements. rt III Organizations Maintaining Collections of	f Art Histo	rical Traceura	Or Other 9	Similar Asso	40	
rai	Complete if the organization answered "Yes" to Form			s, or Other s	onimar Asse	15.	
	Complete it the organization answered it es to Form	950, rait IV, II					
4.	Water						
18	If the organization elected, as permitted under SFAS 116, no	•				•	
	treasures, or other similar assets held for public exhibition, ed		search in furtherand	ce of public ser	vice, provide, in	Part XIV, th	e text of
	the footnote to its financial statements that describes these i						
D	If the organization elected, as permitted under SFAS 116, to	-					
	or other similar assets held for public exhibition, education, o	r research in f	unnerance of public	service, provi	de the following	amounts re	lating to
	these items:						
	(i) Revenues included in Form 990, Part VIII, line 1				\$		
	•				> \$		
2	If the organization received or held works of art, historical treat	asures, or othe	er sımılar assets for	financial gain, p	provide		
	the following amounts required to be reported under SFAS 1	16 relating to	these items:				
а	Revenues included in Form 990, Part VIII, line 1		•		\$		
ь	Assets included in Form 990, Part X				\$		

Sche	dule D (Form 990) 2009	Velaware				<u>440222</u>	<u>.0</u>		аде 2
Par	t III Organizations Maintaining C	collections of A	rt, Historical T	<u>reasures, c</u>	r Other S	<u>Similar Asse</u>	ets (con	tinued	2
3	Using the organization's acquisition, access	on, and other record	is, check any of th	e following that	are a signi	ficant use of its	collection	on item	15
	(check all that apply):								
а	Public exhibition	d	I 🔲 Loan or ex	change progra	ms				
ь	Scholarly research	e	Other						
c	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how they further	the organization	n's exempt	purpose in Pa	rt XIV.		
5	During the year, did the organization solicit of								_
	to be sold to raise funds rather than to be m						Yes		No
Par	t IV Escrow and Custodial Arran				to Form 9	90, Part IV, line	9, or		
************	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contribution	ons or other as:	sets not inc	luded			_
	on Form 990, Part X?					L	Yes		J No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:	•					
							Amour	nt	
С	Beginning balance				,	1c			
d	Additions during the year					1d			
е	Distributions during the year		•		,	1e			
f	Ending balance	•			Į	1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			L	Yes	L	J No
<u>b</u>	If "Yes," explain the arrangement in Part XIV		· ·-·						
Par	t V Endowment Funds. Complete						1		
		(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years back	(e) Fou	r years	<u>back</u>
1a	Beginning of year balance					***************************************		********	**********
b	Contributions						 		
C	Net investment earnings, gains, and losses					·	 	****	1111' 1
	Grants or scholarships						 		
e	Other expenditures for facilities								
	and programs						 		
	Administrative expenses			- 		*************	.[*********	
9	End of year balance		<u> </u>	_L			<u> </u>		
2	Provide the estimated percentage of the year	r end balance held a							
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
_	101111 01100 111110111	%			4445				
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administer	rea for the c	organization		V	No
	by:						2-6	Yes	No
	(i) unrelated organizations		• ••		•		3a(i)		_
	(ii) related organizations			•	• • •		3a(ii) 3b	 	
	If "Yes" to 3a(ii), are the related organization						30	1	
Dor	Describe in Part XIV the intended uses of the tVI Investments - Land, Building			n Part X line 1	0				
FOL		(a) Cost or o		st or other	(c) Accu	mulated	(d) Boo	y valu	
	Description of investment	basis (investr		s (other)	depred	1	(u) Bot	- Valu	
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment								
e	Other								_
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10(c))		. •			

Schedule D (Form 990) 2009 d	ser amore aprile	ear or avery	Page.
Part VII Investments - Other Securities.	See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other			
			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13.	(-) Mathed of value	-1
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	
		3031 01 0110 01 7001 1110	Thet value
	-		

		· · · · · · · · · · · · · · · · · · ·	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)			······································
Part IX Other Assets. See Form 990, Part X, III			
	a) Description		(b) Book value
			<u> </u>
	 		
Total. (Column (b) must equal Form 990, Part X, col (B) I		<u></u>	<u> </u>
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability		Amount	
		Amount	,
Federal income taxes			
			
		 , , ,	
		· · · · · · · · · · · · · · · · · · ·	
			
		 [,
			, ,
Total. (Column (b) must equal Form 990, Part X, col (B) li	ine 25.)		,
i otal. (Column (b) must equal Form 990, Part X, col (B) II	(18 23.)		

2. FIN 48 Footnote. In Part XIV, 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. 932053 02-01-10

Sche	dule D (Form 990) 2009	Delaware 3	subodic &	H	20	-4462320 Pag	e 4
	t XI Reconciliation of Change in Net Assets fi			ncial Stat	emen	ts	_
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		83,003	
2	Total expenses (Form 990, Part IX, column (A), line 25)			. 2	\$31	5,138	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	516	7.865	
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			. 6			
7	Prior period adjustments		-	7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			
10	Excess or (deficit) for the year per audited financial statements	s. Combine lines 3 and	19	10	5	67.865	
Pa	t XII Reconciliation of Revenue per Audited Fi			enue per	Retur	n '	
1	Total revenue, gains, and other support per audited financial s	statements	<u></u>		1	\$217.113	
2	Amounts included on line 1 but not on Form 990, Part VIII, line	12:					
а	Net unrealized gains on investments		2a				
b	Donated services and use of facilities		2ь				
c	Recoveries of prior year grants		2c		_		
d	Other (Describe in Part XIV.)		2d				
e	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on li	ne 1 :					
а	Investment expenses not included on Form 990, Part VIII, line	7b .	4a		-}		
b	Other (Describe in Part XIV.)		46 \$165	390	_		
c	Add lines 4a and 4b			•	4c	#165,990	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990,			·	5	8383,003	
Pa	t XIII Reconciliation of Expenses per Audited F	inancial Stateme	ents With Exp	enses pe	r Retu		
1	Total expenses and losses per audited financial statements				1	9149,248	
2	Amounts included on line 1 but not on Form 990, Part IX, line 3	25:	1 1				
a	Donated services and use of facilities	• • •	2a		-		
p	Prior year adjustments		2b		-		
c	Other losses		2c				
d	Other (Describe in Part XIV.)	•	2d		╡╻┤		
e	Add lines 2a through 2d		•• •	• •	2e		
3	Subtract line 2e from line 1		•	•	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line		1451		}		
a	Investment expenses not included on Form 990, Part VIII, line Other (Describe in Part XIV.)	/b	4a 6 1 8	(101)	\dashv \mid		
p	Add lines 4a and 4b		45 5165	4210	4c	·\$16599A	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 99)	n Part Lline 18	• • • •		5	5315 139	
Pa	t XIV Supplemental Information	5, 1 di (1, m/o 10.)		······		-3121120	_
	plete this part to provide the descriptions required for Part II, lin	es 3, 5, and 9; Part III	lines 1a and 4: I	Part IV. lines	1b and	2b: Part V. line 4: Par	
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2						•
·		•		•			
_k	it XII June 4B Other adjustin	ionti					
	A. I A THE PLA	ر میلکه ۱۸	αλ				
	Ussessments Rentled to U	<u>5B -\$165,8</u>	90			·	
		•					
Da	st XIII Luie 4B Other						
	1. D Hand -	8 USB - \$16	< 400				
	Ussessments Remuted &	8 WIN - 16	7 ¹ 810 ·				
		····					_
					_		

932054 02-01-10 Schedule D (Form 990) 2009

		Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	s to Organizations in the United Star	se		2009
	Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" on Fo ▶ Attach to Form 990.	on Form 990, Par m 990.	1 IV, line 21 or 22.		Open to Public Inspection
lame of the organization Delawaye	e choubean	ern Board	-P				Employer identification number
General Information on Grants and Assistance	nd Assistance						
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the select	è
criteria used to award the grants or assistance? Describe in Part IV the organization's procedure:	stance? cedures for monito	 pring the use of grant	funds in the Uniter	States.		· :	Yes No
Part il Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	Organizations in the	United States. C	complete if the orga	anization answered *	Yes to Form 990, Part	V, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient ceeived more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (4) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or go	55,000. Check this to (b) EIN	box if no one recipier (c) IRC section if applicable	(d) Amount of cash grant	an \$5,000. Use Pa (e) Amount of non-cash assistance	ut IV and Schedule I: (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	al space is needed . • (h) Purpose of grant or assistance
United Southean Board	43-1592277		8165,990				
University of Jelaware	21-6600397		114,396				
Schillinger Genetics	42-1486 153		88tiby				
Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	nd government org	anizations					
The total number of ourier organizations	A A Market	1000	for Form 000			-	0000 0000

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990; Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009
Part III Grants and Oth

Page 2

30 HHO 2320

(a) Type of grant or assistance	(b) Number of reciplents	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		;			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: UNITED SOYBEAN BOARD	SOYBEAN	BOARD - W	- WE ARE REQUIRED BY	IRED BY	
FEDERAL LAW (1990 FARM BILL SOYBEAN		AND RESEAR	PROMO AND RESEARCH ORDER) TO	TO SEND 1/2	
OF OUR COLLECTED ASSESSMENTS TO THE		HEY ARE AL	USB. THEY ARE AUDITED YEARLY AND	LY AND	
CLOSELY MONITORED BY THE USDA.					

- WE HAVE A RESEARCH AUDIT PRODECURE IN PLACE CONSISTING OF RESEARCH GRANTS

A RESEARCH AUDIT COMMITTEE (COMPRISED OF MEMBERS OF THE DELAWARE SOYBEAN

BOARD OF DIRECTORS) AND A FORMAL WRITTEN PROCEDURE FOR CHOOSING AND AUDITING

A SAMPLE OF RESEARCH GRANTS EACH FISCAL YEAR.

932102 02-02-10

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

OMB No 1545-0047 Open to Public -Inspection

Delaware Joybean Board

Employer identification number 20-4402220

form 990, part i, item k, other organization type: QSSB
QUALIFIED STATE SOYBEAN BOARD
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXPANSION OF US SOYBEAN MARKET AND SOYBEAN RESEARCH.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PRESENTED TO TREASURER
FOR REVIEW AND SIGNATURE. COPY IS SUPPLIED AT BOARD MEETING FOR DIRECTOR
REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C: DURING EACH AUGUST BOARD MEETING
(BEFORE THE BEGINNING OF THE NEW FISCAL YEAR), EACH DIRECTOR SIGNS A NEW
CONFLICT OF INTEREST POLICY SHEET. IF A VOTE IS REQUIRED WHERE CONFLICT OF
INTEREST OCCURS, THE DIRECTOR(S) RECUSE THEMSELVES FROM THE VOTE. THIS IS
NOTED IN MINUTES OF MEETINGS. IF A NEW CONFLICT OF INTEREST ARISES DURING
THE YEAR, THE DIRECTOR INFORMS THE BOARD AND SIGNS A NEW CONFLICT OF
INTEREST STATEMENT.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST STATEMENTS, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON
REQUEST. ANNUAL FISCAL YEAR FINANCIAL STATEMENT IS PROVIDED AS A PART OF
OUR ANNUAL REPORT WHICH IS MAILED TO OUR FARMER MAILING LIST AND IS
AVAILABLE AT VARIOUS MEETINGS AND EVENTS.
Form 990, Part II, Line Ze
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.