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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Form **990** (2014)

Cat. No. 11282Y

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

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Jestenhor 30,20 For the 2014 calendar year, or tax year beginning October 2014, and ending Check if applicable. C Name of organization delanare D Employer Identification number Soupean Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) \Box Room/suite E Telephone numbe Name change Initial return or town, state or province, country, and ZiP or foreign postal code Final return/terminated Amended return **G** Gross receipts \$ F Name and address of principal difficer: H(a) Is this a group return for subordinates? Yes Application pending H(b) Are all subordinates included? 🔲 Yes 🔲 No If "No." attach a list, (see instructions) 501(c)(3) **⊠**501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status: Website: ▶ H(c) Group exemption number ▶ Form of organization: Corporation Trust Association ☑ Other ► Non Drost L Year of formation: M State of legal domicile: Part I Briefly describe the organization's mission or most significant activities: Check this box Diff the organization discontinued its operations or disposed of more than 25% of its net assets. Governance 2 Number of voting members of the governing body (Part Vi, line 1a) 0 Activities & Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2014 (Part V. line 2a) 5 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year R Contributions and grants (Part VIII, line 1h) . Revenue Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 **16a** Professional fundraising fees (Part-IX, column (A), line 11e) . . . Total fundraising expenses;(Part.IX, column (D), line 25) ▶ THE PROPERTY. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 18 Total expenses, Add lines-13-17 (must equal Part IX, column (A), line 25) 62 19 Revenue less expenses. Subtract line 18 from line 12 .450 6 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) **6**343 21 Total liabilities (Part X, line 26) . . Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Date Sign Here Type or print name and title Date Print/Type preparer's name Preparer's signature Check Paid self-employed Preparer Firm's EIN ▶ Firm's name_ **Use Only** Phone no. Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see Instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

	10(2014) delaware vouveau Ko 20-4402220	Page 2
Part	Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	<u>. L</u>
·	To collect assessments & disturse to more y collected to find Arrived rollect to dutaril metting prometion of spulse of & now user soulised ed and soulised to reduce production costs to forwels	Lucab
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	⊠No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	⊠ No
4	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measi expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
48	(Code:) (Expenses \$ 195,395 including grants of \$) (Revenue \$)
	Required by Jederal low to Journal Y2 of doses amonto	
	collected to the United Souleon Sd	
	CONTROL TO THE CONTROL OF THE CONTRO	
4b	(Code:) (Expenses \$ 69,751 including grants of \$) (Revenue \$	
	To fund in - State (Odsward) research	
	······································	
	•••••••••••••••••••••••••••••••••••••••	
		
4c	(Code:) (Expenses \$ 164, 943 including grants of \$) (Revenue \$	_)
	Prime train of Sauleons at various Sours & mostron, educat	ious
	phograma an Doyleans + this many uses + Communicat	سيه
	each aver apport amorgans restrictes be worly a	2.4
	and Univel Keport/Yleuslettels	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ►5430,091.	90 (2014)
	rom ex	(EUIY)

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Part IV **Checklist of Required Schedules** No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a b Did the organization report an amount for investments—other securities in Part X. line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X... 11f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 22 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 23 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 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 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 4,300 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV . . . 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

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Part						
	Check if Schedule O contains a response or note to any line in this Part V					
4.			Yes	No		
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9.5	-	* 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Ib Did the organization comply with backup withholding rules for reportable payments to vendors and	400				
·	reportable gaming (gambling) winnings to prize winners?	1c				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	100) et		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	. *	- 1	ř.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u> </u>		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1675	· .			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		λ		
b	If "Yes," enter the name of the foreign country: ▶	30	22.72			
	See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts	2		A ^{SU}		
_	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	├	X		
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6а		V		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		1.7.		
	gifts were not tax deductible?	6ь		_		
7	Organizations that may receive deductible contributions under section 170(c).	3 3	3 33	. 185 W.		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	13.6				
	and services provided to the payor?	7a	ļ	LX.		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	<u> -</u>		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х		
_	If "Yes," indicate the number of Forms 8282 filed during the year		75.2	2,270°		
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		\-		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	1		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	2.50	36 3 5 6 26 3 5 6	37.53		
	sponsoring organization have excess business holdings at any time during the year?	8		X		
9	Sponsoring organizations maintaining donor advised funds.			× 60		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Į X		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ .	X.		
10	Section 501(c)(7) organizations. Enter:		*, 21 *, 21	4.2		
a b	Initiation fees and capital contributions included on Part VIII, line 12		18-81	35%		
11	Section 501(c)(12) organizations. Enter:	- ₹:		1		
··a	Gross income from members or shareholders	٠, ٠,	\$ 77. \$ 38	12		
	Gross income from other sources (Do not net amounts due or paid to other sources	-	3	1		
	against amounts due or received from them.)	182	,	5, 12		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	- C	14 15	. j		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	(%)	100	4,		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 			
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	3		17 N 68-7		
	the organization is licensed to issue qualified health plans	. 3.3				
	Enter the amount of reserves on hand	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Did the organization receive any payments for indoor tanning services during the tax year?	148		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		=		
			000	10044		

Form 99	Delaware Soybean Bd 20-1	44022 Qage 6
Part \	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. S	ee instructions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>
Section	on A. Governing Body and Management	
		Yes No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	
	if the governing body delegated broad authority to an executive committee or similar	
	committee, explain in Schedule O.	
b	Enter the number of voting members included in line 1a, above, who are independent \cdot 1b \cdot	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	The state of the s
	any other officer, director, trustee, or key employee?	2 Y
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3 >
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 4
6	Did the organization have members or stockholders?	6 ×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a 😾
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	'"
_	stockholders, or persons other than the governing body?	7b \
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	\$ 19 P. 14
	the year by the following:	
а	The governing body?	8a ×
р	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 reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	g X
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	
		Yes No
	Did the organization have local chapters, branches, or affiliates?	10a X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a Y
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	
	describe in Schedule O how this was done	12c X
13	Did the organization have a written whistleblower policy?	13
14 15	Did the organization have a written document retention and destruction policy?	14 X
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	[2] [3] [42] A [42] 4
а	The organization's CEO, Executive Director, or top management official	15a X
b	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).	15 mg 30 g
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	
	with a taxable entity during the year?	16a X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	
	organization's exempt status with respect to such arrangements?	18b
Section	on C. Disclosure	<u>,</u>
17	List the states with which a copy of this Form 990 is required to be filed ▶	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	terest policy, and
	financial statements available to the public during the tax year.	
20 /	State the name, address, and telephone number of the person who possesses the organization's books and re	
مكد	udra Davis, 27137 Scotland PKwy, Jalishury, Md 21801 411)-142-9500 Form 990 (2014)
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Part VII	Compensation of Officers, Directors	ectors, ir	uste	e s,	V6	ун	mpic	ye	es, riignest	Compensated	Employees, and
	Independent Contractors Check if Schedule O contains a re	onee or	noto	٠.	 .	line	in th	in E	Part VIII		
Section A	Officers, Directors, Trustees, Key										<u>····</u>
	te this table for all persons required										with or within the
organization		2 10 50 1100	ou. 11	opo		~	porise	11.01	Tion the sale	ilda your onding	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	of the organization's current office	rs. director	s. tru	stea	es (v	whe	ther i	ndiv	viduals or org	anizations), rega	rdless of amount of
	ion. Enter -0- in columns (D), (E), and										
	of the organization's current key em										
who receive	e organization's five current highes ed reportable compensation (Box 5 n and any related organizations.										
• List al	If of the organization's former office freportable compensation from the compensation									employees who	received more than
	I of the organization's former direc n, more than \$10,000 of reportable co										or or trustee of the
	ns in the following order: individued employees; and former such pers		s or	dire	ecto	rs;	instit	utic	onal trustees;	officers; key	employees; highest
☐ Check t	his box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any currer	nt officer, directo	r, or trustee.
					(0	-					
	(A)	(B)	(do n	ot ch	Posi		than c	ma	(D)	(E)	(F)
	Name and Title	Average	box,	unies	s pe	rson	is both	an	Reportable	Reportable	Estimated
		hours per week (list any		officer and a director/trustee)					compensation from	compensation from related	amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Ja											
(2) Da	in chau									 	
.X -1	lle Blesoina Vice Chair noru	 	1					1			
	athan Juon										_
(4) Rob	reaburer Liniatowski ector Loon Boak rector Atkins rector Lineator Lineator Lineator Lineator Lineator Lineator Lineator Lineator Lineator					ļ <u>.</u>				wati	
(5) (3)	Uniatowski								- 0	1,200	
(6) B ray	udon Boak		<u> </u>				-	Ι.	0		
(7) (ob)	rector		<u> </u>			.		H	my-		
	rector						<u> </u>		<u> </u>		
(8) Fr	d West]`		Ρ				
(9) 42/0	uda Messick			-		-			1		
	rector			<u> </u>	_	<u> </u>			ļ	<u> </u>	
(10)		1	J	1		I	1	(1	1

(12)

(13)

Par	VII Section A. Officers, Directors, Trust	ees, Key E	mplo						compensated E	mployees (continu	ied)		_
	(A) Name and title	(B) Average hours per	er officer and a director/truste			n an	(D) Reportable compensation	(E) Reportab compensation		(F) Estimate n amount o		of		
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N		compe fror organ and	ner ensation in the elization related izations	
(15)														_
(16)														
(17)														_
(18)					-									
(19)					_									
(20)												 		
(21)					-	 								_
(22)								 		<u> </u>				
(23)														_
(24)								 						
(25)														_
1b c d	Sub-total . Total from continuation sheets to Part Total (add lines 1b and 1c)			•				▶ ▶	<u></u>					_
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc						emp	oloyee, or high	est compe	nsated	3	Yes N	<u>о</u> ?:
4	For any individual listed on line 1a, is the organization and related organizations individual													30000
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc	dividua · ·	। <u>स्ट्रि</u> 5		
Section 1	Complete this table for your five highest compensation from the organization. Rep													
	year. (A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
									,					_
														_
	Total number of independent contractor	re (includir	na hi	+	O+ 1	lim!	ed +		nce listed sh	ove) who				
4	received more than \$100,000 of compens							, ii	iose listed adi	OVO) WITO	٠.			٠,

Delaware Soupeau Bd 20-4402220 Page 9

Form **990** (2014)

Par	t VIII	Check if Schedule O contains a response or note	to any line in thi	n Dort VIII		<u>г</u>
		Office it Schedule O contains a response of flore	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	-		•	1 - 1 1 3 7 1
¥ \$	С	Fundralsing events 1c		'	٠.	45
을 펼	d	Related organizations 1d	- ·		 	
Signal S	8	Government grants (contributions) All other contributions, gifts, grants,	<u> </u>		,	1 3 1 3 1 3 1 3
至	'	and similar amounts not included above	一 人名 、 、	1		
草豆	g	Noncash contributions included in lines 1a-1f: \$	-1	1 2		
SE	h	Total. Add lines 1a-1f	OKE MES			
	1	Business Code	• 31,000	\$ 8 7		
Š	2a	Total Assessments Rec'd 900099	6391,253	\$391,253	, ,	1
Program Service Revenue	b					
.છું	C					
38	d					
E	0	All				ļ
Ş	1	All other program service revenue . Total. Add lines 2a-2f	X001.052	P	L	7 G15 - 1
	3	Investment income (including dividends, interest		- 6	,,^ <u>,</u>	The State of the S
	•	and other similar amounts)	\$ 1,112	\$1,112		
	4	Income from investment of tax-exempt bond proceeds ▶	1711.5-	31,116		
	5	Royalties	•			
		(i) Real (ii) Personal			,	1 - 1 8 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	6a	Gross rents		,		
	b	Less: rental expenses		1 2		
	C	Rental income or (loss)	-		- ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	d 7a	Net rental income or (loss)	•			5.22 5
	/ 6	assets other than inventory	\dashv		,	1 3 4 (2) 33 3
	ь	Less: cost or other basis			,	
		and sales expenses .			•	
	С	Gain or (loss)		٠,		
	d	Net gain or (loss)	•			
ø			- ,		3	The same of the
킱	8a	Gross income from fundraising	,		,	1. 18 18 18 18 18 18
ě		events (not including \$ of contributions reported on line 1c).	,		-	
Œ		See Part IV, line 18	`	<i>:</i>	:	
Other Reve	b	Less: direct expenses b			, ,	
0	1	Net income or (loss) from fundraising events .			· ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Gross income from gaming activities.				12.1" X'-3.5
		See Part IV, line 19 a				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b	Less: direct expenses b	`		,	
	C	Net income or (loss) from gaming activities	•		·	
	108	Gross sales of inventory, less returns and allowances	1	. `	٠.	1. 1. 2. 3. 4. 4. 5. 5.
		~ <u></u>	⊣ ````	<u> </u>		
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory >		. `		1 7 3 my 8 my 3 m
	⊢ٽ	Miscellaneous Revenue Business Code	,			. 5 5 - 5
	11a	Miscellaneous 900099	\$160	\$160		7 7 3 5
	b		1 000	700		
	С					
	ď	All other revenue				
	40	Total. Add lines 11a-11d		K - 1 - 1		17 经现代的
	12	Total revenue. See instructions ▶	6452,213	1393,125		

Delaware Janhean Bd 20-440222 Form 990 (2014) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 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 accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): Management Legal C Accounting <u>#3,747</u> Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . 12 Advertising and promotion 04949 **6**444 13 Office expenses Information technology . . . 14 15 Royalties 16 Occupancy <u>s 43</u> 17 Travel £43 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization . #400 \$ 400 23 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) #ILH 942 Mant Contracts C 8 All other expenses Total functional expenses. Add lines 1 through 24e 25

\$459,170 | \$430,091 | \$29,079

Joint costs. Complete this line only if the organization reported in column (B) joint costs

from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

Balance Sheet

Delaware Joylean Bd. 20-440222 DPage 11

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 2 2 Savings and temporary cash investments . . . #326.37° 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 8 8 Prepaid expenses and deferred charges . 9 9 Land, bulldings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b 10c h Less: accumulated depreciation 11 11 Investments -- publicly traded securities 12 Investments - other securities. See Part IV. line 11 . . 12 13 Investments—program-related. See Part IV, line 11. 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other pavables to current and former officers, directors. Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 Temporarily restricted net assets 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Net Assets 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 Total liabilities and net assets/fund balances Form 990 (2014)

Form 9	90 (2014)	Delaware Touteau	BJ	20-4	402 Pe	.000(age 1 2
Par	XI Reconciliation of Net Assets	TELEGIC CAPPIEGE	سد			
	Check if Schedule O contains a response or note to a	ny line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)		1	#450	1 1	13
2	Total expenses (must equal Part IX, column (A), line 25) .		2	\$ 450	7:15	٥
3	Revenue less expenses. Subtract line 2 from line 1		3	(0)0	6.95	57
4	Net assets or fund balances at beginning of year (must equal	Part X, line 33, column (A))	4	\$303	5.56	2
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Sche	dule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 33, column (B))		10	\$ 29	6,6	05
Par	XII Financial Statements and Reporting		<u> </u>	<u></u>		
	Check if Schedule O contains a response or note to a	ny line in this Part XII				. 🗆
					Yes	No
1	Accounting method used to prepare the Form 990: Cash	☐ Accrual ☐ Other				8
	If the organization changed its method of accounting from	a prior year or checked "Other," ex	plain	īn 🔯		8
	Schedule O.					
2a	Were the organization's financial statements compiled or review					V
	If "Yes," check a box below to indicate whether the financial	al statements for the year were com	piled (or 🔯		200
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated	dated and separate basis				
b	Were the organization's financial statements audited by an inc			. 2b	1	Ļ
	If "Yes," check a box below to indicate whether the financial	al statements for the year were audite	ed on	a S		230
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated	<u>.</u>				SEE.
C	If "Yes" to line 2a or 2b, does the organization have a comm				1./	
	of the audit, review, or compilation of its financial statements				IV.	34.50
	If the organization changed either its oversight process or se Schedule O.	ection process during the tax year, ex	plain	in K		

Form **990** (2014)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No. 1545-0047

7	be hwave Jouhean I	Board	Employ	yer identification number 0 - 440 222 7
Par			unds or	
	Complete if the organization answered "			
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benefit conferring impermissible private benefit?		or for any	other purpose
Part	Conservation Easements.			
	Complete if the organization answered '	"Yes" to Form 990, Part IV, line	7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).		
	Preservation of land for public use (e.g., recreated	tion or education) 🔲 Preservatio	n of a hist	orically important land area
	☐ Protection of natural habitat	☐ Preservatio	n of a cert	tified historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualifled conservation contrib	oution in th	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а				2a
ь	Total acreage restricted by conservation easement			2b
C	Number of conservation easements on a certified h			2c
d	Number of conservation easements included in			
	•			2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or	terminate	d by the organization during the
	tax year ▶			
4	Number of states where property subject to conse		t	
5	Does the organization have a written policy required the company of the company o			
_	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, in	aspecting, and enforcing conserva-	tion easen	nents during the year
_	A second to the	-ti		aluda the year
7	Amount of expenses incurred in monitoring, inspec ▶\$	cting, and enforcing conservation e	asements	during the year
		2(d) above eatisfy the requirement	e of section	on 170/b)(4)(B)(i)
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		3 UI 36CIIC	· · · · · · · · · Yes [] No
^	In Part XIII, describe how the organization reports		nue and e	
9	balance sheet, and include, if applicable, the text of	of the footpote to the organization.	s financial	statements that describes the
	organization's accounting for conservation easeme		o manola.	
Part	III Organizations Maintaining Collection		or Othe	r Similar Assets.
· ar	Complete if the organization answered			
1a	If the organization elected, as permitted under SF			ue statement and balance shee
ıa	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the f			
ь	If the organization elected, as permitted under S			
	works of art, historical treasures, or other similar public service, provide the following amounts relat	assets held for public exhibition	, educatio	on, or research in furtherance of
				> \$
	(i) Revenue included in Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of art	, historical treasures, or other sir	nilar asset	ts for financial gain, provide th
_	following amounts required to be reported under S			<u>-</u>
а	Revenue included in Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			> \$

Schedu	le D (Form 990) 2014		De	lawa	ve ha	whe	on Rd d	D-440 2020
Par	III Organizations Maintaining (Collections of	Art, His	torical T	reasures	, br O	her Similar As	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):							
a	☐ Public exhibition	•	d	☐ Loan	or exchang	e prog	rams	
ь	Scholarly research		•					
c	Preservation for future generations							
4	Provide a description of the organization XIII.	on's collections	and expla	ain how t	hey further	the org	ganization's exer	npt purpose in Part
5	During the year, did the organization sassets to be sold to raise funds rather t	han to be mainta						
Pari								
	Complete if the organization a 990, Part X, line 21.							
18	Is the organization an agent, trustee, included on Form 990, Part X?							ot 🗌 Yes 🛄 No
b	If "Yes," explain the arrangement in Par	t XIII and compl	ete the fo	llowing to	able:		T	
						<u> </u>		mount
C	Beginning balance					10		
d	Additions during the year					10		
0	Distributions during the year					16		
f	Ending balance					11		O D Vas D Na
2a	Did the organization include an amount						-	
Par	If "Yes," explain the arrangement in Par Endowment Funds.	t Alli. Check her	e ii the e	kpianatioi	ii nas been	provid	BU III PARL AIII .	<u> </u>
ı cıı	Complete if the organization a	anewered "Vee	" to For	n 990 P	art IV line	10		
	Complete ii the organization a	(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four years back
1a	Beginning of year balance	.,	(-)	, , , , , ,	(-,,			
b	Contributions	110				,		
c	Net investment earnings, gains, and losses	· · · · · · · · · · · · · · · · · · ·						
d	Grants or scholarships		 					
8	Other expenditures for facilities and	······	 				· · · · · · · · · · · · · · · · · · · 	
•	programs							
f	Administrative expenses	· · · · · · · · · · · · · · · · · · ·			 			
g	End of year balance	 	<u> </u>		<u> </u>			
2	Provide the estimated percentage of the	e current vear er	nd balanc	e (line 1a	. column (a)) held	as:	-J
а	Board designated or quasi-endowment		%		, · · · · · · · · · · · · · · ·	,,		
b	Permanent endowment ▶	%	/ -					
C	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c	should equal 10	00%.					
3a	Are there endowment funds not in the	possession of the	ne organi:	zation the	at are held	and ad	ministered for th	e
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
þ	If "Yes" to 3a(ii), are the related organiz							3b
4	Describe in Part XIII the intended uses		on's endo	wment fu	unds.			
Part								
	Complete if the organization a							
	Description of property	(a) Cost or of (investm			or other basis ther)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							
C	Leasehold improvements							
d	Equipment							
8	Other							
Takal	Add lines to the order to Column (d) me	int navial Farm A	00 0-43	/ lum-	101 line 41	1-1		

Schedule D (Fo	m 990) 2014	Delamara	Souheau	B) 21-1	14/1111/ Page 3
Part VII	Investments - Other Securities.	werow wie	Dogreda	000	· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answ	ered "Yes" to Fom	n 990, Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation: -of-year market value
(1) Financial	derivatives			 	
(2) Closely-h	eld equity interests	[
(3) Other		***************************************			
(B)					
(C)					
					
(F) (G)					
(G) (H)					
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Related.			`	*** , , ***
I alt VIII	Complete if the organization answ		n 990 Part IV line	11c See Form	990 Part X line 13.
	(a) Description of Investment	100 10 1011	(b) Book value	(c) Me	thod of valuation: -of-year market value
/4\					
(1)					
(2)					
(4)					
(5)					
(6)	· · · · · · · · · · · · · · · · · · ·				
(7)					
(8)					
(9)					
Total. (Column (L	o) must equal Form 990, Part X, col. (B) line 13.)				· ·
Part IX	Other Assets.		_		
	Complete if the organization answ		n 990, Part IV, line	11d. See Form	
	(a)	Description		.,	(b) Book value
(1)					
(2)		 			
(3)	**************************************	<u> </u>			
(4) (5)					
(6)		· · · · · · · · · · · · · · · · · · ·			
(7)					
(8)			·	***	
(9)					
Total. (Colui	mn (b) must equal Form 990, Part X, co	i. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answ	vered "Yes" to Form	n 990. Part IV. line	11e or 11f. See	Form 990. Part X.
	line 25.				, , , , , , , , , , , , , , , , , , , ,
1.	(a) Description of liability	(b) Book value	17 6 8 11 1 1 1	1 3 1 1 V 1 7 1 E	
(1) Federal In			****		
(2)					
(3)				2.3	
(4)			\$ 6 ° ' '		
(5)					
(6)				• •	San
(7)		···		in the second	
(8)				•	1. A E.S.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedul	Delaware Jouheau Rd		20-44022	20	Page 4
Part		ents '	With Revenue per	Retu	m.
	Complete if the organization answered "Yes" to Form 990, F	Part I	V, line 12a.	_	
1	Total revenue, gains, and other support per audited financial statements			1	B256 815
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				•
а	Net unrealized gains (losses) on investments	28		1 1	
b	Donated services and use of facilities	2b] "	
C	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII.)	2d] .	
Θ	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			` ,	
8	Investment expenses not included on Form 990, Part VIII, line 7b	48		36.	
b	Other (Describe in Part XIII.)	4b	€195.398	- J	
C	Add lines 4a and 4b			4c	\$195,398
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	\$452',a13
Part				er Ret	turn. '
<u> </u>	Complete if the organization answered "Yes" to Form 990, F	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	<u>\$263.712</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			٠, ٢,	1
а	Donated services and use of facilities	28] 55	
b	Prior year adjustments	2b]: [[
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d]" ؞.;	
0	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		,	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			, 3 ¹ 4	
а	Investment expenses not included on Form 990, Part VIII, line 7b	48		11/03	
b	Other (Describe in Part XIII.)	4b	#19539B	(4
C	Add lines 4a and 4b			4c	-195.398
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	·	5	3459,19B
Part :	XIII Supplemental Information.				•
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P to pro	Part IV, lines 1b and 2t ovide any additional ir	o; Part nforma	V, line 4; Part X, line tion.
Pa	of XI Linetto - Office				
	assaspments collected but som				
	THE TOTAL PROPERTY OF THE PROP	17.0			
	,	•••••			
Pa	rt XII duie 4a - Other				
	assessments remitted to USB	319	5.398		
			34.1		

Schedule D (Fo	rm 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	
••••••		
••••••••		
•••••••••		

SCHEDULE I (Form 990)		.	Grants and overnments	Other Assist, and Individ	tance to Org luals in the L "Yes" to Form 890,	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 890, Part IV, line 21 or 22.		20 14
Department of the Treasury Internal Revenue Service		► Inform	ation about Scher	► Attach to Form 990. dule I (Form 990) and its Instru	o Form 990. Nd its instructions k	► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		Open to Public Inspection
Name of the organization	3	0 eck M	100 C	7				Employer identification number $\mathcal{A} - \mathcal{C} + \mathcal{C} = \mathcal{C} $
Part I General Inf	ation on	ints and	Grants and Assistance					
1 Does the organizat	Does the organization maintain records to substantiate the arther colocition oritoria used to award the grants or assistance?	ds to subst	tantiate the amou	int of the grants or	r assistance, the g	rantees' eligibility fo	e grants or ass	ince, and
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	procedure	s for monitoring t	the use of grant ful	nds in the United	States.		
	Other Assistance 21, for any recipie	ce to Don ent that re	nestic Organiz	ations and Dom	nestic Governm Il can be duplica	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	the organization an	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	ganization (b)	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(N) Purpose of grant or assistance
(1) United Southean		43-159277		\$19539				
(2) Marvey orty of 100	51-600297	024V		991,69 \$				
(3)		-						
(4)	?	,						
(5)								
(9)								
ω								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	3) and gove ions listed	emment organiza in the line 1 table	tions listed in the l	line 1 table			
है	Act Notice, see the fi	nstructions	for Form 990.		ð	Cat. No. 50055P		Schedule ((Form 990) (2014)

(f) Description of non-cash assistance m 890) 2014)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. RESEARCH GRANTS - WE HAVE A RESEARCH AUDIT PRODECURE IN PLACE CONSISTING OF FEDERAL LAW (1990: FARM BILL SOYBEAN PROMO AND RESEARCH ORDER) TO SEND 1/2. A RESEARCH AUDIT COMMITTEE (COMPRISED OF MEMBERS OF THE DELAWARD SOYBEAN (e) Method of valuation (book, FMV, appraisal, other) SCHEDGLE I. PART. I, LINE 2: UNITED SOYBEAN BOARD - NE ARE REQUIRED BY OF OUR COLLECTED ASSESSMENTS TO THE USB. THEY ARE AUDITED YEARLY AND (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients CLOSELY MONIMORED BY THE USDA. • (a) Type of grant or assistance Part IV Part III N က 40

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

A SAMPLE OF RESEARCH GRANTS RACH FISCAL YEAR,

?

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**14**

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Delaware	Soubean	Board	Employer identification number 20 - 440 2220
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•	Part I, Item K ied State Soybe	C,Ot her -Organizat ean Board	L ⊕nT y p⊕tQ5 S B
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Form 990.	Part I. Line 1	, Description of (rganization Mission:
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	. •	,,	rm 990 is preented to the
		signature. Copy	is supplied at Board Medtin
for Dir	ector review.		***************************************
- 1			
• •			ring each August Board Meating ear) each Director signs a
-	•	,	IF a vote is required where
		•	r.(.s.) recuse themselves from
the vote	. This is note	d in Minutes of m	ectings. If a new Confuict
	•		Director informs the Board
and sign:	s a new Conflic	t of Interest stat	ement.
Form 990. Pa	······································	C 71-0 10. Co	ning decurants . Conflidt
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Form 990, Par	t XI, Line 2c:	This process has	not charged from Prior
VASTS		· · · · · · · · · · · · · · · · · · ·	•