Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public

Department of the Treasur

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.

	Inten	nal Revenu	e Service	► Information about	t Form 990 and its ins					Inspection		
	A	For the 2	2015 calen	ndar year, or tax year beginnin	a October 1	, 2015, and e	nding	Sestem	bers	0,2016		
	В	Check if a	pplicable.	C Name of organization	ware Soube	au Board		D	Employe	r identification number		
		Address o	hange	Doing business as					- ልዕ	- 4402227)		
		Name cha	" r	Number and street (or P.O. box if r	mail is not delivered to stree	et address) Roo	m/suite	E	E Telephone number			
		Initial retu		DN BN 319					410	-742-9500		
			/terminated	City or town, state or province, cou	untry, and ZIP or foreign po	stal code						
		Amended			Nd 21803			١	Gross rec	reinte ¢		
	_			F Name and address of principal offi			1			ubordinates? Yes 🔀 No		
		Applicatio	n penung i	rigino and addition or principal only	55 1			• •		included? Yes No		
	_			501(c)(3) X 501(c)	(5) ◄ (insert no.) □	4947(a)(1) or 52				list. (see instructions)		
		Tax-exem Website:	*	L 30 (C/S) CAI 30 (C)	() / (miser no.) L	14347(a)(1) 01 C. 132		H(c) Group ex				
				Corporation Trust Assoc	iation ☑ Other ► Nota	L Year of fo				of legal domicile:		
		art I	Summa		radion 20 Other - MOIV	DS((L lem of)	ornation.		W OLDIO	or logal corrictio.		
				scribe the organization's mis	sion or most significa	nt activities: K	-0	al Prais	.6.	10-4-10		
	•	1	-	n - N						relating to the		
	ğ	لا إ	\ /\	sen of seyleon o				-soyles	لليكنة	vor a tingrices		
	Governance			NO NO WARLU 4 OR SEASON S DOX ► If the organization		T COLLINO		noro than 2	EO/ of it	la nat acasta		
	8		-		•				1 - 1	o net assets.		
	Ğ)		of voting members of the gov					3			
12	Se	t .		of independent voting member					4			
2017,	Activities &			ber of individuals employed					5			
80	₹	1		ber of volunteers (estimate in	• •				8			
0	⋖			elated business revenue from					7a			
		l bi	vet unrela	ated business taxable incom-	e from Form 990-1, II	ne 34	· 	Prior Year	7b	Current Year		
SCANNED MAR				ions and sugate (Doub VIII line	461							
	3	1		ions and grants (Part VIII, line	•			59,098		\$61,041		
山	Revenue	•	_	service revenue (Part VIII, line				391,753		4294, 927		
Z	æ	ľ		nt income (Part VIII, column (\$ 1112		# 1.018		
Z		li .		enue (Part VIII, column (A), lir						4 37		
Ö				nue-add lines 8 through 11				452,213		€357,723		
ഗ				d similar amounts paid (Part				265,149	[—— <u></u>	#233,055		
		1		paid to or for members (Part								
	99			other compensation, employee	•							
	ě			nal fundraising fees (Part IX,			·					
	Expenses			draising expenses (Part IX, co				8 /O./ A A	` -+	Alot didd		
	_			penses (Part IX, column (A), li			`	194,02		\$196,444		
				enses. Add lines 13-17 (mus		FF (A), III (CZP)	· `	459,176	-	4429:499		
		 	revenue i	less expenses. Subtract line	18 from line 12	 0 	Bas	(-46, 957) inning of Curre)	(-671,776) End of Year		
	Not Assets or Fund Balances		-		S FEB 13	2017 (3)						
	Bala	20		ets (Part X, line 16)	Car. 10					\$270,322		
	至	21		ilities (Part X, line 26)	L DGDEN	. UT ' 1 '		£50,55	_	\$ 45,493		
				s or fund balances. Subtract	line 21 from ime 20		<u>- </u>	196,00	2	4334, 876		
	_	art II		ure Block						- I I I A No.		
	Un	der penalt e. correct.	ies of perjur	y, I declare that I have examined this ete. Declaration of preparer (other tha	s return, including accompa an officer) is based on all in	inying schedules and formation of which pre	statemer epa <i>rer</i> ha:	its, and to the s anv knowled:	best of m ge.	y knowledge and belief, it is		
			1 26	L Bart								
	Sig		Sidos	ature of officer				Date				
	SIĘ He		' ' '	^	TIV C	hairman		Date	2/2	3169		
	ne			or print name and title		My Mac		· 	~1.	1.1		
-				or print name and title	Preparer's signature		Date	——т		n PTIN		
	Pa		1,1110,130	o propulor a muno	, ropaidi d aignatuid				Check [self-emp	_ I ff		
	D-		- 1		1		1		-on-on-p	~,~		

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name

Cat. No. 11282Y

Firm's EIN ▶

Phone no.

69

Yes No Form **990** (2015)

Form 99	30 (2015)	delaware	2 Doubeau	Rd a	70-140339	() Pag	ge 2
Part	Statement of Program Service Check if Schedule O contains a	• Accomplishments	1				П
1	Briefly describe the organization's miss		arry tarto arr tario i di c			<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>
	To callet associated with and sylven resource	to + dully uso.	your and some of the soul of t	collecto a new costs to	dt Jurd A use of souls Journal	laioctu La Lau	لم
2	Did the organization undertake any sign	nificant program servic	ces during the year	which were	not listed on the		
	•				(∃Yes <u>D</u>	10
3	If "Yes," describe these new services on Did the organization cease conducting services?	ng, or make significar				⊒Yes X	10
A	If "Yes," describe these changes on Sc Describe the organization's program so		te for each of ite th	ree largest	orogram senices	ae maacurad	l hv
•	expenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any,)(4) organizations are r	equired to report th				
4a	(Code:) (Expenses \$ 147						
	Required by Jado	ral law te	Journa	Y2 of	weenda oda e	<u>L</u>	
	collected to the Un	ited Joylean	Board				
		<u>U</u>					
		,					

4b	(Code:) (Expenses \$ 45,6	92 including gra	ants of \$) (Re	evenue \$)	
	To find in state	_	,				
4c	(Code:) (Expenses \$ 165	692 including gra	ants of \$) (R	evenue \$)	
	Proubling of souls	ins at value	us fairs + v	mooting	4, educati	orol	
	programs on doyle	rans a their	soon judan	7 4 C	nnuncati	بيد	
	of Agyluan Bd at	arg + rativist	grams. His	الموسع	nong roles	404	
	and annual Report	Yourslotter	4				
4d	Other program services (Describe in Sc	chedule O.)					
4e	(Expenses \$ including a final program service expenses ▶ 3	grants of \$) (Revenue \$)		
70	inisi program service expenses 🚩 🔨	10.14/					

Form **990** (2015)

Part	V Checklist of Required Schedules			
	to the control of the		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		W -
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		4
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	. 3		 -
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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	!	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Υ	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<i>_</i>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X.
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		メ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 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
		Forr	n 990	(2015)

	Greenware C. Hoden or Generalized (Continued)		Yes	No
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		1648	70
		20a		7
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	•
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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 Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		S = 32	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X ×
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 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, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Y
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b) /
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		X

Section 501(c)(29) qualified nonprofit health insurance issuers.

Is the organization licensed to issue qualified health plans in more than one state? 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

Did the organization receive any payments for indoor tanning services during the tax year? .

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13a

14a

13b

	Delaware Jayhean Bd 20-444	226		ege 6
Part \				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Pactic	Check if Schedule O contains a response or note to any line in this Part VI	<u></u> -		<u> </u>
Jecui	on A. Governing body and induagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9	33	;), <u>,</u>	,
	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.			•
_	Enter the number of voting members included in line 1a, above, who are independent . 1b	上刻		,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	·	
3	Did the organization delegate control over management dutles customarily performed by or under the direct			_\
•	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		X
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		X
6	Did the organization have members or stockholders?	6		X
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?	l _ l		V
	one or more members of the governing body?	7a		
b	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	330	٠, ١	
	the year by the following:		* .	•
а	The governing body?	8a	X	
_	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			\checkmark
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	300	<u> </u>
BCLIC	on b. Policies (This Section B requests information about policies not required by the internal never	ue Ct	Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			/:
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	امدا		
2a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<u> </u>	
•	describe in Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13		X
4	Did the organization have a written document retention and destruction policy?	14		X
5	Did the process for determining compensation of the following persons include a review and approval by			2
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1 3 1	1	,
	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			<u> </u>
6a	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	3 76		`
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	52		
	organization's exempt status with respect to such arrangements?	16b		
ection 7	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 5016	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	•		
	☐ 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	erest (policy	, and
~~	financial statements available to the public during the tax year.			
20 1	State the name, address, and telephone number of the person who possesses the organization's books and re			1-95
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Fa 000 (2015)		7	14		٠ 🛦	<i>م</i> ی	. /	in hour	Bd 20-4	2(X 1 0 0 \ n = - 7
Form 990 (2015) • Part VII Compensation of Officers, Dir	ectore Te	The	TO TO	ىلل دى	V F	mol		JOUNEUM	Compensated	HAJJAN Page 7
Independent Contractors	001013, 11	usto	03,		·y –		. ,.	.03, 111911031	Compensated	Linployees, and
Check if Schedule O contains a re	snonse or	note	to:	anv	line	a in ti	his i	Part VII		П
Section A. Officers, Directors, Trustees, Key										· · · · · · · ·
1a Complete this table for all persons required										with or within the
organization's tax year.			•			•			•	
List all of the organization's current office	rs, director	rs, tru	ste	es (whe	ther	indi	viduals or orga	anizations), rega	rdless of amount of
compensation. Enter -0- in columns (D), (E), and	(F) if no co	mper	nsat	ion	was	s paid	i.			
 List all of the organization's current key en 	nployees, if	any.	See	ins	truc	tions	for	definition of "l	key employee."	
• List the organization's five current highes	t compens	ated	emj	ploy	'ee s	(oth	er t	han an officer,	director, truste	e, or key employee)
who received reportable compensation (Box 5	of Form \	N-2 a	and/	or 1	Вох	7 of	Fo	m 1099-MIS0	C) of more than	\$100,000 from the
organization and any related organizations.										
• List all of the organization's former office									employees who	received more than
\$100,000 of reportable compensation from the c	-		_			_				
 List all of the organization's former direct 										tor or trustee of the
organization, more than \$10,000 of reportable co	•				-				-	
List persons in the following order: individu		s or	dire	ecto	ors;	insti	tutio	onal trustees;	officers; key	employees; highest
compensated employees; and former such pers										
Check this box if neither the organization nor	any relate	d orga	aniz			ompe	nsa	ited any currer	nt officer, directo	r, or trustee.
					C) ition			}		
(A)	(B)	(do n	ot ch			than o	one	(O)	(E)	(F)
Name and Title	Average hours per							Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any							from	related	other
	hours for related	ar div	nstrt	Officer	ξ	활	Form	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	ect	5	22	a a	oyer c	Φ	(W-2/1099-MISC)		organization
	below dotted	¥ 💆	nelt	·	employee	Ē				and related
	line)	Individual trustee or director	Institutional trustee	ł	ă	98	1		·	organizations
	1		8	·		Highest compensated employee			1	
						<u> </u>	1		 	
11) Jay Barter		·		}						
Chairara		i					Ì	1	ł	
(2) Dale Blessing										
Vice Chairman								1		
(3) Jonathan Snow							Γ		toque	1
					L		<u></u>			
(4) Rob Emerson]			" Poor	
Director		ļ	<u> </u>	L_	L_	<u> </u>	L	1	l pr	
15) Bob Uniatowski					[1 2214	P .	
Director	ļ			Ĺ	L	L	Ļ	(. Da.	\	
(6) Cary Atkins				i	ĺ	М	1	\	ĺ	!
Dilector	 			ļ	ļ	W		ļ		!
M Fred West					-	7		İ	1	
Director	ł	L		L_	<u> </u>		<u>L</u>	<u> </u>	ļ	
	f					4	1			
18) Yalduda Messick										
Treasurer (4) Rob Energon Director (5) Bob Uniatowski Director (6) Cory Atkins Director (7) Fred West Director (8) Yalanda Messick Director (9) Brandon Bonk					_					

(10)

(11)

(12)

(13)

(14)

Form 9	90 (2015)	De	ldi	واه	ure) ,	30	ZT.	beau Ba	1. 20-	4408	222	<u>}_</u>	Page 8
Part	VII Section A. Officers, Directors, Trus	tees, Key E	mpio	yee:			lighe	stC	ompensated E	mployees	continu	ed)		
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos neck is pe	more rson irect	than of the state	an	(D) Reportable compensation from the	(E) Reportation related organization	n from	Est ame comp	(F) imated ount or other ensati	ř
		related organizations below dotted inne)		Institutional trustee) Đị	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-N	MISC)	orga and	m the nization related nization	d
(15)													·	
(16)														
(17)														
(18)												·		
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)				-										
1b	Sub-total					• .	•	•						
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•		٠	>		7		\rightarrow		
2	Total number of individuals (including bur reportable compensation from the organ	t not limited				ed a	above	e) w	ho received m	ore than \$1	00,000	of		
	reportable compensation from the organ	Zation											Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							mp	oloyee, or high	est compe	nsated	3	*21	X
4	For any individual listed on line 1a, is the organization and related organizations individual													
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc				V
Section	on B. Independent Contractors	700, 0	p.	-					aut purcui	· · · · ·	<u> </u>	1 3	L	<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	iress							(B) Description of s	ervices	((C) Compens	ation	
2	Total number of independent contractor							th	ose listed abo	ove) who				
	received more than \$100,000 of compens	ation from	the or	gan	ızati	on l	<u> </u>		·		,	, .		<u>.</u>

Part	AIII	Statement of Revenue	enones or sots t	o any lina in this	<i>I</i> s Part VIII		
, , ,	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Check if Schedule O contains a re	spunse or note t	Total revenue	(B) Relailed or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants Amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations 1c Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	*6(,741				
	g h	Noncash contributions included in lines 1a-1f: \$\textbf{Total.} Add lines 1a-1f	🕨	861741			
Program Service Revenue	2a b c d	Total Assessments Raid	Business Code 9000 9 9	8.294,917	*294,927		
70gra	f	All other program service revenue . Total. Add lines 2a–2f		\$294,927	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· · · · · · · · · · · · · · · · · · ·	,
<u></u>	3 4	Investment Income (including div and other similar amounts)	idends, interest, ►	# 1,018	\$1,018		
	5	Royalties				, , , , , , ,	
	6a b c	Gross rents Less: rental expenses Rental income or (loss)					a tie
	d 7a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other				
	c	and sales expenses . Gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
₽	b c 9a	Less: direct expenses	3.				And Anger - Anger h
	b	Less: direct expenses Net income or (loss) from gaming a				- 11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	10a	Gross sales of inventory, less returns and allowances Less: cost of goods sold	a b				
	С	Net income or (loss) from sales of in	nventory >				<u> </u>
	11a	Miscellaneous revenue	960099	€37	#37		
	c d	All other revenue					
	12	Total revenue. See instructions.	.	8357,723	\$295,988	4	Form 990 (2015

Pari 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 (A) Total expenses (C) (D) Fundraising Do not include amounts reported on lines 6b. 7b. (B) Program service Management and 8b. 9b. and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations #133,055 ₽133,055 and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic individuals. See Part IV, line 22 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 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) . . Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (non-employees): Management а Legal \$4,000 54,000 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.) . . . Advertising and promotion 12 \$ 611 \$ 611 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy . . #703 17 #103 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 . 23 \$400 14 5 1 6 1 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.) Education, Promption, Communication
 Management Contracts
 Miscellaneous B165,692 \$23.383 \$ 23:383 \$ 1,255 All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs #30,752 \$429,499 \$398,747 from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

34

Form 990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash—non-interest-bearing #334.15 (1 0266,290 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 \$10,507 4 Loans and other receivables from current and former officers, directors, 5 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 organizations (see instructions). Complete Part II of Schedule L 6 7 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges . 52,400 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 Investments-other securities. See Part IV, line 11 12 12 13 Investments-program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 #270.312 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 payables to current and former officers, directors, 22 iabilities trustees, key employees, 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 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and **Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 \$296,605 28 28 Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Net Assets or Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 # 224, 419 \$270, 322 33 33

Total liabilities and net assets/fund balances

Form 99	0 (2015). Dehrware Typean Bd	20	-440712 Fage 12
Part	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5357,723
2	Total expenses (must equal Part IX, column (A), line 25)	2	\$429,499
3	Revenue less expenses. Subtract line 2 from line 1	3	(-5)(,1)6)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	\$396,605
5	Net unrealized gains (losses) on investments	5	· · · · · · · · · · · · · · · · · · ·
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		\$124,819
	33, column (B))	10	494,041
Part	XII Financial Statements and Reporting		_
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expected to the control of	olain i	in Yes No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		100 3
b	Were the organization's financial statements audited by an independent accountant?		. 2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	d on	a
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov of the audit, review, or compilation of its financial statements and selection of an independent account		
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	olain i	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	orth i	in 3a
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		
			Form 990 (2015)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization enswered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 111, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

	blaware Soubean T	30 avd	20	over identification number 0 - 4402220
Pa				r Accounts.
	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		11	
5	Did the organization inform all donors and donor funds are the organization's property, subject to the	he organization's exclusiv	e legal control? .	· · · · · 🗌 Yes 🗍 No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	efit of the donor or donor	advisor, or for any	other purpose
Par	Conservation Easements.			
	Complete if the organization answered			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	ation or education)	reservation of a his reservation of a cer	tified historic structure
a	Total number of conservation easements	. <i>.</i>		2a
b	Total acreage restricted by conservation easement			2b
C	Number of conservation easements on a certified I			26
d	Number of conservation easements included in		· ·	26
•	historic structure listed in the National Register .			2d
3	Number of conservation easements modified, trans			
	tax year ▶	,	•	
4	Number of states where property subject to conse	ervation easement is locat	ed ▶	
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea	garding the periodic me	onitoring, inspectio	
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations,	and enforcing consen	
7	Amount of expenses incurred in monitoring, inspectin	ng, handling of violations, a	und enforcing conser	vation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the rec	-	
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easeme	of the footnote to the orga		
Parl	Organizations Maintaining Collections Complete if the organization answered			r Similar Assets.
1a	If the organization elected, as permitted under SF, works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the form	assets held for public e	exhibition, education	n, or research in furtherance of
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relati	assets held for public eing to these items:	exhibition, education	n, or research in furtherance o
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of art, following amounts required to be reported under S	, historical treasures, or FAS 116 (ASC 958) relati	other similar asseting to these items:	s for financial gain, provide the
8	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X			> \$

Schedu	ale D (Form 990) 2015	elaware		halos	u RA	1	0-44122	12)	Page 2
	Organizations Maintaining	Collections of	Art His	torical	Treasure			eats (conti	
3	Using the organization's acquisition, ac								
	collection items (check all that apply):								
а	☐ Public exhibition		d		or exchan	ge progr	ams		
b	☐ Scholarly research		е	☐ Othe	r				
C	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	on's collections a	ınd expl	ain how 1	they furthe	r the org	anization's exem	pt purpose	in Part
5	During the year, did the organization sassets to be sold to raise funds rather the	han to be mainta							☐ No
Par	IV Escrow and Custodial Arran			000	Dank 157 Bra				
	Complete if the organization a 990, Part X, line 21.								
1a	Is the organization an agent, trustee, or included on Form 990, Part X?	custodian or oth		-					[□ No
h	If "Yes," explain the arrangement in Part							☐ Yes	□ NO
b	ii res, explain the arrangement in ran	t Ain and comple	ite ille ic	mownig t	abie.		An	nount	
_	Beginning balance					10			
d d	-		• •			1d	 		
e						1e			
ť			• •			11			
2a	Did the organization include an amount						account liability	Yes	☐ No
b	If "Yes," explain the arrangement in Parl	•	•	•			•		
Par	V Endowment Funds.								
	Complete if the organization a		on For	m 990, l	Part IV, lin	e 10.			
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years back	(e) Four year	rs back
1a	Beginning of year balance								
þ	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
8	Other expenditures for facilities and]						ļ	
	programs						· 		
f	Administrative expenses								
9	End of year balance							L	
2	Provide the estimated percentage of the	•		e (line 1g	, column (a	a)) held a	s:		
8	Board designated or quasi-endowment		-%						
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶	%							
2-	The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the p			ration the	at are hold	and adn	alpiatored for the		
За	organization by:	JUSSESSION OF THE	a Organii	cation the	at alle neid	anu aun	minstered for the	Yes	s No
	•								5 NO
	(i) unrelated organizations (ii) related organizations							3a(i) 3a(ii)	+
ь	If "Yes" on line 3a(ii), are the related organizations.						• • • • •	3b	+
4	Describe in Part XIII the intended uses of					• • •	• • • • •	<u> </u>	
Part									
	Complete if the organization a		on For	m 990. F	Part IV. line	e 11a. S	ee Form 990. F	art X. line	10.
	Description of property	(a) Cost or oth			r other basis		cumulated	(d) Book val	
		(investme	nt)		ther)	dep	preclation		
18	Land					3.			
b	Buildings								
C	Leasehold improvements					<u> </u>			
ď	Equipment								
	Other				لـــــــــــــــــــــــــــــــــــــ				
Total.	Add lines 1a through 1e. (Column (d) mus	st equal Form 99	0, Part >	(, column	(B), line 10	<i>C.)</i>	<u> ▶ i _</u>		

	_			
Schedule	n	Æn-m	2201	2015

Delaware Joyhean Bd 20-4412220 Page 3

	Complete if the organization	answered "Yes" on Fo	orm 990, Part IV, lir	ne 11b. See Forr	n 990, Part X, line 12.
	(a) Description of security or ca (Including name of securi	ategory ty)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	I derivatives				
	held equity interests				
(3) Other		~~~~		<u> </u>	
(A)				 	
(B)	***************************************			 	
(C)					
(D)		·····		 	
(E) (F)			- 	 	
(G)			-		
(H)				 	
	(b) must equal Form 990, Part X, col. (8) line 1			 	
Part VIII	Investments - Program Re		<u> </u>		
	Complete if the organization		orm 990. Part IV. lin	ne 11c. See Form	n 990. Part X. line 13.
	(a) Description of investme		(b) Book value	(c) Me	ethod of valuation: d-of-year market value
(1)					
(2)		·	<u> </u>		
(3)			<u> </u>		
(4)		 		ļ	
(5)					
(6)		. 		 	
(7)			 		
(8) (9)			 	 	
	b) must equal Form 990, Part X, col. (B) line 13	3.) ▶	 		
Part IX	Other Assets.	<u> </u>			
	Complete if the organization	answered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Forn	n 990, Part X, line 15.
		(e) Description			(b) Book value
(1)					
(2)					
_(3)		,			<u> </u>
_(4)					ļ
(5)					
(6)		 		 	
(7)	<u> </u>				
(8)					
(9) Total. (Colu	mn (b) must equal Form 990, Part	X. col. (B) line 15.)			
Part X	Other Liabilities.	<u></u>	_ 		
	Complete if the organization line 25.	answered "Yes" on Fo	rm 990, Part IV, lin	e 11e or 11f. Se	e Form 990, Part X,
1,	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2)					
(3)	··				
(4)					
(5)					
(6)					
(7)					
(8)			 '		
(9)	b) must equal Form 990, Part X, col. (B) line 25				
	r uncertain tax positions. In Part XIII,		note to the organization	n's financial stateme	ents that reports the
a warming iti	and or tall tax positions, in rail Alli,	ווססו טווי וטאנ טאנ טווי יסטוו	too organization	manow oracom	and roperto tre

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	D (Form 990) 2015 De la wave Soube	au B1 20-1	1402221	Page 4
Part		nents With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	s	. 1 12	10.260
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		7.	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	46 4147.463		
C	Add lines 4a and 4b		4c \$ (<i>47,463</i>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	θ 12.)	5 B	357.723
Part			ses per Return	
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1 62	82,036
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	·
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	48		
b	Other (Describe in Part XIII.)	4b 3147.46	3	
-	Add lines 4a and 4b		4c 🕏	142.463_
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Ii	ne 18.)	· · 5 5	419,499
	Supplemental Information.		·	
2; Part	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI. XIII XIIII A - Office. Leaders we ute Collected List remains	t to provide any additi	lonal information.	
Pa	14 VII al : 4a - 10 Al			

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete # the organization assistance "Yes" on Form 800, Part IV, line 21 or 22.

OMB No. 1545-0047 2015

► Attach to Form 990.

Open to Public

Internal Revenue Service	> Indo	medion about Sch	edule i (Form 990) as	nd its instructions	is at www.irs.gov/fo	rm990.	Inspection
Name of the organization De Kudy	e Joukeau	n Boar	rd				20-440222()
	rmation on Grants and						
	on maintain records to sub		unt of the grants o	r assistance, the	grantees' eligibility	for the grants or ass	istance, and
	a used to award the grants						· · · · 🗌 Yes 🗌 No
	he organization's procedu						
	Other Assistance to Do line 21, for any recipient						answered "Yes" on Form ded.
1 (a) Name and address of orgin or government	enization (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistant	
11) United Souber	193-15427	2	#147,463	i			
12) University a			585,033				
(3) Johillinger Gen	42-149645	2	\$12,000				
(4)				·	 	 	
(5)							
(6)							
		}]		1		
(8)							
(9)							
(10)							
(11)							
(12)							
3 Enter total number of	of section 501(c)(3) and gov of other organizations listed	in the line 1 table				· · · · · ·	
For Paperwork Reduction Ad	t Notice, see the instruction	a for Form 990,		C	at. No. 50055P		Schoolule I (Form 990) (2915)

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.

Employer identification number

OMB No. 1545-0047

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

_ 6	Delaware Joyhean Board 120-4401220
*****	Pot 000 Dart T Thomas all and the second sec
	Your 990, Part I, Item K, Chier Organization Type: QSSB
Y	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 preented to the
	Treasurer for review & signature. Copy is supplied at Board Meetin
	for Director review.
	Form 990, Part VI, Section B, Line 12C: During each August Board Meetin
	(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_bccurs,the_Director(s)_recuse_themselves_from
	the vote. This is noted in Minutes of meetings. If a new Confuset
•	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 & 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 & events.
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F	orm 990, Part XI, Line 2c: This process has not charged from Prior
	years
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