20-4402220 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Departr				
Internal	Reve	nue S	Servic	е

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 publications.

Open to Public

Inte	nal Revenu	e Service	► Go to www.irs.g	ov/Form990 for instruc	tions and the	e latest i	nformatio	in. 100	Inspection				
A	For the	2017 cale	ndar year, or tax year beginning	October (, 2017, ar	nd endin	g Seafe	emberi	30,20 (K				
В	Check if a	pplicable	C Name of organization	are Soubarn			· • ·	D Emplo	yer identification number				
	Address o		Doing business as	7				7 100)-440 22 0)				
	Name cha	-	Number and street (or P.O. box if m	all is not delivered to street	address)	Room/sul	te		one number				
	Initial retu	-	PD BOX 319					410	- 242-9580				
$\overline{\Box}$		/terminated	City or town, state or province, cou	ntry, and ZIP or foreign post	al code								
$\overline{\Box}$	Amended		Solishure Md					G Gross	receipts \$				
$\overline{\Box}$			F Name and address of principal offic				H(a) Is this		or subordinates? Yes No				
_	Арричано	ponding				_^<			tes included? Yes No				
	Tax-exem	int ototuci	501(c)(3) \$\sqrt{2} 501(c) (5) ◄ (insert no.) □	1947(a)(1) or [527			a list. (see instructions)				
<u>-</u>	Website:				1947(B)(1) OF L	_ 321 <i>)</i>		oup exemptio	•				
K			Corporation Trust Associa	tion DOther ► Non P	CI I Van	of formati		 -	te of legal domicile:				
_	art i	Summa		Mon Da Other - 1004 P	2100	OI IOIIIIAU		IVI Stat	o or logal domicile.				
			scribe the organization's miss	ion or most significan	t activities:	<u>- 0</u>	1		10/1-1-14/00				
a	' '	orielly de	scribe the organization's miss	A - L Al I- A	Lactivities.	to the	ra pro	masia	relating to the				
Ĕ	د	ayazır	seon of soule on ex	bott morror + h	Mrsh Steam	~ DK:M	engrice.	ry II you	in filter such a second				
약	2	fund.	bo so sittle 40. e dus s s box ► if the organization	discontinued its spor	tions or dis	יר שרמי	f mara th	on 25% o	fito not accoto				
Activities & Coverna									1 115 1161 035613.				
٧			of voting members of the gove						1 9				
ವ್ಯ			of independent voting member	•	•	•		·	 				
≱	1		ber of individuals employed in	_				. 5	<u> </u>				
耋	1		ber of volunteers (estimate if	• •				. 6					
	1		plated business revenue from	· ·				. <u>7a</u>					
뀨.	b 1	vet unrela	ated business taxable income	from Form 990-1, line	34		Orde	. 7b Year	Current Year				
RECEANNED				41 \		-			<u> </u>				
Zĕ.	l .		ions and grants (Part VIII, line			· ·		,541	66,969				
Ş	l .	-	service revenue (Part VIII, line			\cdot \cdot \vdash		304	5355,512				
(g)	1		nt income (Part VIII, column (A				6 1	285	6 971				
-	1		enue (Part VIII, column (A), line				€	_9_	@1,731				
			nue-add lines 8 through 11 (r				\$349		£364.683				
	1		d similar amounts paid (Part I		-		5 187	1,511	6221.991				
	1	•	nefits paid to or for members (Part IX, column (A), line 4)										
S			ther compensation, employee			-10)	·						
Expenses	16a F	Profession	nal fundraising fees (Part IX, c	olumn (A), line 11e)		· · L							
ğ	b⊺	Total fund	Iraising expenses (Part IX, col	umn (D), line 25)	いたナイト]	_	1				
ш	17 (Other exp	enses (Part IX, column (A), lin	es 11a-11d 11 <u>f-24è</u>)	CLIVE	<u> </u>		5544	\$108,697				
	18 T	Total expe	enses. Add lines 13-17 (must	equal Part 🕅 column	(A), line 25)	-142		3,055	6330,68B				
	19 F	Revenue l	ess expenses. Subtract line 1	8 from line 版字 . MA	R 2 9 2019	9. φ	(5-2	3,916)	533,995				
₽ %						85	eginning of	Current Year					
Net Assets or Fund Balances	20 T	Total asse	ets (Part X, line 16)		DEN, U	· T · 📶	\$246	288	6279201				
å B B	21 T	Total liabi	fities (Part X, line 26)			<u></u>	6 45	367	\$ 44,293				
물근	22 N	Vet assets	s or fund balances. Subtract I	ne 21 from line 20	<u> </u>	<u> L</u>	\$ 200	963	\$ 234,908				
Pā	art II	Signati	ure Block						,				
Un	der penalti	es of perjun	y, I declare that I have examined this	eturn, including accompany	ing schedules a	and staten	nents, and t	to the best of	my knowledge and belief, it is				
true	e, correct,	and comple	te. Declaration of preparer (other than	officer) is based on all infor	mation of which	preparer	has any kno	owledge.					
			Tred 11. West	<u>"m</u>				3/19	3/19				
Sig	ın	Signa	ture of officer					Date /	/				
He	re		FRED N. West T	${\mathcal I}$									
		Туре	or print name and title										
Pa	id	Print/Typ	e preparer's name	Preparer's signature		Dat	te	Check	T if PTIN				
	iu eparer								ployed				
	e Only	Firm's na	me ►				F	irm's EIN ▶					
US	e Only	Firm's ad						Phone no.					
Ma	the IRS		this return with the preparer	shown above? (see ins	structions)				Yes No				
			tion Act Notice see the senara	 		Cet No	11282Y		Form 990 (2017)				

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Delaware Toylean Bd 20-4402220

Form **990** (2017)

-	One chist of nequired schedules			
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	+	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	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		_	_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		7
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, IX, or X as applicable.			
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		χ
	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
C	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
a	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
e f	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
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
	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		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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		Χ
6	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		χ
7	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	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
9	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

Form 990 (2017)

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Part IV **Checklist of Required Schedules (continued)** Yes No 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? . 20b 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 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . 24b c 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 25a 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 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? 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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, 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 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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

19? Note. All Form 990 filers are required to complete Schedule O.

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V			. \square
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4		警	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			3.2
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Α.	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1882		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	3	2000 0 000
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
ъа b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		V
b	If "Yes," enter the name of the foreign country: ▶	\$33X	335A	100000
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	58	#C(#EA/NOTE	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-/
•	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		ĺ	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	342		
	and services provided to the payor?	7a		
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
•	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		geody's	The same of the sa
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	State Sci	MCXX
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	71		文
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		×
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor adviced fund maintained by the	SECTION OF THE PERSON OF THE P		
	sponsoring organization have excess business holdings at any time during the year?	8		X_
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	To be seen	~ *****
0	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12		27.8	
1	Section 501(c)(12) organizations. Enter:			
' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		X
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	200	36	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	\prod	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	AL ROSE	CONTRACT OF	学会会
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
ь_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	990	(00-
	·	rorm	23U	(4U1/)

Form 99		actabate to the transfer of th			Page 6
Part	VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a			
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se Check if Schedule O contains a response or note to any line in this Part VI			ions.
Secti	on A	. Governing Body and Management	<u>· · · · </u>		<u>. LJ</u>
			-	Yes	No
1a	Ente	r the number of voting members of the governing body at the end of the tax year $1a$			
		ere are material differences in voting rights among members of the governing body, or			
		e governing body delegated broad authority to an executive committee or similar			
b		mittee, explain in Schedule O.			ŀ
2	Did	r the number of voting members included in line 1a, above, who are independent . any officer, director, trustee, or key employee have a family relationship or a business relationship with other officer, director, trustee, or key employee?			ن
3	-	the organization delegate control over management duties customarily performed by or under the direct	2		/~ _
		rvision of officers, directors, or trustees, or key employees to a management company or other person? .	3		۲
4	Did t	he organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5		he organization become aware during the year of a significant diversion of the organization's assets? . $\;$	5		& X
6		he organization have members or stockholders?	6		X
7a		the organization have members, stockholders, or other persons who had the power to elect or appoint for more members of the governing body?	7.		X
ь		any governance decisions of the organization reserved to (or subject to approval by) members,	7a		
	stoc	cholders, or persons other than the governing body?	7b		X
8		the organization contemporaneously document the meetings held or written actions undertaken during		,	
_	-	ear by the following:	ا	٠,	-
a b			8a 8b	\	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		
		rganization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		7
Section	on B.	Policies (This Section B requests information about policies not required by the Internal Revenue	e Co		
40-	D: 1 +	to annual to the standard to t		Yes	No
		he organization have local chapters, branches, or affiliates?	0a		<u> </u>
_			lob		
11a	Has t	ne organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	l1a	X.	
		ribe in Schedule O the process, if any, used by the organization to review this Form 990.			
		, , , , , , , , , , , , , , , , , , ,	2a	ŷ	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 1 the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	l2b		
·			12c	X	
13		he organization have a written whistleblower policy?	13		¥
			14		~~
15		he process for determining compensation of the following persons include a review and approval by endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	-	l'	5a		·v
		· •	5b		Ź
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions).			/
		he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement a taxable entity during the year?	6a	-	· ½
ь	If "Ye	es," did the organization follow a written policy or procedure requiring the organization to evaluate its			
		sipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		_	<u></u>
			6b	1	
		Disclosure ne states with which a copy of this Form 990 is required to be filed ▶			
18	Secti	on 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 lble for public inspection. Indicate how you made these available. Check all that apply.	501(c	:)(3)s	only)
		wn website Another's website Upon request Other (explain in Schedule O)			
	Desc	ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intercial statements available to the public during the tax year.	est p	olicy	, and
		the name, address, and telephone number of the person who possesses the organization's books and reco	rds:	>	
,	and		95	00	
			Form	990	(2017)

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Form 990 (201	γ · ·		D	وار	u)aı	re	1	٠	hook Bo	1 20-44	1222) F	age '
Part VII	•	rectors, T	ruste	es	, K	еу І	Empl	oye	ee	s, Highest	Compensated	Employees,	an
	Independent Contractors												
Cookland	Check if Schedule O contains a											· · · · · ·	
	Officers, Directors, Trustees, Ke te this table for all persons require											a with or within	n +h
	n's tax year.	id to be lis	leu. I	чөрі	UIL I	COII	iperis	Hatic	Ji 1	ioi trie cale	ndar year endir	g with or within	JI U
	l of the organization's current officion. Enter -0- in columns (D), (E), and								livi	iduals or org	anizations), rega	ardless of amou	int d
• List all	of the organization's current key en	mployees, it	any.	See	ins	stru	ctions	for	r d	lefinition of "l	key employee."		
	e organization's five current highe												
	ed reportable compensation (Box and any related organizations.	5 of Form	W-2	and	or/	Box	(7 o	i Fo	orn	n 1099-MIS	C) of more than	\$100,000 from	n th
• List al	I of the organization's former office freportable compensation from the										employees who	received more	tha
• List all	of the organization's former direct, more than \$10,000 of reportable of	ctors or tru	ıstee	s th	at r	ece	ived,	in t	the	e capacity as		tor or trustee o	f th
List person	is in the following order: individ	ual trustee	s or	dir	ecto	ors;	insti	tuti	on	nal trustees;	officers; key	employees; hig	jhes
	ed employees; and former such pers												
☐ Check th	nis box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ate	ed any curren	t officer, directo	r, or trustee.	
					-	C) lition			ŀ	-			
	(A) Name and Title	(B) Average			neck	mor	e than			(D) Reportable	(E) Reportable	(F) Estimated	
	rano una viso	hours per					is boti or/trus			compensation	compensation from	amount of	
		week (list any hours for	9 2	Inst	Officer	<u>₹</u>	emp	Form		from the	related organizations	other compensation	1
		related organizations	lirect ect	₹	£	8	o de la composition della comp	39	١,	organization N-2/1099-MiSC)	(W-2/1099-MISC)	from the organization	
		below dotted	1 0 E) Bar		Key employee	8 8		,			and related	
		line)	Individual trustee or director	Institutional trustee		8	Highest compensated employee					organizations	
				8	İ		1 8 8						
(1) Jan	Rayton												
Cha	it aidu	†	1										
(2) Dal	e Blessing								Γ				
Vice	2 Chairman	ļ			_		ļ	_	1				
(3) Fred		 					İ				\ \		
(4) Pab	asurer Enerson	 	-			-	 		╁		The state of	<u> </u>	
		í :					<u> </u>	_		" Oon		ļ	
(5) Mike	e Clay						D	(omb	iostos		
(6) TO No	than I now					人	\mathcal{P}						
(7) Fraul	L Humpsa												
(8) Cary	Atkins								T				
(9) Rick	Dickerson												
(10)													
(11)											<u> </u>		
(12)									-				
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A service A se	Par	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees		nd H C)	lighe	st C	ompensated E	mployees	(contin	nued)		
Name and title Average work five any move for the properties of t		(4)	(B)			•	•			(0)	(5)			<i>(</i> E)	
Complete this table on the last of the compensation from related organization and related of the compensation from the compensatio		• •								1 ''		able	Est		
regulated companies to the companies the companies to the companies to the companies to the companies to the companies to the companies to the companies to the companies to the companies to the companies to the companies to the			hours per		er and	dad				compensation	compensati	on from	am	ount of	
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(15)			1	l rec	tit.	顏	<u> </u>	Poy hest	THE THE			-MISC)			
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(25). 1b Sub-total Corporation and the state of the stat			line)	l ust	3		3	🙀	ł			İ	orga	nization	S
(25). 1b Sub-total Corporation and the state of the stat				8	ste			Sat							
117 118 119	(4 (2)		ļ	ļ	-	<u> </u>	├-	8							
(17) (18) (29) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VIII, Section A d Total (add lines 15 and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Ly Section B. Independent Contractors 1 Complete this table for your five highest compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Ly Section B. Independent Contractors 1 Complete this table for your five highest compensation from the calendar year ending with or within the organization's tax year. (A) Description of services (B) Compensation Compensation of independent contractors (including but not limited to those listed "above) who	7.5		 	}		Ī				ļ					
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19 10 120	(18)														
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25 1b Sub-total	(44)		·····		}		J								
25 1b Sub-total	(23)		 			-									
1b Sub-total	329/	••	 												
1b Sub-total	(24)				-				-						
1b Sub-total	37.77		†												
1b Sub-total	(25)												*******		
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person											_				
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Total number of independent contractors (including but not limited to those listed above) who	<u>d</u>							. 1			U				
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Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organi	zation 🕨												
employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation	•	Did the appointion list any farmer of	finar diran					kav. a		lovos or biob	oot oomn		المناه		No Wat i
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3								mp	loyee, or nigh	est comp	ensate		- C.	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											onaction f	, , 		- 34.	X . X
individual	4												h		. F 24
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		-	9100101 1110											1123	X
for services rendered to the organization? If "Yes," complete Schedule J for such person	5		r accrue co	mper	Isati	ion	fron	n anv	unr	related organiz	ation or in	 dividua		1000	1 miles
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	J												Act distant.	A00000	essentia V
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (Description of services (C) (C) (Description of services (C) (Description of services (Description of services) (Description of services) (Description of services) (Description of services) (Description of services)	Section			<u> </u>						······································					
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who			compensate	d ind	epe	nde	ent o	contra	acto	rs that receive	d more th	an \$10	0,000 of		
(A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who															ΙX
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who		year.													
2 Total number of independent contractors (including but not limited to those listed above) who								T							
		Name and business add	ress							Description of se	rvices	ļ	Compens	ation	
											·				
															
		Total number of independent contracts	re linaludia	a but		+ 1:	mito		+b-	nea listed "cho	va) who	A) 150	198X 75 8.86	Top office	₩12 ±
	2								uic	oe noteu abo	ACT MUIO				

Form 990 (2017)

		Check if Schedule O contains a respons	70 01 11000			<u></u>	<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
है है	la	Federated campaigns 1a			19 11 191	gradient auf en ag	
ig of	b	Membership dues 1b]	1 3 0		Sale of State Charles
S, A	C	Fundraising events 1c					1992
Contributions, Giffs, Grants and Other Similar Amounts	d	Related organizations 1d] '.']		" " " " " " " " " " " " " " " " " " "
ıs,	0		6,969			. ,	Peri'm
11 to	f	All other contributions, gifts, grants.	•				
# §		and similar amounts not included above		* ,			T 176 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ng d	9	Noncash contributions included in lines 1a-1f, \$		61 41			
	h	Total. Add lines 1a-1f	Inoss Code	\$6,969			
a l	2a		00099	A256 510	10255517	,	المحالف المسأوي والمالي
Jev.	b	Assessments-13 Durchasers 9	00099	4355,512	#355,512		
8	2		· ·	 			
ervi	q			· · · · · · · · · · · · · · · · · · ·			
SE	9						
Program Service Revenue	f	All other program service revenue .			····		
Pro	g	Total. Add lines 2a-2f	>	5355 512			near a retuent
	3	Investment income (including dividends,					
		and other similar amounts)	>	\$ 971	4971		
	4	Income from investment of tax-exempt bond pr	roceeds >				
1	5	Royalties					
			Personal				, '
	6a	Gross rents .			.]		
	b	Less: rental expenses			}		li
	d	Rental income or (loss) Net rental income or (loss)					•
-	7a		(II) Other				
	·u	assets other than inventory	.,,				,
	b	Less: cost or other basis					,
	_	and sales expenses .					· ,
,	С	Gain or (loss)					•
- 1	d	Net gain or (loss)	>	ĺ		[
une	8a	Gross income from fundraising					
Other Revenue		events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					•
ŧ	ь	Less: direct expenses b					
0		Net income or (loss) from fundraising event	s . >		İ		
		Gross income from gaming activities. See Part IV, line 19					*
	ь	Less: direct expenses b			1		
	C	Net income or (loss) from gaming activities	>				
	10a	Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b			-		
Ĺ	C	Net income or (loss) from sales of inventory					
			ness Code	41.001	61.651		•
- 1		Missellaneous 90	0099	\$1,231	61,231		
1	b					~ 	
1	0	All other revenue					
j	d e	Total. Add lines 11a-11d	<u> </u>	61,231	\$ 1,231		
1		Total revenue. See instructions		#364,683	\$357,714		

Part IX Statement of Functional Expenses

3801/	Check if Schedule O contains a respon				
Do no	Check if Schedule O contains a resport include amounts reported on lines 6b, 7b,	(A)		(C)	
8b, 9	b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	\$221,991	#221,991	建筑 (1000)	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			AND SECTIONS	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			多数数139 年,2013年	m mangeringen.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11 a	Other employee benefits				
b c	Legal	54,150		14,75D	
d e f g	Lobbying		77 July 12 815 615 6	**************************************	
12	(A) amount, list line 11g expenses on Schedule O.)				
13	Office expenses	a265		\$265	
14	Information technology			762	
15	Royalties	·····			
16	Occupancy				
17	Travel	51,774		\$1,774	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	•		,	
19	Conferences, conventions, and meetings .				
20	Interest				
21 22	Payments to affiliates				
23	Insurance	\$400		\$800	·····
24	Other expenses, Itemize expenses not covered		544 (1 40°) 14 (3)	SZEZPATK (JAKA)	SALES MANAGEMENT
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	เมื่อเกี่ยว เรื่อง เรื่อง เรื่อง เรื่อง เการาช ซึ่งสือเรียมนั้น เรียก			
	(A) amount, list line 24e expenses on Schedule O.)		\$1. A		devaca (Samera
a	Education, Promotion + Communication	\$76,119	676,119	4 < 0.1	
b	Miscellaneous Management Contracts	<u> </u>		\$24 413	
c d	Managinent Contracts	0 27 HIS		34,41J	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	#330.688	5298.116	J32.578	
26	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)				
	TOROWING GOT 30-2 (MGC 300-120)		<u> </u>		Form 990 (2017)

F	art X	Balance Sheet	JIAMES CO		
		Check if Schedule O contains a response or note to any line in this P		: :	
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	5240,512	1	#277,004
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	\$ 5,768.	4	12,197
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
(a)		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Aŝ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
	ь	other basis. Complete Part VI of Schedule D Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities	 	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	, ,
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6246 280	16	8219.201
	17	Accounts payable and accrued expenses	9 20 262	17	\$21.916
	18	Grants payable	\$ 25 100	18	#22 377
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . *	action and the first had a second at the second	21	numer of Challen and the Substitute of 1886
ities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
Liabilities	23	disqualified persons. Complete Part II of Schedule L	PARTICIPATION OF THE PROPERTY	22	A Louis de Contraction de Contractio
-	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	•	,	
	00	Total liabilities. Add lines 17 through 25	445040	25	
	26	Organizations that follow SFAS 117 (ASC 958), check here and	45,367	26	644,293
ces		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets	\$20 0,913	28	\$234,988
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
8	30	Capital stock or trust principal, or current funds		30	A THE REAL PROPERTY OF THE PRO
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
إق	33	Total net assets or fund balances	5200,913	33	\$234908
_	34	Total liabilities and net assets/fund balances	\$ 246.240	34	\$279,201
			1		Form 990 (2017)

Form 99	90 (201	Delaware Jayhoan Bd 20	- 441	77777	P	age 1 2
Par	ΧI	Reconciliation of Net Assets		000		
1	Tota	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	40	· · ·	<u> </u>
2		I expenses (must equal Part IX, column (A), line 25)	2	#364	, 68 68	
3		enue less expenses. Subtract line 2 from line 1	3	<u> </u>		
4		assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5		unrealized gains (losses) on investments	5	200	1-41	<u> </u>
6		ated services and use of facilities	6			
7		stment expenses	7	 		
8	Drios	period adjustments	8			
9		r changes in net assets or fund balances (explain in Schedule O)	9			
10		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	-			
		column (B))	10	\$ 23	4,9	d S
Part		Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				
1	If the	ounting method used to prepare the Form 990: Cash Accrual Other organization changed its method of accounting from a prior year or checked "Other," expendule O.	olain ir	i i	Yes	No
•						
2a	If "Y	the organization's financial statements compiled or reviewed by an independent accountant? es," check a box below to indicate whether the financial statements for the year were compwed on a separate basis, consolidated basis, or both:				X
		parate basis Consolidated basis Both consolidated and separate basis				
b		the organization's financial statements audited by an independent accountant?		2b	Ž	Series Series
_		es," check a box below to indicate whether the financial statements for the year were audite	d on a		1	i de la compansión de l
		rate basis, consolidated basis, or both:				
		parate basis Consolidated basis Both consolidated and separate basis				
c		es" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiah	1.236804.2	CAGA NOV	NAME OF STREET
•		e audit, review, or compilation of its financial statements and selection of an independent accou)	
	If the	organization changed either its oversight process or selection process during the tax year, exidule O.				
3a	the S	result of a federal award, was the organization required to undergo an audit or audits as set ingle Audit Act and OMB Circular A-133?) 3a	1)/	1
b		es," did the organization undergo the required audit or audits? If the organization did not under red audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b	107	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	Delaware you'be	ean Bd	ا ا	10 - 440,722D
Pa			r Similar Funds	
	Complete if the organization answered "	Yes" on Form 990, P	Part IV, line 6.	
	-	(a) Donor advised	d 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	organization's exclusi	ive legal control? .	· · · · · 🔲 Yes 🗌 No
6	Did the organization inform all grantees, donors, ar			
	only for charitable purposes and not for the benefit			
	conferring impermissible private benefit?	<u> </u>		· · · · · 🔲 Yes 🗍 No
Par	Conservation Easements.			
	Complete if the organization answered "			
1	Purpose(s) of conservation easements held by the o	•		
	Preservation of land for public use (e.g., recreation)	· —		· · · · · · · · · · · · · · · · · · ·
	Protection of natural habitat	∐ F	Preservation of a c	ertified historic structure
^	Preservation of open space			Ab a farmer of a consequentless
2	Complete lines 2a through 2d if the organization heleasement on the last day of the tax year.	d a qualified conservat	tion contribution in	Held at the End of the Tax Year
_	-			
a _				2a
b	Total acreage restricted by conservation easements Number of conservation easements on a certified his			
c d	Number of conservation easements included in (conservation)		• •	
-				2d
3	Number of conservation easements modified, transf			
	tax year ▶	J		,
4	Number of states where property subject to conserv	ation easement is loca	ated ▶	
5	Does the organization have a written policy rega			ion, handling of
	violations, and enforcement of the conservation ease			
6	Staff and volunteer hours devoted to monitoring, inspectir	ng, handling of violations,	and enforcing conse	ervation easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting	, handling of violations,	and enforcing cons	ervation easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2			
	and section 170(h)(4)(B)(ii)?			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports co			
	balance sheet, and include, if applicable, the text of organization's accounting for conservation easemen		janization's financi	al statements that describes the
Dod			roaduras or Oth	or Similar Assets
Part	Complete if the organization answered "Y	-		er Similar Assets.
10	If the organization elected, as permitted under SFA			anue statement and balance sheet
ıa	works of art, historical treasures, or other similar a			
	public service, provide, in Part XIII, the text of the for			
b	If the organization elected, as permitted under SF/			
	works of art, historical treasures, or other similar a			
	public service, provide the following amounts relating			,
	(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, h	nistorical treasures, or	other similar ass	ets for financial gain, provide the
	following amounts required to be reported under SFA			
а	Revenue included on Form 990, Part VIII, line 1 .			> \$
h	Assets included in Form 990, Part X			> ¢

Sched	ie D (Form 990) 2017	7	د ما ما	4.64.0	101	01	20-4402	120	Page 2
	t III Organizations Maintaining	Collections	f Art. Hi	storical	Treasure	s or Oth	er Similar As	eate (conti	
3	Using the organization's acquisition,	accession, and	other rec	ords, che	ck any of t	he follow	ing that are a s	ignificant us	e of its
	collection items (check all that apply)		011101 100	J. 40, 01.10	on any or .	101011	ing that are a c	grimourit us	o oi no
а	☐ Public exhibition		d		n or exchar	an progr	ame		
b	Scholarly research		_						
c	Preservation for future generation	•	е	L) Oilli	51 				
4	Provide a description of the organiza		and ava	lain how	thay furtha	r tha aras	mizationia ovon	ant nurnoso	in Dort
•	XIII.	ador a collections	and exp	iain now	may furtile	i the orga	inization s exem	ipt purpose	III Fan
5	During the year, did the organization	solicit or rossiu	o donatio		biotovical	•	a. atl aluella		
3	assets to be sold to raise funds rather								- N-
Dag	t IV Escrow and Custodial Arra		italised as	partorti	16 Olyaniza	MOITS COR	BCHOTT	Yes	□ No
r ar	Complete if the organization	•	o" on Eo	000	Dort IV Jim				
	990, Part X, line 21.	i allowered Te	is Ullru	m sso,	rarity, m	1 0 9, 01 11	eported an an	iount on Fo	17711
10	is the organization an agent, trustee	oustadian or o	ther inter	modion, i	for contribu	tions or	other resets no	<u></u>	
10	included on Form 990, Part X?								N
L								☐ Yes	⊔ мо
Ь	If "Yes," explain the arrangement in P	art xiii and comp	piete tne r	ollowing	table:			nount	
_	De electron trata					-	A	riourit	
C	Beginning balance					1c			
d	Additions during the year					1d			
8	Distributions during the year					10			
1	Ending balance					<u> 1f</u>	L		
2a	Did the organization include an amount								NO ⊢
	If "Yes," explain the arrangement in P. t V Endowment Funds.	art XIII. Check ne	ere if the e	xpianatic	on nas beer	provided	on Part XIII .	<u> </u>	
Par		onoward #Va	o" on Eo	000	Dort IV lin	- 10			
	Complete if the organization	(a) Current year		ior year	(c) Two year		d) Three years back	(e) Four year	- back
4.	Danimin of war balance	(a) Current year	(10)	ioi yeai	(C) TWO yes	ara back (u) Three years back	(e) Four years	S DACK
1a	Beginning of year balance								
b	Contributions		 		 			ļ	
С	Net investment earnings, gains, and losses								
					 				
	Grants or scholarships		. 		 			 	
е	Other expenditures for facilities and programs							1	
					 		····	ļ	
f	Administrative expenses				 -			 	
g	End of year balance		11. 1	n' - 4				L	
2	Provide the estimated percentage of t	•		se (line 1	g, column (a	a)) neid as	5 :		
a	Board designated or quasi-endowmer		%						
b	Permanent endowment ► Temporarily restricted endowment ►	[%]							
С	The percentages on lines 2a, 2b, and		10006						
За	Are there endowment funds not in the			zation th	at are held	and adm	inistered for the		
oa	organization by:	5 P0000000001011 01	ino organ	zanon in	at are riore	and adm	and the training		No
	*							3a(i)	110
	(i) unrelated organizations (ii) related organizations							3a(ii)	┼
L	If "Yes" on line 3a(ii), are the related or							3b	
4	Describe in Part XIII the intended uses							00	ــــــــــــــــــــــــــــــــــــــ
Part			3 9110	, 11110/IL)					
ran	Complete if the organization		s" on Foi	ന്ന മേവ	Part IV lin	م 11a S	ee Form 990 I	Part Y line	10
	Description of property	(a) Cost or			or other basis		cumulated	(d) Book valu	
	Description of property	(a) Cost or o			other)		reciation	(u) book valu	
	Lond			 `		 		 	
1a	Land	·		 					
b	Buildings	·		 	 	 			
C	Leasehold improvements	·							
d	Equipment			 		 			
e Takal	Other		200 Port	V 00/100	2 /P) line 1/	201			
I OTAL	which under the infounding $P(t) = P(t) = P(t)$	us enual enm !	zau Pall.	n canann		dia. I			

. . .

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

(6) (7) (8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

Earl XII Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, agains, and other support per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 3 Net urrealized gains (losses) on investments. 4 Donated services and use of facilities. 5 Donated services and use of facilities. 6 Donated services and use of facilities. 7 Amounts included on Form 990, Part VIII, line 12: 8 Amounts included on Form 990, Part VIII, line 7b. 9 Amounts included on Form 990, Part VIII, line 7b. 1 Amounts included on Form 990, Part VIII, line 7b. 1 Amounts included on Form 990, Part VIII, line 7b. 2 Total revenue, Add lines 3 and 4e. (This must equal Form 990, Part II, line 12). 1 Total expenses and losses per audited financial Statements With Expenses 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 Total expenses and losses per audited financial statements. 1 Total expenses and losses per audited financial statements. 1 Total expenses and losses per audited financial statements. 1 Total expenses and losses per audited financial statements. 1 Total expenses and losses per audited financial statements. 2 Amounts included on fine 1 but not on Form 990, Part IV, line 25: 2 Donated services and use of facilities. 2 Donated services and use of facilities. 2 Donated services and use of facilities. 5 Donated services and use of facilities. 6 Donated services and use of facilities. 1 Description of facilities. 1 Description of facilities. 1 Description of facilities. 1 Description of facilities. 2 Description of facilities. 2 Description of facilities. 2 Description of facilities. 2 Description of facilities. 3 Description of facilities. 4 Description of facilities. 5 Description of facilities. 5 Description of facilities. 5 Descripti	Schedu	le D (Form 990) 2017 De la corre JA	h	can Bd. A	\-44	FORTAL) Page 4
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 3 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 Recoveries of prior year grants 6 Cither (Describe in Part XIII.) 6 Add lines 2a through 2d 7 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 12 9 Other (Describe in Part XIII.) 9 Cadd lines 4a and 4b 9 City 7, 756 9 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per audited financial Statements With Expenses per Return. 1 Total expenses and losses per audited financial statements With Expenses per Return. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 9 Conglete if the organization answered "Yes" on Form 990, Part IX, line 12a. 1 Total expenses and losses facilities 9 Prior year adjustments 1 \$\frac{3}{2}\$ 153 932 \$\frac{2}{2}\$ 9 Prior year adjustments 1 Other (Describe in Part XIII.) 1 Amounts included on Form 990, Part IX, line 25: 9 Content tine 2e from line 1 1 Amounts included on Form 990, Part IX, line 25: 9 Content tine 2e from line 1 1 Amounts included on Form 990, Part IX, line 25 but not on line 1: 9 Investment expenses not included on Form 990, Part VIII, line 70 1 Other (Describe in Part XIII.) 1 Cadd lines 3a and 4c. (This must equal Form 990, Part I, line 18.) 2 Part XIII Supplemental Information. 2 Part XIII Inse 2d and 4b; and Part XII, lines 2d and 4b, Also complete this part to provide any additional information. 2 Part XIII Inse 2d and 4b; and Part XII, lines 2d and 4b, Also complete this part to provide any additional information. 3 Part XIII Supplemental Information. 3 Part XIII Supplemental Information. 3 Cadd lines 4a and 4b Alb Also complete this part to provide any additional information. 3 Part XIII Supplemental Information.	Part					
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b Donated services and use of facilities c Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b c 172, 756 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 2a through 2d 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 but (Initial Expenses) 5 Add lines 2a through 2d 5 Subtract line 2e from line 1 5 Cherry (Describe in Part XIII.) c Add lines 2a through 2d 5 Subtract line 2e from line 1 5 Cherry (Describe in Part XIII.) c Add lines 2a through 2d 5 Subtract line 2e from line 1 5 Cherry (Describe in Part XIII.) c Add lines 2a through 2d 5 Subtract line 2e from line 1 5 Cherry (Describe in Part XIII.) c Add lines 2a through 2d c 2e c 1 Cherry (Describe in Part XIII.) c Add lines 2d and 4b. C 10 Cherry (Describe in Part XIII.) c Add lines 2d and 4b. C 2e c 1 Cherry (Describe in Part XIII.) c Add lines 2d and 4b. C 2e c 2 Cherry (Describe in Part XIII.) c Add lines 2d and 4b. C 2e c 2 Cherry (Describe in Part XIII.) c Add lines 2d and 4b. C 2e c 2 Cherry (Describe in Part XIII.) c Add lines 2d and 4b. C 2e c 2 Cherry (Describe in Part XIII.) c	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1.7	
c Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12.) Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Fart XIII Supplemental Information. Provide the descriptions required for Part II, lines 25, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XII. Supplemental Information. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 2d and 4b, Also complete this part to provide any additional information. Part XIII Supplemental Information.	а	Net unrealized gains (losses) on investments	2a		s ,	
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not 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 Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities Prior year adjustments C Other (Describe in Part XIII.) Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses and dec. (This must equal Form 990, Part I, line 18.) 5 \$ 330, 658 Part XIII Supplemental Information. Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 \$ 330, 658 Part XIII Supplemental Information. Add lines 2d and 4b, and Part XII, lines 2d and 4b, Also complete this part to provide any additional information.	b	Donated services and use of facilities	2b] ,	
e Add lines 2a through 2d . 2e . 3 Subtract line 2e from line 1 A 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 . 4b . 6 177, 756. Add lines 4a and 4b . 4c . (This must equal Form 990, Part I, line 12) . 5 . 63(44, L63) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities . 2a . 3 Prior year adjustments . 2b	C	Recoveries of prior year grants	2c			
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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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 63(41, 53) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Investment expenses not included on Form 990, Part IVI, line 15 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4b. (This must equal Form 990, Part II, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X, line 25 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X, line 2 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part XIII Supplemental Information.	e	• • • • • • • • • • • • • • • • • • •			2е	
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		XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	pro	vide any additional in	forma	tion.
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Schedule D (Form 990) 2017

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047	Once to Dublic
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Employer identification number

% U Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance 20-4402220 □Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash \$177.75G \$7,500 単上でか grant (c) IRC section (if applicable) Boord the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 52-609033 43-159201 51-6000297 Bubean (E) Princess Apre A 41853 1410 A. Del Research Chick 1) Uncled Soubeau Bd (63 US) 1 (a) Name and address of organization Delaware or government (3) LAMES Part II Part I

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Schedule I (Form 990) (2017)

Cat. No. 50055P

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

2 6

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

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.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Delaware

➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

20-44021)

	form 190, Part I, Item K, Okkar Official Lon-Type: Q55B
	Qualified State Soybean Board
	Form 990. Part I. Line 1. Description of Organization Mission:
	Expansion of US Soybean Market and Soybean Research
٠,	Form 990; Part VI, Section B; Line 11: Form 990 is preented to the
-	Freesurer for review & signature. Copy is supplied at Board Meetin
سو ،	for Director review.
	Form 990, Part VI. Section B, Line 120: During each August Board Mastir
	. (hefor the heginning of the new figural year) . each Director signs a
•====	new Conflict of Interest Policy Sheet. IF a vote is required where
•••••	
********	conflict of interest becurs with himselves (s) recurs themselves from
	the vote. This is noted in Hinutes of meetings. If a new Confust
	of Interest arises during the year, the Director informs the Board
	and signs a new Conflict of Interest statement.
For	m 990, Part VI. Section C. Line 19: Governing documents. Conflict
•	of Interest Statements & Financial Statements are made available.
	pon request. Annual fiscal year financial statement is provided as
	part of our Annual Report which is mailed to our farmer mailing list
	d'is available at various meetings & events.
-	990, Part XI, Line 2c: This process has not charged from Prior
4.01	uzs