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OMB No. 1545-0047	
2017	29
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ntification number	08
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t assets.	

## **Return of Organization Exempt From Income Tax**

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

Department of the Treasury

	TIEL MOVERIO				<u> </u>	عمربسد					
<u>A</u>	For the	2017 calendar year, or tax year beginning Detoker , 2017, and en	ding je			),20 18					
В	Check if a	pplicable: C Name of organization Maryland Souheau Books	<u>し</u>	P		r Identification					
	Address of	ess change Doing business as 52-1214909									
	Name cha										
$\sqcup$	Initial retu										
닖		stum/terminated City or town, state or province, country, and ZiP or foreign postal code									
닐		ided return Salisbury, Md 21883 Gross receipts \$									
Ш	Application	n pending F Name and address of principal officer:				bordinates? TY					
			<b>₩</b> (₽) /			Included? TYe					
<u> </u>	Tax-exem		)-4			ist. (see instruct	ionsj				
<u> </u>	Website:			Group exe	<u>-</u>		<del></del>				
_		ganization: Corporation Trust Association Other Double L Year of for	mation:		M State o	f legal domicile:					
	art I	Summary	O A		4.	N= () A A	1.10				
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Governance	.	expansion of dayleon expait markets, from	tion.	4.00	ylka	no ld	ncotei				
E	-	Jahren & Colonillaria and research.		<u>. U</u>	<u></u>						
Ž		heck this box ▶☐ if the organization discontinued its operations or dispose	d of more	than 25		s net assets.	•				
Ğ	1	Number of voting members of the governing body (Part VI, line 1a).		• •	3	13					
ංර ග		lumber of Independent voting members of the governing body (Part VI, line 1	b)	• •	4	<u> 15 </u>					
ij		otal number of individuals employed in calendar year 2017 (Part V, line 2a)		• •	5	<del></del>	<del></del>				
Activities &		otal number of volunteers (estimate if necessary)			6						
Ă	7a 7	otal unrelated business revenue from Part VIII, column (C), line 12			7a						
	<u> </u>	let unrelated business taxable income from Form 990-T, line 34			7b						
				lor Year		Current \	,				
0	8 (	Contributions and grants (Part VIII, line 1h)	,519		\$12,019	3					
Revenue	9 F	Program service revenue (Part VIII, line 2g)	0 (,00)	8,400	1 4	51,156,60					
ě	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	ment income (Part VIII, column (A), lines 3, 4, and 7d)								
α,	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,602		\$ 60	4				
	12 7	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	\$1.04	<u>5606</u>	2 4	01.169.62	4)				
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	\$ 75	9 198	} {	2 742 8	45				
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)									
S	15 5	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	54	6,885		\$59,7	121				
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)									
ğ		otal fundraising expenses (Part IX, column (D), line 25) ▶	. ,	·	1 4 4 ( 3)	THE POST OF	學是我 "				
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	64	04,63	9	6259 5	57				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	\$1.21	ひりょう	<b>-</b>	61.0616	13				
	19 F	Revenue less expenses. Subtract line 18 from line 12 DECENTED.	1-	165,111	6)	_ ' '					
58		TILOLIVLO	Beginning	of Curren	t Year	End of Y	ear				
as se	20 1	otal assets (Part X, line 16)	626	6.390		\$340	113				
A B	21 7	otal liabilities (Part X, line 26) MAR 1 1. 2019	Q 153	3.415		\$ 120.0	11.				
Net Assets or Fund Balances	22	let assets or fund balances. Subtract line 21 from line 20	6 118	1515		\$ 220 5	12				
	rt II	Signature Block OGDEN LIT									
Un	der penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, an	d to the b	est of my	knowledge an	d belief, it is				
true	e, correct,	and complete. Disclaration of preparer (other than officer) is based on all information of which prepare	rer has any	knowledge	e. 						
		Dal Vantal									
Sig	ın	Signature of officer		Date							
He	re	Daniel Southoff Treasurer		_			'				
	ļ	Type or print name and title									
<u> </u>		Print/Type preparer's name Preparer's signature	Date	Ta	heck	If PTIN					
Pa					elf-emplo						
	eparer	Firm's name		Firm's E	in ►						
US	e Only	Firm's name		Phone n							
May	the IRS	discuss this return with the preparer shown above? (see Instructions)				Ye	s 🗌 No				
·via	, 1110 1110	The state of the s					000 (0047)				

Statement of Program Service Accomplishments Chock if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission: To chiefly describe the organization's mission: To chiefly describe the organization in mission: To chiefly describe the advantage of the substance of the substa		0 (2017)	- Md.	Soubeau	Bd_	52-1214909	Page 2
1 Briefly describe the organization's mission:  To substance the commentation of the c	Part I			ts			
To sublicate content to the summary state and property and such that the summary state state and property and such that the summary state state and property and such that the summary state state summary states are summary summary summary states and summary summa	1		onse or note t	o any line in this Pa	art III	· · · · · · · · · · · · · · · · · · ·	· · <u>L</u>
prior Form 990 or 990-E27    Yes   No   H Yes' (Searche these new services on Schedule O. )   19		To collect assessments of	delmise of a costa backcoad	the money regleans of h	collostod es uses to some	to fred plane peoplean edu	cotable
10 the organization cease conducting, or make significant changes in how it conducts, any program services?    **Yes,** describs these changes on Schedule O.		prior Form 990 or 990-EZ?					s 🗌 No
40 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)	3	Did the organization cease conducting, of services?	r make signifi				s 🗆 No
Pagnined the jaderal Law to Johnson & Stational Collected to the United Youlson Down A  4b (Code: (Expenses \$ 164,539 including grants of \$ ) (Revenue \$ )  To Jean Dia that a (Maryland) headaich  Franction of Longiana di Various Jails & Austriage Collected Programs of S (Revenue \$ )  Promotion of Longiana di Various Jails & Austriage Collected Programs of S (Revenue \$ )  Promotion of Longiana di Various Jails & Austriage Collected Programs of S (Revenue \$ )  Promotion of Longiana di Various Jails & Austriage Collected Programs of S (Revenue \$ )  4d Other program services (Describe in Schedule C) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule C) (Expenses \$ including grants of \$ )  (Fevenue \$ )	4	Describe the organization's program service expenses. Section 501(c)(3) and 501(c)(4) or	e accomplishm rganizations ar	e required to report			
Pagnined the jaderal Law to Johnson & Stational Collected to the United Youlson Down A  4b (Code: (Expenses \$ 164,539 including grants of \$ ) (Revenue \$ )  To Jean Dia that a (Maryland) headaich  Franction of Longiana di Various Jails & Austriage Collected Programs of S (Revenue \$ )  Promotion of Longiana di Various Jails & Austriage Collected Programs of S (Revenue \$ )  Promotion of Longiana di Various Jails & Austriage Collected Programs of S (Revenue \$ )  Promotion of Longiana di Various Jails & Austriage Collected Programs of S (Revenue \$ )  4d Other program services (Describe in Schedule C) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule C) (Expenses \$ including grants of \$ )  (Fevenue \$ )	4a	(Code: ) (Expenses \$ 579,30	6 including	grants of \$	) (Reve	enue \$	)
To Send is thate (Maryland) headach.  4c (Code: )(Expenses \$ 137,841 including grants of \$ )(Revenue \$ )  Promotion of conference to the form that the form the form that the form that the form that the form the form the form that the form that the form that the form that the form the form that the form the		Required ley Jodon Collected to the Unite	al Saur d Youlu	to Joseph	d % sf	Lucureasser	<b>3</b>
Promotion of Souleans at various fair + meeting, educational  programs of souleans at their Mony was a Communication  of All costruites + programs. through means ledenary, ments letters  + University Report.  (Expenses including grants of \$ ) (Revenue \$ )  40 Total program service expenses > 982,690		<b>'</b>					
Promotion of Souleans at various fair + meeting, educational  programs of souleans at their Mony was a Communication  of All costruites + programs. through means ledenary, ments letters  + University Report.  (Expenses including grants of \$ ) (Revenue \$ )  40 Total program service expenses > 982,690	- -				\/D-		
(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 982,690	4c (	Promotion of soule a programs on soulean	including g	through no	) (Heve	trigg, edeca	Lord
	(	(Expenses \$ including grants	of \$	) (Revenue \$		)	
	40	Total program service expenses > 983	640			Form	990 (2017)

Part IV

Md Joyhean Bd

			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)? 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	2	X	<b>*</b>
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		_
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		入
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		4
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Y
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, VIII, IX, or X as applicable.	· , , , , , , , , , , , , , , , , , , ,		منظشه
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	X	
	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
	Did the organization report an amount for Investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		*
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
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	-	<del>γ</del>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	<u>`</u>
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		χ
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	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		4
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		X
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		$\overline{\lambda}$
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		γ
		Form	990	(2017)

Form 990 (2017)

Part IV Checklist of Required Schedules (continued) 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? ... Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 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 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 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 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 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 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Part II. III. 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2... Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

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

### Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
·	reportable gaming (gambling) winnings to prize winners?	1c	230	T.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2000		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	DAD VISIASSINSK	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		V
b	If "Yes," enter the name of the foreign country: ▶	70		
	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?	5a		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	l oa		
	gifts were not tax deductible?	6ь		
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			
	and services provided to the payor?	7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	required to file Form 8282?	7c	ļ	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	302		
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		*
ā	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u>×</u>
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	্রতার্ <del>ক্তর</del> ,	<u>X</u>
•	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		<b>2</b>	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	20 W 22 W 2	X
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	EGV P	X 25-3-2-5-4
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
ا3 م	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a	AT 1887 3	<u>3</u> €47,≅955 <b>Y</b>
а	Note. See the instructions for additional information the organization must report on Schedule O.	.50		<u>交</u>
ь	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			<b>承</b> 機
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	990 (	2017
		rom	JJU (	ZU1/)

Form 9	10 (2017) Md Joybean Bd 51-121	49	09	Page (
Part	. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	and ee in	for a struct	"No ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u> .	_ •	. 🗆
Secti	on A. Governing Body and Management			·····
40	Enter the number of voting members of the governing body at the end of the tax year.	r	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent .  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		7.4h	ļ.
3	any other officer, director, trustee, or key employee?	2	· or ent	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X
6 7a	Did the organization have members or stockholders?	6_		X
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X_	-
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	-1	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	<del></del>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	- · -	, ,
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	-	X
14 15	Did the organization have a written document retention and destruction policy?	14		X ¥
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-
a	The organization's CEO, Executive Director, or top management official	15a		XX
Ь	Other officers or key employees of the organization	15b		У.
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		. T	·
b	with a taxable entity during the year?	16a		<u> X</u>
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b	·	ا کر شمعد
Saction	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intefinancial statements available to the public during the tax year.	rest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords:	<b>&gt;</b>	

Form 990 (201)	7) Md Jouheau Bd 52-12(4909 Page
Part VII .	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complet	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- In columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

organization's tax year.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			an lee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Travis Hutchisan Chairman (2) Brian Johnson										
(2) Brian Johnson Vice Chairman										
Vice Chairman (3) Danny Jaathass										
Treasurer (4) Alan Hudson	1 1							. 4	sousot	200
(5) Josh Appenzeller								Bend		
(6) Randy Stabler						V	U			
17 Linda Burrier				7						
(8) Dill Laugenfelder										**************************************
(9) JES GUSSIA						******				
(10) Jason Spicer										
(11) Jim Leur's Ex-Officio										
(12) Apri Chees Man Ex-OSSicio	l									
(13) Mark Powell Ex-Officio										
(14)										<del></del>
	<u></u>						L			

Form 990 (2017)

	. (A) Name and title		(B) Average hours per eek (list any hours for					n an tee)	Reportable compensation from the organization	(E)  Reportable compensation fro related organizations	on from	other		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1	(W-2/1099-		fro orga and	m the nizatior related lization	<b>1</b>
(15)														
(16)														
(17)				-						-				······
(18)						-				<del></del>				
(19)								ļ						
										<del></del>		<del>-</del> -		
						_				·				
													, <del></del>	
						-						<del> </del>		
(24)													, <del>, , , , , , , , , , , , , , , , , , </del>	<del></del>
(2E)												<del></del>		
1b	Sub-total											<del> </del>		
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					<b>A</b>		λ		<u> </u>		
2	Total number of individuals (including but reportable compensation from the organic	not limited							ho received mo	ore than \$1	00,00	0 of	_	
3	Did the organization list any former off employee on line 1a? If "Yes," complete 5	ficer, direct						mp	loyee, or high	est compe	ensate	d 💥	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep greater tha	oortal an \$1	ole ( 50,0	000	per ? <i>II</i>	satio "Ye:	n ai s,"	nd other comp	ensation fi edule J fo	rom the	ө h	To the second	X
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mper ompl	nsat ete :	ion Sch	fror edu	n any ile J f	uni or s	related organiz uch person	ation or in	dividua	al 2.4	,5,-5504. 5-20	X
Section	n B. Independent Contractors													/
1	Complete this table for your five highest of compensation from the organization. Repyear.	compensate ort compe	ed Inc nsatic	iepe on fo	or th	ent ie c	alend	acto ar y	rear ending with	d more that n or within	the or	0,000 of ganizatio	on's ta	ax
	(A) Name and business add	ress			,				(B) Description of se	ervices		(C) Compens	ation	
		··												
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ve) who			The same	Mary Control

Md Jouhean Bd 52-1214959 Page 9 Form 990 (2017) Part VIII . Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . (C) Unrelated business (A) Total revenue (B) Related or Revenue excluded from tax exempt under sections 512-514 Contributions, Gifts, Grants and Other Smilar Amounts Federated campaigns . . . 1b Membership dues . . . Fundraising events . . 1c Related organizations . . . 1d \$12,018 Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ \$12.018 Total. Add lines 1a-1f . Business Code Program Service Revenue \$1.156.656 \$1,156,656 900099 2a All other program service revenue. \* LISCES GETTERS TO THE TOTAL THE TENT Total. Add lines 2a-2f . : . . Investment income (including dividends, interest, # 342 \$ 342 and other similar amounts) . . . . . . . Income from investment of tax-exempt bond proceeds ▶ 4 5 Royalties Gross rents . . 6a þ Less: rental expenses Rental income or (loss) Net rental income or (loss) (ii) Other 7a Gross amount from sales of (i) Securities assets other than inventory Less; cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss) Other Revenue 8a Gross income from fundraising. events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . **b** Less: direct expenses . . . . Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 . . . . . a Less: direct expenses . . . . Net income or (loss) from gaming activities Gross sales of inventory, less 10a returns and allowances . . . Less: cost of goods sold . . . Net income or (loss) from sales of inventory . **Business Code** Miscellaneous Revenue 604

900099

5604

\$604

11a

d

Miscellaneous

All other revenue . . . .

Total. Add lines 11a-11d . Total revenue. See instructions. 公司公司公司 医神经神经 医多种

Part IX Statement of Functional Expenses

n	Almahada amaranda aran aran da di di di di		ne in this Part IX		
8b, 9l	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	\$742,845	₱742.845		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			,	
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  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	\$ 59,221	**	559,221	
9 10 11 a	Other employee benefits				
b d	Legal	54,750	p.a.	#4,750	
e f g	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 0.)				
12 ·13 14	Advertising and promotion	· 4,318		<b>७</b> ५,31४	1
15 16 17	Royalties	\$1,29% \$1480.		#480 #4598	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	45,843		\$5,843	•
21 22	Payments to affiliates	****		#46 #46	
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	\$1,905		\$1,705	
a b	(A) amount, list line 24e exponses on Schedule O.)  Miscellaneous  Education Promotion Communication	973 <u>1</u> 6239,845	\$239,845	<b>£</b> 132	
c d					•
25 ·	All other expenses  Total functional expenses. Add lines 1 through 24e	#1,061,623	\$982,690	£18,93.3	•
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)	, ,		^	

Part X Balance Sheet

52-1214919

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 2 2 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 . . . . . . . 7 8 Prepaid expenses and deferred charges . 9 Land, buildings, and equipment: cost or ... 10a other basis. Complete Part VI of Schedule D 10a 10b \$ 69 Less: accumulated depreciation . . . . 4155 10c Investments—publicly traded securities . . . . 11 11 Investments—other securities. See Part IV, line 11 . . . . 12 12 13 Investments—program-related. See Part IV, line 11 . . . . . 13 14 14 Other assets. See Part IV, line 11 . . . . . . . . . . 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 5266.39D 16 17 17 \$89.914 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 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 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 £153,875 26 @13V OII Total liabilities. Add lines 17 through 25 . . . . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 8220,512 4112,515 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 \$220,512 33 33 \$340.523 Total liabilities and net assets/fund balances . . . . . . . . . . . Form 990 (2017)

Form 9	90 (2017) . /M; ]	Souhean Bd	52-	121490	Page 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to a	ny line in this Part XI		<u></u>	🗆
1	Total revenue (must equal Part VIII, column (A), line 12)			1 91,16	9.620
2	Total expenses (must equal Part IX, column (A), line 25)		[3	2 6 1.06	1,623
3	Revenue less expenses. Subtract line 2 from line 1		🗔	3 \$ 100	1,497
4	Net assets or fund balances at beginning of year (must equal I	Part X, line 33, column (A)) .	4	4 \$112	515
5	Net unrealized gains (losses) on investments		'[	5	
6	Donated services and use of facilities			8	
7	investment expenses			7	
8	Prior period adjustments		[	3	
9	Other changes in net assets or fund balances (explain in Schee	dule O)	📑	9	
10	Net assets or fund balances at end of year. Combine lines 3 33, column (B))	• •	4	<b>6</b> 23	10,512
Pari	XII Financial Statements and Reporting		<u></u>	<del></del>	
	Check if Schedule O contains a response or note to a	nv line in this Part XII			🗆
					Yes No
1	Accounting method used to prepare the Form 990: Cash	☐ Accrual ☐ Other		342	
	If the organization changed its method of accounting from	a prior year or checked "C	ther," expla	in in	
	Schedule O	•			
2a	Were the organization's financial statements compiled or revie	wed by an independent acc	ountant? .	2a	
	If "Yes," check a box below to indicate whether the financia	al statements for the year v	vere compile	d or	1 W W W W W W W W W W W W W W W W W W W
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolid	dated and separate basis			
b	Were the organization's financial statements audited by an ind	ependent accountant? .		2b	X
	If "Yes," check a box below to indicate whether the financia	I statements for the year w	ere audited	ona 🎏	
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolid		•		
С	If "Yes" to line 2a or 2b, does the organization have a commi				<b>X</b>
	of the audit, review, or compilation of its financial statements a				1/9
	If the organization changed either its oversight process or sele	ection process during the ta	x year, expla	in in	
	Schedule O.				
39	As a result of a federal award, was the organization required	to undergo an audit or aud	ts as set for	tn in I	1 . [/\

the Single Audit Act and OMB Circular A-133?.....

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2017)

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

## **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

Name	of the organization		Employer Identification number			
	aryland Jouhean Boar	[ ]	52-1214909			
	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
	Complete if the organization answered	(e) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(5, 2510) 25105	(a) i and and only decome			
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	advisors in uniting that the access ha	lel les els sons sels les el			
J	funds are the organization's property, subject to the					
•		•				
6	Did the organization inform all grantees, donors, a					
	only for charitable purposes and not for the benef					
Dos	conferring impermissible private benefit?		· · · · · · · · Yes · No			
Par	Conservation Easements.	Wast on Farm 000 Dort W line 7				
	Complete if the organization answered '					
1	Purpose(s) of conservation easements held by the					
	Preservation of land for public use (e.g., recreat	•	• •			
	Protection of natural habitat	☐ Preservation of	a certified historic structure			
_	Preservation of open space		and the second			
2	Complete lines 2a through 2d if the organization he	old a qualified conservation contribution				
	easement on the last day of the tax year.		Held at the End of the Tax Year			
а						
b	Total acreage restricted by conservation easements					
C	Number of conservation easements on a certified h					
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not o	na			
			· [2d]			
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	inated by the organization during the			
	tax year ►					
4	Number of states where property subject to conser					
5	Does the organization have a written policy reg					
	violations, and enforcement of the conservation east					
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing co	onservation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing c	onservation easements during the year			
	<b>▶</b> \$					
8	Does each conservation easement reported on line					
	and section 170(h)(4)(B)(ii)?		· · · · · · 🗌 Yes 🗍 No			
9	In Part XIII, describe how the organization reports of					
	balance sheet, and include, if applicable, the text of		ncial statements that describes the			
	organization's accounting for conservation easeme					
Part			Other Similar Assets.			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFA					
	works of art, historical treasures, or other similar					
	public service, provide, in Part XIII, the text of the fo	potnote to its financial statements that	describes these items.			
Ь	If the organization elected, as permitted under SF	FAS 116 (ASC 958), to report in its re	evenue statement and balance sheet			
-	works of art, historical treasures, or other similar					
	public service, provide the following amounts relating	ng to these Items:				
	(i) Revenue included on Form 990. Part VIII. line 1		<b>▶ \$</b>			
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		<b>&gt;</b> \$			
2	if the organization received or held works of art,	historical treasures, or other similar a	assets for financial gain, provide the			
~	following amounts required to be reported under SF					
•	Revenue Included on Form 990, Part VIII, line 1 .					
8	Assets included in Form 990, Part X					
D	Assess included in Form 500, Farth	<u> </u>	Ψ			

Sched	ule D (Form 990) 2017	M	70	nedu	Bd	52-1214	P 16	Page <b>2</b>
	t III Organizations Maintaining Colle	ctions of Art.	Histor	cal Trea	sures, or O	ther Similar As	sets (con	
3.	Using the organization's acquisition, access collection items (check all that apply):	ion, and other	records,	check an	y of the follo	wing that are a s	ignificant u	use of its
а	☐ Public exhibition		d 🗆	Loan or e	xchange prog	grams		
b	Scholarly research							
C	☐ Preservation for future generations		_					
4	Provide a description of the organization's c XIII.	ollections and	explain I	now they t	further the or	ganization's exen	npt purpos	e in Part
.5 	During the year, did the organization solicit assets to be sold to raise funds rather than to							☐ No
Par	t IV Escrow and Custodial Arrangem							
	Complete if the organization answers 990, Part X, line 21.							orm
1a	Is the organization an agent, trustee, custon included on Form 990, Part X?						ot □ Yes	□ No
b	If "Yes," explain the arrangement in Part XIII a	and complete t	he follow	ing table:				
	<b>-</b>				<u> </u>	<del></del>	nount	
C	Beginning balance							
d	Additions during the year							
0	Distributions during the year							
f	Ending balance				• •		7 V	
2a b	If "Yes," explain the arrangement in Part XIII.					•		
	t V Endowment Funds. Complete if the organization answer			<u>-,</u>		OU ON PARLAIII.	· · · · ·	<u> </u>
			b) Prior yea		wo years back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance	, , , , , , , , , , , , , , , , , , , ,		- 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,4,7, 2,5,7	
b	Contributions				·		<del>                                     </del>	
C	Net investment earnings, gains, and losses							
d	Grants or scholarships				·			
8	Other expenditures for facilities and programs							
f	Administrative expenses						<u> </u>	
g	End of year balance					<u> </u>	<u> </u>	
2	Provide the estimated percentage of the curre	•	ılance (lir	ne 1g, colu	umn (a)) held	as:		
a	Board designated or quasi-endowment	%						
b	Permanent endowment >%	•						
C	Temporarily restricted endowment ►	%						
2-	The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posse			n that are	hold and ad	Iministered for the		
3a	organization by:	SSION OF THE OF	gamzanc	ii iiai aic	Tibiu and ad	iriii iisterea ior un		s No
	(i) unrelated organizations						3a(i)	13 140
	(ii) related organizations					• • • • • •	3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organizat	ions listed as r	 equired (	n Schedu	ıle R? . `.		3b	-
4	Describe in Part XIII the intended uses of the						<u> </u>	
Part					····			
	Complete if the organization answe	red "Yes" on	Form 9	90, Part l'	V, line 11a.	See Form 990, I	Part X, line	e 10.
		B) Cost or other ba (Investment)		Cost or other (other)	basis (c)	Accumulated spreciation	(d) Book va	
1a	Land							
b	Buildings			,,				
c	Leasehold improvements							
d	Equipment							
9	Other							
F - A - I	Add lines to the world to (Column of) must one	Com 000 D		lumn (D)	ino 10a l			_

				11b. See Form	· · · · · · · · · · · · · · · · · · ·
	(a) Description of security or ca (including name of security	tegory y)	(b) Book value		thod of valuation: I-of-year market value
(1) Financial	derivatives		<del>                                     </del>		<del></del>
(2) Closely-r	neld equity interests				· · · · · · · · · · · · · · · · · · ·
(3) Other					
(A)					
(B)		_			
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (t	) must equal Form 990, Part X, col. (B) line 12	.) ▶			
Part VIII	Investments—Program Rel Complete if the organization	ated.	orm 990. Part IV. line	11c. See Form	990 Part X line 13
······································	(a) Description of investmen		(b) Book value	(c) Met	thod of valuation: -of-year market value
(4)			<u> </u>	Oust of elid	Or your market value
(1)		<del></del>	<del></del>		
(2)		<del></del>	<del> </del>	<del></del>	
(3)	····		<del> </del>		
(4)		<del></del>	<del></del>	<del></del> -	
(5)		<del></del>	<del></del>	· <del></del>	<del></del>
(6)			<del>-}</del>		
(7)	· · · · · · · · · · · · · · · · · · ·		<del> </del>		
(8)			+		
	) must equal Form 990, Part X, col. (8) line 13.	i <b>b</b>	<del> </del>	<del></del>	
Part IX	Other Assets.		<u> </u>	····	
T GIT IX	·	107 11 5			
	Complete il the ofganization :	answered "Yes" on Fo	orm 990. Part IV. line	11d. See Form	990. Part X. line 15.
	Complete if the organization	(a) Description	orm 990, Part IV, line	11d. See Form	990, Part X, line 15.
(1)	Complete if the organization		orm 990, Part IV, line	11d. See Form	
	Complete ii the organization		orm 990, Part IV, line	11d. See Form	
(2)	Complete if the organization		orm 990, Part IV, line	11d. See Form	
(2) (3)	Complete ii the organization		orm 990, Part IV, line	11d. See Form	
(2) (3) (4)	Complete ii the organization		orm 990, Part IV, line	11d. See Form	
(2) (3) (4) (5)	Complete ii the organization		orm 990, Part IV, line	11d. See Form	
(2) (3) (4) (5) (6)	Complete ii the organization		orm 990, Part IV, line	11d. See Form	
(2) (3) (4) (5) (6) (7)	Complete ii the organization		orm 990, Part IV, line	11d. See Form	
(2) (3) (4) (5) (6) (7) (8)	Complete ii the organization		orm 990, Part IV, line	11d. See Form	
(7) (8) (9)	nn (b) must equal Form 990, Part	(a) Description		11d. See Form	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	nn (b) must equal Form 990, Part . Other Liabilities.	(a) Description  X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	nn (b) must equal Form 990, Part . Other Liabilities.	(a) Description  X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	nn (b) must equal Form 990, Part .	(a) Description  X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X	on (b) must equal Form 990, Part of Other Liabilities. Complete if the organization a	(a) Description  X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	on (b) must equal Form 990, Part of the Clabilities.  Complete if the organization of line 25.  (a) Description of liability	(a) Description  X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	on (b) must equal Form 990, Part of the Clabilities.  Complete if the organization of line 25.  (a) Description of liability	(a) Description  X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X	on (b) must equal Form 990, Part of the Clabilities.  Complete if the organization of line 25.  (a) Description of liability	(a) Description  X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X	on (b) must equal Form 990, Part of the Clabilities.  Complete if the organization of line 25.  (a) Description of liability	(a) Description  X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X	on (b) must equal Form 990, Part of the Clabilities.  Complete if the organization of line 25.  (a) Description of liability	(a) Description  X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X	on (b) must equal Form 990, Part of the Clabilities.  Complete if the organization of line 25.  (a) Description of liability	(a) Description  X, col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	on (b) must equal Form 990, Part of the Clabilities.  Complete if the organization of line 25.  (a) Description of liability	(a) Description  X, col. (B) line 15.)			(b) Book value
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(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Liabilities. Complete if the organization of line 25. (a) Description of liability come taxes	(a) Description  X, col. (B) line 15.)  answered "Yes" on Fo			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b)	on (b) must equal Form 990, Part of the Clabilities.  Complete if the organization of line 25.  (a) Description of liability	(a) Description  X, col. (B) line 15.)  answered "Yes" on Fo	orm 990, Part IV, line	11e or 11f. See	(b) Book value

Schedu	ile D (Form 990) 2017 M	relean?	Bd 51	- 12	14909	Page 4
Par		ements Wit				
	Complete if the organization answered "Yes" on Form 9					
1	Total revenue, gains, and other support per audited financial stateme			1	\$116	1./.2/)
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	.,,,,		37.20	1 110	1000
а	Net unrealized gains (losses) on investments	.   2a		100		
b	Donated services and use of facilities	2b		3	į	
C	Recoveries of prior year grants			1		
d	Other (Describe in Part XIII.)		<del></del>			
8	Add lines 2a through 2d			2e	ĺ	
3	Subtract line 2e from line 1			3	\$1.114	(-21)
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•	100		1000
а	Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a		1 X X		
b	Other (Describe in Part XIII.)	. 4b		4.88	ł	
C	Add lines <b>4a</b> and <b>4b</b>			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			5	\$1.16	(441)
Part	XII Reconciliation of Expenses per Audited Financial Sta	tements Wi	h Expenses po	er Re	turn.	1
	Complete if the organization answered "Yes" on Form 99	90, Part IV, li	ne 12a.			
1	······································		<del></del>	1	\$1,061 6	23
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			8.6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
а	Donated services and use of facilities	. 2a		100		
b	Prior year adjustments	. 2b		]		
C	Other losses	. 2c				
đ	Other (Describe in Part XIII.)	. 2d				
e	Add lines 2a through 2d			2e		•
3	Subtract line 2e from line 1			3	1,661,6	23
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1	, ,	
а	Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a	,	12 mg		
b	Other (Describe in Part XIII.)	. 4b		2.634		
	Add lines 4a and 4b			4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I Supplemental Information.	i, line 18.)	<u> </u>	5	\$1,Db1,E	13
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p					
		,,				
		.,				,,
						•••••
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,
		·				

Schedule D (Form 990) 2017

		1214	
Part		r Return	i.
`	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1, 169, 620
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	15.5	, , ,
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	-\^ <u>`</u> \$```	
е 3	Add lines 2a through 2d	20	11/0 / 28
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	1,169,620
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 m	
b	Other (Describe in Part XIII.)	- 3.6	
_	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1.169.620
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,061,623
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	3 25	
	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	1.2	
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	1,061,633
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1,7	
	Other (Describe in Part XIII.)	<b>-</b>	
_	Add lines 4a and 4b	4c	1.// / 6.3
5 Part )	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,061,623
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional i		
	`		

Schedule D (Form 990) 2017

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

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.

Open to Public Inspection 201

OMB No. 1545-0047

Ame of the organization    Max u   c.u.d.   Part   Centeral Information	Joy bean														Emplo	yer ide	Employer identification number	09
mat	General Information on Grants and Assistar	sistance									:							
اق اد	Does the organization maintain records to substantiate the	tiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	nt of the	gran	s or a	ssista	ce, #	e grant	ees, e	ilgibili	ry for	the g	ants	or ass	istanc	ce, and		
usec	the selection criteria used to award the grants or assistance?	ssistance? .	•	•	•	•	•	•	•	•	•	•		•	•			Yes

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

4 fel Name and address of consciences (h) FIN (c) IRC section	P) EIN		(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(d) Amount of cash   (e) Amount of non- (f) Method of valuation   (a) Description of	(h) Purpose of grant
or government		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) Unided Seuberu Bel	43-1593277		92,813				
College Park, 3119 100 Bally	CEOE1197-ES		4139544				
13) Schillinger Contice 4151 4 Extrem 43-146453	42-146452		\$3,300				
19) 12 a. 65, Del 210 Hallihay Hall 51-6000299	61-6000397		45,416				
100 ania (100	53-6196958		856 HB				
3 66 College And	£38-603033		#37,550				
482 A Bride LAS Coop , Sepera P.	51-9355639		\$5,38D				
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizated and properties of other properties lined in the line 4 to the contraction of the line 4 to the line	1501(c)(3) and gov	emment organiza	lizations listed in the line 1 table	line 1 table			<b>A A</b>
	i gai iizatioi is iisteo	ונו מוכ ונווס ז ומסו					

Schedule I (Form 990) (2017)

Cat. No. 50055P

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

Schedule I (Form 990) (2017)

Part III

Page 2

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV N က 4 Ŋ 9

### 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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Soybean Board

Employer identification number 51 - 1214909

	######################################
<i>.</i>	For 290, Part J, Itam K, State Signal Station Type: Q558
·	Qualified State Soybean Board
•	Form 990. Part I. Line 1, Description of Organization Mission:
	Expansion of US Soybean Market and Soybean Research
,	
• •	Form 990, Part VI, Section B, Line 11: Form 990 is preented to the
_	Treasurer for review & signature. Copy is supplied at Board Mestin
١,	for Director review.
'	Form 990 Part VI. Section B. Line 126: During each August Board Heat
	(befor the beginning of the new figgal year), each Director signs a
<del>,</del>	new Conflict of Interest Policy Sheet. IF a vote is required where
	conflict of interest occurs, the Director(s) recuse themselves from
	the vote. This is noted in Minute's of meetings. If a new Conflict
	• • • • • • • • • • • • • • • • • • • •
	of Interest arises during the year, the Director informs the Board
	and signs a new Conflict of Interest statement.
	m 990, Part VI. Section C. Line 199 Governing documents. Conflict
	of Interest Statements & Financial Statements are made available
	upon request. Appual fiscal year financial statement is provided as
	part of our Annual Report which is mailed to our farmer mailing lis:
·//	ind is available at various meetings & events:
	nd 1s avaitable av
	The making has not changed from Frior'
of m	990, Part XI, Line 2c: This profess has not chnaged from Prior
γe	ears