Department of the Treasury

Return of Organization Exempt From Income Tax

Under sect

ior	n 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private fou	ndat	tion	s)
. [Do not enter social security numbers on this form as it may be made public.	19	96	?
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Open to Public

Form **990** (2018)

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information A For the 2018 calendar year, or tax year beginning and ending September 30, 2019 Check if C Name of organization D Employer identification number 52-1214909 Address change Name Doing business as]initial Ireturn Number, and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 410-242 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ H(a) is this a group return Applica F Name and address of principal officer. for subordinates? JYes 🔄 pending H(b) Are all subordinates included? 501(c)(3) S 501(c) (5 Tax-exempt status (insert no.) 4947(a)(1) or 527**0**5 If "No," attach a list. (see instructions) J Website: ▶ H(c) Group exemption number ▶ Other Man Prof. 10 K Form of organization: Corporation Association Year of formation M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: len opporti, promition of soulean. Oneck tibls box > 1 If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 38 **Prior Year Current Year** .018 321,194 Contributions and grants (Part VIII, line 1h) \$1.156.656 \$918,786 Program service revenue (Part VIII, line 2g) \$.39g Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8342 \$ 604 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 169.620 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 259 557 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) \$107,497 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 6340,523 Total assets (Part X, line 16) 20 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deelaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer 11/2020 Sign Here Type or print name and title Check Print/Type preparer's name Preparer's signature Paid Firm's EIN Preparer Firm's name Use Only Firm's address Yes May the IRS discuss this return with the preparer shown above? (see instructions)

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

Statement of Program Service Accomplishments Check Schedule O contains a response or note to any line in this Part III Biefly describe the organization's mission. To collect a Alexandrian to the program service of the program service and the program and the contained of the program service and the program service and the contained of the program service and program service p	-orm 99	0 (2018) Md. Nowbeau Bd 52-1214909 Page 2
1 Benefly describe the organization's mission To coldust a standard and account to the among the flat of the standard to the s	Part	Statement of Program Service Accomplishments
prior Form 990 cr 990-E27 If Yes, "describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(5)3 and 501(6)4) organizations are required to report the amount of grants and allocations to others, the lotal expenses, and revenue, flay, for each program service reported. 4a (Code) (Expenses \$ 437, 607 including grants of \$) (Revenue \$) Pequal of the United Scylings of Scylings	1	Briefly describe the organization's mission. To collect assessments + destruct the survey collected to live & Margets related
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O Bescribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(K)3 and 501(K)4 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code)(Expenses \$ 497, 60.7 including grants of \$)(Revenue \$) Personal Augustus Au	2	prior Form 990 or 990-EZ?
4a (Code	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
de (Code)(Expenses \$ 602, 875 including grants of \$)(Revenue \$) To fund W - State (Manyland) research Ac (Code)(Expenses \$ 634, 064 including grants of \$)(Revenue \$) Programs on Angleons at therein forth + weatings, laucating of Site + weating of S	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
4b (Code)(Expenses \$ &Q_L & &	4a	(Code) (Expenses \$ 479,607 including grants of \$) (Revenue \$)
4c (Code)(Expenses \$ \$34,064 including grants of \$)(Revenue \$) Promotion of Doyleans at Various Joins + Mortings, laurational programs on Adjusans + though Many was + communisation of Sid Activities + Alegnams through Many was + communisation of Aunual Pepart, phaebook, atc. 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$)(Revenue \$) 4e Total program service expenses \$ 996, 546 0		Required by Jederal Source forward 12 of assessments collected
4c (Code)(Expenses \$ \$34,064 including grants of \$)(Revenue \$) Promotion of Doyleans at Various Joins + Mortings, laurational programs on Adjusans + though Many was + communisation of Sid Activities + Alegnams through Many was + communisation of Aunual Pepart, phaebook, atc. 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$)(Revenue \$) 4e Total program service expenses \$ 996, 546 0	4h	(Code \()(Expenses \$ A\()2 \(G15 \) including grants of \$\(\) \(\)(Revenue \$\(\)
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Promotion of Southeans at various fairs + meetings, Iducational Programs on Southeans + their many was + communication of Ed activities + programs + their many wave rolesses, newslotters 4 Annual Report, fasebook, atc. 4 Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses \$ \$996.546		
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Arograms on Asylvans + their many uses + communication of Big attinities + Alograms + through nous releases, newslotters 4 Annual Report, Inselvant, etc. 4 Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4 Total program service expenses \$ \$96.546		Promotion of souleans at various fairs + meetings, educational
Ad Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses > 896,546		
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 996,546 0		De activities + programs through news/ releases, newsletters
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ \$9 €, 546 0		
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ \$9 €, 546 0		
4e Total program service expenses ▶6896,546	4d	
	4e	Total program service expenses №896,546

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Checklist of Required Schedules

Md. Soybean Bd 52-1214909BODIE2903

		- 1	res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		۴
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		7
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		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		$\overline{\lambda}$
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		*
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
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	\	X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		*
ь	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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		メ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		*
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	ļ	ļ
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	X	
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Part	Checklist of Required Schedules (continued)		<u>_</u>	
22	Did the expensation report more than 65 000 of exacts and the expension of the contract of the		Yes	No
.22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ZJā	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? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Ŷ
c 29	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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		7
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		又
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	,	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O	38	7	
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		Yes	No No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		Form	990	(2018)

Statements Regarding Other IRS Filings and Tax Part V Yes No 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 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 3h 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 b If "Yes," enter the name of the foreign country. 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 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 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 a 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9ь Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O

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Part		and for	Page 6
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee instru	
So adii	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	
Section	on A. Governing Body and Management		es No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a /3	74.20 2	E REI
	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		
ь	committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent . 1b 1.3		
2	Enter the number of voting members included in line 1a, above, who are independent . 1b 1 -2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		
_	any other officer, director, trustee, or key employee?	2	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	*
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4	\
6	Did the organization have members or stockholders?	6	X X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	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	×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
а	The governing body?	8a	<u>X</u>
Ь	Each committee with authority to act on behalf of the governing body?	8b)	<u> </u>
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	<u> X</u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		res 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?	10ь	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a)	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	32 7	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a)	5
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?	13	^ ×
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	 -}-
ь	Other officers or key employees of the organization	15b	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	
	on C. Disclosure		
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)	T (Section	on 501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest po	olicy, and

State the name, address, and telephone number of the person who possesses the organization's books and records ▶

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Part VIII Componention of Officers Directors	T	14 5 6		10	

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- 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"
- 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 related	d orga	anız	atıo	n co	mpe	nsa	ted any curren	t officer, director	, or trustee
(A) Name and Title	(B) Average hours per week (list any hours for	box, office	ot ch unles er and	Pos eck s pe i a d	more rson rect	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	rmer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Travis Hutchison Chairman (2) Brian Johnson Vice Chairman (3) Danny Jaathoss Treasurer (4) JokhAppenzeller										
(2) Biran Johnson Vice Chairman						! ! 				
(3) Danny JaathoSS Treasurer										\
(4) JohnAppenzeller									atio	V
15) Linda Burrier								00	watio	
(6) Drew Haines						1	(one		
(7) Curt Lamberts on					ス	M				
(8) Joss Grissah										
(9) Roudy Stabler										
(10) Jason Spicer										
(11) Tim Lewis Ex-Dispicio	1									
(12) April Cheesman Ex-Osrigio (13) Mark Powell										
(13) Mark Powell Ex-Officio										
(14)										

Form 990 (2018)

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mpld	yees	s, ar	nd F	lighes	st C	ompensated E	mployees (continu	ed)		_
	(A) Name and title	(B) Average			Pos ieck	more	e than o		(D) Reportable	(E) Reportab	le		F)	
		hours per week (list any hours for related organizations below dotted line)	office Individua				Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation related organizatio (W-2/1099-M	n from ons	amo of compe fror orgar and i	unt of ther ensation the dization related izations	
(15)								-						
(16)														
(17)					-			-						
(18)														
(19) -						-		-						
(20)					-	-		-				 -		
(21)					-			-						
(22)					-	-		-			-			
(23)			-		-									
(24)					-	-		-						
(25)						-		-			+			
1b c d	Sub-total	 VII, Sectio	on A	·	L	L	l	> > >		7)				
2	Total number of individuals (including but reportable compensation from the organic		to th	iose	e list	ed	abov	e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, o	or tr uch	ust ind	ee, ıvıd	key o		oloyee, or high	est compe	ensated	3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150,	con ,000	npei)? /	nsatio If "Ye	on a s,"	nd other comp complete Sch	ensation fr nedule J fo	om the	4		X
5	Did any person listed on line 1a receive of for services rendered to the organization										dividua	5		富义
Section	on B. Independent Contractors													<i>-</i>
1	Complete this table for your five highest compensation from the organization Repyear													ix
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens		
								L						
2	Total number of independent contractor							o th	nose listed ab	ove) who	E- 12		2	Ē

Part VIII Statement of Revenue

		Check if Schedule O	contains a re	esponse or note to	o any line in this	Part VIII		·
					(A) Total revenue	(b) Related or exenipt function revenue	(C) Unrelated business revenue	(D) Rovenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns			45.5			
Gra	Ь	Membership dues .	· · · <u>[1</u>]					
ts, An	С	Fundraising events .	10					
Grf	ď	Related organizations						
ns,	е	Government grants (con		± \$20,194				
tto er S	f	All other contributions, gi		•				
ğ Š		and similar amounts not incl	ـــــا					
od C	g	Noncash contributions includ		§				
	h	Total. Add lines 1a-1	<u> </u>	<u>,</u>	620,194			
Service Revenue	_	A 1. (5	t	Business Code				
eve	2a	Assessments 13	. Dring 30	900099	5918,786	5918,786		
e CC	b		,			<u> </u>		
ξ	C			- }	ļ	 		
Se	d			;-				
~===	e_			-				
Program (f	All other program sen		<u> </u>	MA. A A A A			
<u> </u>	g	Total. Add lines 2a-2			19 9 18 18 B			
	3	Investment income and other similar amo		idenos, interest,	6398	£398	'	,
			-			212		
	4	Income from investment	t of tax-exempt	bona proceeas ►	<u> </u>			
	5	Royalties	(i) Real	(ii) Personal				
	6 -	C	(i) (car	(ii) i eraoriai				
	6a	Gross rents						
	Ь	Less rental expenses						
	C	Rental income or (loss)			in the state of the state of		CVC CONTRACTOR	
	ď	Net rental income or ((i) Secunties	(ii) Other		TO THE REAL PROPERTY OF THE PARTY OF THE PAR	Notes Miles	
	7a	Gross amount from sales of	(1) Occurries	(1) 0(1)				
	١.	assets other than inventory	<u> </u>					
	b	Less cost or other basis		•				
		and sales expenses Gain or (loss)						
	C	• •	L				AND THE RESERVE OF THE PERSON	2000年2月2日 2000年2月1日 2
	d	Net gain or (loss) .	• • •	· حسننام	VIZWZUECZE WZGA			
enne	8a	Gross income from fuevents (not including \$	ındraisıng					
		of contributions reporte	ed on line 1c)					
Other Re	}.	See Part IV, line 18	sa on me 10)					
Ë				a				
ō	b	Less direct expenses Net income or (loss) f		b[
		Gross income from ga			104			
	34	See Part IV, line 19	arming activities	а				
	_	Less direct expenses		b				
	1	Net income or (loss) f						
		Gross sales of in				ACCOMPANIE PAGES		
	104	returns and allowance		a				
				b				
	b	Less: cost of goods s Net income or (loss) f		~ 	A CONTRACTOR OF THE CONTRACTOR			
	, <u>c</u>	Miscellaneous F		Business Code				
	11a			900099	£3 208	83.708		
	t .	Miscellaneou 5)	<u> 19074 </u>	1-3,100	- 0, 10 b	 	
	b			-	 	 	 	
	d	All other revenue		- 	 	\$3,708	 	
	e	Total. Add lines 11a-	-11d	<u> </u>	\$3,708		7.7.100.000	
	12	Total revenue. See			\$2943.086	8921 452	The control of the co	
					1.110/000	1		Form 990 (2018)

Part IX Statement of Functional Expenses

Section	n 50 (c)(3) and 50 (c)(4) organizations must con				
Dog	Check if Schedule O contains a respon t include amounts reported on lines 6b, 7b,				
8b, 9b	, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	\$662,482	\$ 662,482		
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)	\$65,196		\$ 65,196	
9 10 11 a b	Other employee benefits Payroll taxes				
c d	Accounting	कार्र, 482		617,482	
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 O) .				
12 13	Advertising and promotion Office expenses	33.651		43.657	
14 15	Information technology	•			
16 17	Occupancy	\$ 480		4480	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	\$ 6,92.5		\$6,925	
21 22	Payments to affiliates Depreciation, depletion, and amortization	849		\$49	
23	Insurance	31,934		\$1934	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a b c	Miscellaneous Educ, Promo + Communication	\$1,038 \$234,064	\$234,064	€1,838	
d e 25	All other expenses Total functional expenses. Add lines 1 through 24e	# 493.367	\$ 496.546	\$96,761	
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)	- 110,001	010,310	101/01	

	Check if Schedule O contains a response or note to any line in this Part			
· 		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	5295,915	11	6267,421
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	\$ 44,539	4	\$51,945
5	Loans and other receivables from current and former officers, directors,			•
1	trustees, key employees, and highest compensated employees Comple	te	1 [
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined		1 1	
1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and conti	ributing	1 1	
	employers and sponsoring organizations of section 501(c)(9) voluntary		1 _ 1	
_	employees' beneficiary organizations (see instr). Complete Part II of Sch	L	16	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
าบล	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a	Ì	1 1	
_	basis Complete Part VI of Schedule D Less accumulated depreciation 10b 409	\$69	10-	119
1	Investments - publicly traded securities		10c	<u></u>
11 12	Investments - other securities See Part IV, line 11	 	12	
13	Investments - program-related See Part IV, line 11	<u> </u>	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)	6340.523	16	\$319.386
17	Accounts payable and accrued expenses	\$53.721	17	#100,233
18	Grants payable	\$ 66,290	18	\$ 48 862
19	Deferred revenue	644	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trust	ees,		
	key employees, highest compensated employees, and disqualified pers	ons.		
	Complete Part II of Schedule L		22	1
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part	X of	- (
	Schedule D	<u> </u>	25	<u></u>
26	Total liabilities. Add lines 17 through 25	\$ 130,011	26	6149,095
ŀ	Organizations that follow SFAS 117 (ASC 958), check here ▶	and	1	,
	complete lines 27 through 29, and lines 33 and 34.			6
27	Unrestricted net assets	\$ 220,512	27	₹170,291
28	Temporanly restricted net assets		28	 '
29	Permanently restricted net assets		29	
1	Organizations that do not follow SFAS 117 (ASC 958), check here	-		
1	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	<u> </u>
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	4 4 4 4 5	32	4153 101
33	Total net assets or fund balances	\$320,512	33	\$130 931
34	Total liabilities and net assets/fund balances	<u> </u>	34	2319,386

Form	990	(2018)	

Md Anilogn Bd 52-1214909

	1.10 6100 100 24 1011	10	<u> </u>		
Part					
`	Check if Schedule O contains a response or note to any line in this Part XI	· · ·	<u> </u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1943	086	
2	Total expenses (must equal Part IX, column (A), line 25)	2	\$993	<u> 307</u>	
3	Revenue less expenses Subtract line 2 from line 1	3	- (450	,221)	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5 220	512	
5	Net unrealized gains (losses) on investments	5		' 	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6170	. 29	1
Dart	33, column (B)) . XII Financial Statements and Reporting	10	1 /0	10-	
rait	Check if Schedule O contains a response or note to any line in this Part XII				
	Check is deficulted a contains a response of flote to any line in this flat var.	<u> </u>	· · · · · · · · · · · · · · · · · · · 	Yes	No.
1	Accounting method used to prepare the Form 990		4		
•	If the organization changed its method of accounting from a prior year or checked "Other," ex	nlaın	n in		
	Schedule O	P 10111	1		
⁻ 2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com			3.77	
	reviewed on a separate basis, consolidated basis, or both	-		77.7	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were auditi	ed on	a 💽		¥37
	separate basis, consolidated basis, or both.			- 55	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			324	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versig	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant	? <u>2c</u>	/	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	ın 🎆	25	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth		$ \cdot $	1
	the Single Audit Act and OMB Circular A-133?	• •	3a	111	#
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				'
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ludits	3b	m 990	<u></u>
			C	uun	(2010)

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

2018

Open to Public Inspection

Hame C	Maryland Joybean	Board	52-1214909
Par	Organizations Maintaining Donor Ac		
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line	e 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to	the organization's exclusive legal co	ntrol? Yes No
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the ben		
			· · · · · · · · · · · Yes · No
Part		1 "Voo" on Form 000 Bort IV line	. 7
	Complete if the organization answered		· · · · · · · · · · · · · · · · · · ·
1	Purpose(s) of conservation easements held by th Preservation of land for public use (e.g., recre		n of a historically important land area
	☐ Protection of natural habitat		n of a certified historic structure
	☐ Preservation of open space	Treservation	n or a certified flistorie structure
2	Complete lines 2a through 2d if the organization	held a qualified conservation contrib	ution in the form of a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easeme	nts	2b
С	Number of conservation easements on a certified		
d	Number of conservation easements included in	n (c) acquired after 7/25/06, and n	ot on a
	historic structure listed in the National Register		· · · 2d
3	Number of conservation easements modified, tra	insferred, released, extinguished, or	terminated by the organization during the
	tax year ►		
4	Number of states where property subject to cons		
5	Does the organization have a written policy r		
	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring, insp	pecting, handling of violations, and enfor	rcing conservation easements during the year
_			and the second s
7	Amount of expenses incurred in monitoring, inspect ►\$	ting, nandling of violations, and enforci	ing conservation easements during the year
8	Does each conservation easement reported on lin	ne 2/d) above satisfy the requirements	of section 170/h)(4)(B)(i)
0			
9	In Part XIII, describe how the organization reports		
9	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easer		
Part	Organizations Maintaining Collection	ns of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S		
	works of art, historical treasures, or other simil		
	public service, provide, in Part XIII, the text of the	e footnote to its financial statements	that describes these items.
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil		education, or research in furtherance of
	public service, provide the following amounts rela	=	
	(i) Revenue included on Form 990, Part VIII, line	1	> \$
_	(ii) Assets included in Form 990, Part X	1 1 2 4	
2	If the organization received or held works of a		
	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	<u> </u>	<u> </u>

Schedu	ale D (Form 990) 2018			Ma	SALL	hean	Ba	52-	1214909	Page 2
Part	Organizations Maint	aining Colle	ctions of	Art, His						
3	Using the organization's acqui									
	collection items (check all that					_		-	•	
a	☐ Public exhibition			d	☐ Loar	n or exchan	ge prog	rams		
b	☐ Scholarly research									
c	☐ Preservation for future gene	erations					•			
4	Provide a description of the or		collections a	and expl	lain how	thev further	r the ord	anization's exe	empt purpose	e in Part
	XIII.	3						,		
5	During the year, did the organ assets to be sold to raise funds									□No
Part					<u> </u>					
	Complete if the organ 990, Part X, line 21.	ization answ	ered "Yes					·		orm
1a	Is the organization an agent, included on Form 990, Part X?									☐ No
b	If "Yes," explain the arrangeme	nt in Part XIII	and comple	ete the f	ollowing	table:				
								-	Amount	
С	Beginning balance						10	;		
d	Additions during the year .						10	i		
е	Distributions during the year						16	,		
f	Ending balance						11			
2a	Did the organization include an	amount on F	orm 990, P	art X, lin	e 21, for	escrow or c	ustodia	l account liabili	ty? 🗍 Yes	☐ No
ь	If "Yes," explain the arrangeme	nt in Part XIII	. Check her	e if the e	xplanation	on has beer	provid	ed on Part XIII		
Part	t V Endowment Funds.	<u> </u>								
	Complete if the organ	ization answ	ered "Yes	" on Fo	rm 990,	Part IV, lin	e 10.			
		(a) C	Current year	(b) Pr	or year	(c) Two yea	ars back	(d) Three years ba	ck (e) Four yea	ars back
1a	Beginning of year balance .							[
b	Contributions									
С	Net investment earnings, gains	, and								
	losses			ŀ						
d	Grants or scholarships				-					
е	Other expenditures for facilities	s and								
	programs									
f	Administrative expenses			ĺ						
g	End of year balance									
2	Provide the estimated percenta		rent vear en	nd balan	ce (line 1	g, column (a)) held	as:		
а	Board designated or quasi-end		•	%	•	•	.,			
b	Permanent endowment ▶	%								
C	Temporarily restricted endown	ent ▶	%							
	The percentages on lines 2a, 2		ould equal 1	00%.						
За	Are there endowment funds no				ization th	nat are held	and ad	ministered for t	:he	
	organization by:	•							Ye	s No
	(i) unrelated organizations .								. 3a(i)	
	(ii) related organizations								. 3a(ii)	
ь	If "Yes" on line 3a(ii), are the re								. 3b	<u> </u>
4	Describe in Part XIII the intende	_		-						
Part										
	Complete if the organ			" on Fo	rm 990,	Part IV, lin	e 11a.	See Form 990), Part X, line	e 10.
	Description of property		(a) Cost or ot		1	or other basis	1	Accumulated	(d) Book va	
			(investm		1	other)		epreciation		
1a	Land						ļ			
b	Buildings	[<u> </u>		<u> </u>			
С	Leasehold improvements .	· · · [<u> </u>		ļ			
d	Equipment	[
<u>e</u>	Other				<u> </u>					
Total	Add lines to through to (Colum	an (d) must a	rual Form 0	90 Part	Y colum	n (R) line 1	Oc l			

Part VII	investments—Other Securities.		1 200 D + N/ E	441 0 5	- 000 D. I.V. I
	Complete if the organization answer	ered "Yes" on Form		· · · · · · · · · · · · · · · · · · ·	
	(a) Description of security or category (including name of security)		(b) Book value		ethod of valuation d-of-year market value
(1) Financia	ll derivatives				
(2) Closely-	held equity interests	[•		
(3) Other					
(A)					
(B)					
(C)					
(D)				•	<u> </u>
(E)			-		
(F)					
(G)			<u> </u>		
(H)					•
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			[宋徽中汉城/宋城//	
Part VIII	Investments—Program Related.			,	
	Complete if the organization answer	ered "Yes" on Form	990, Part IV, lir	ne 11c. See Form	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value		ethod of valuation d-of-year market value
(1)	· · · · · · · · · · · · · · · · · · ·				
(2)				•	····
(3)				ļ	
(4)				ļ	J
(5)					
(6)					
(7)		+			
(8)		+		<u> </u>	
(9)	22 AND BOAY AND (D) (mo 10) N			65 63000 N. N. 1286 1 35 61 6 6 6 13	TO A BOOK ALLE MATTER TACABALING ALANGAR THE BOOK
	(b) must equal Form 990, Part X, col. (B) line 13.)			一个概念是是这个	
Part IX	Other Assets.	· · · · · · · · · · · · · · · · · · ·	200 D-4 IV III	- 44-1 C-o Form	- 000 D-4 V line 15
	Complete if the organization answer	ered "Yes" on Form Description	1990, Part IV, III	16 1 1a. See Form	n 990, Paπ X, line 15. (b) Book value
	(8)	Pescription			(b) DOOK Value
(1)				<u> </u>	
(2)				 	
(3)	· · · · · · · · · · · · · · · · · · ·				
(4)					+
(5)				-	<u> </u>
(6)					
(7)					
(8)	<u> </u>				
(9)	ımn (b) must equal Form 990, Part X, col.	(R) line 15)		•	
Part X	Other Liabilities.	(<i>D)</i> III 10.,	<u> </u>		
raitA	Complete if the organization answer	arad "Yes" on Form	990 Part IV. lir	ne 11e or 11f. Se	e Form 990. Part X.
	line 25.	316G 100 0111 C	, , , , , , , , , , , , , , , , , , , ,	10 110 01 1111 22	0101111000, 1 2.17.,
1.	(a) Description of liability	(b) Book value	Loans and and	N DEK 13 KAR 13 KK	
	ncome taxes				
(2)	TOOME CARE				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 25.) ▶				
Total. (Column)	(b) most equal round 550, rate x, cor (b) into 25.)		Sec. 12.1 Sec. 1	D. SARSAC, "SACK NEEDS."	. "我的我们不一点的数点不过,""我们一点为数数多。(2)

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

Part	· · · · · · · · · · · · · · · · · · ·			per Retu	rn.
	Complete if the organization answered "Yes" on Form 990,				· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements			. 1	6943,086
2 '	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				•
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			1
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			. 3	\$943,086
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			V
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		. 5	\$943,086
Part				es per Ref	turn.
	Complete if the organization answered "Yes" on Form 990,	Part IV	/, line 12a.		
1	Total expenses and losses per audited financial statements			. 1	8 993, 307
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			. 3	\$ 993,307
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			10(00)
4		4a			
	Investment expenses not included on Form 990. Part VIII, line /b				
4 a b	,,	4b			
a b	Other (Describe in Part XIII.)	4b		. 4c	
а	Other (Describe in Part XIII.)	4b			\$493.307
a b c 5	Other (Describe in Part XIII.)	4b			#493,307
a b c 5 Part	Other (Describe in Part XIII.)	4b	<u> </u>	. 5	•
a b c 5 Part	Other (Describe in Part XIII.)	4b ne 18.)	rt IV, lines 1b ar	. 5	V, line 4; Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b ne 18.)	rt IV, lines 1b ar	. 5	V, line 4; Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b ne 18.)	rt IV, lines 1b ar	. 5	V, line 4; Part X, line
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a b c 5 Part	Other (Describe in Part XIII.)	4b ne 18.)	rt IV, lines 1b ar	. 5	V, line 4; Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b ne 18.)	rt IV, lines 1b ar	. 5	V, line 4; Part X, line

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Part

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.

2018	Open to Public

OMB No 1545-0047

Inspectio Employer identification number

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

59-1214909 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Board General Information on Grants and Assistance Jou Bean Name of the organization Many and

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, °N □ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Charled Saffer Bd, 16305	43-15932D		6459,607				
(2) LL OS MA 3113 Lee Bala	5506009- ts		\$11,159				
1.3 ×	6660009-15,		#14,653				
	52-6003033		QQQ'5/₽				
(5)							
(9)							
(7)							
(8)					-		
(6)							
(10)							
(11)							
(12)							`
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1501(c)(3) and gove	ernment organiza	itions listed in the li	ine 1 table			A A .
Pag	see the Instructions	for Form 990.					Schedule 1 (Form 990) (2018)

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) (2018)

(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 (b) Number of reciplents (a) Type of grant or assistance Part IV က S 9

Schedule I (Form 990) (2018)

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.

2018 ► Attach to Form 990 or 990-EZ.

. Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No 1545-0047

Name of the organization Inspection Employer identification number 52-1214909 Qualified State Soybean Board ... Description of Organization Mission: Expansion of US Soybean Market and Soybean Section B: Line 11: Copy Conflict of Interest on C. Line 19: Governing documents Conflic

Form 990, Part XI, Line 2c:

This process has not charged from frid

Y.EZIS