(Rev January 2020)

**Return of Organization Exempt From Income Tax** 

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

2019

( ,,	▶ Do not enter social security numbers on this form as it may be
Department of the Treasury	Do not enter social security numbers on this form as it may be
Internal Revenue Service	▶ Go to www.irs.aov/Form990 for instructions and the latest

ne made public. Open to Public

into		ue Service		DV/FORMSSO for instruction			inspection and the second	
<u>A</u>	For the	2019 calend	dar year, or tax year beginning		, 2019, and ending	Septemb		
В	Check if a	applicable	C Name of organization		Board		D Employer Identification number	
	Address o	change	Doing business as De ou	vare Southean I	Board		<u> </u>	
	Name cha	ange	Number and street (or P.O box if	m/suite	E Telephone number			
	Initial retu	ım	PO BOY 319		410-242-9500			
	Final retur	n/terminated	City or town, state or province, co	ountry, and ZIP or foreign post	al code			
$\bar{\Box}$	Amended	return	Jalishury, M				G Gross receipts \$	
$\overline{\Box}$	Application	on pending	F Name and address of principal off	îcer:		H(a) Is this a gro	oup return for subordinates? 🔲 Yes 💹 No	
_	••		•			1	ubordinates included?    Yes    No	
<u></u>	Тах-ехеп	npt status:	501(c)(3) D 501(c) ( 5	) ◀ (insert no.)	17(a)(1) or 527	If "No," a	attach a list. (see Instructions)	
<u></u>	Website:	<b>&gt;</b>				H(c) Group ex	xemption number >	
ĸ	Form of o	rganization	Corporation Trust Associa	tion Other ► Non Pos	L Year of formation	on	M State of legal domicile	
P	art 1	Summa		101110	1			
				ion or most significant a	ectivities: 5	تمد ۸ لم ر	ects relating totale	
Ð	•	Out A has A	of Aprilian 4. Or	sait same	A sales Sales	ST ST ST	1. t. 5 0	
a		Agreement	non of soubean a	mers & consisting	MATERIAL PILA	W.T. Pose	rolled by the fallow	
Ĕ	2	Check this	box I if the organization		ions or disposed o	f more than !	25% of its not assets	
Š	1		voting members of the gove				3 9	
ڻ «×	1		Independent voting member	• • •	•		4	
es (			per of individuals employed in				5	
Š	4		per of volunteers (estimate if				6	
Activities & Governance	1		-	• •			7a	
•	1		ated business revenue from	· · · · · · · · · · · · · · · · · · ·	1		7b	
<u> </u>	Ь	ivet unreiai	ted business taxable income	Irom Form 990-1 Falle (	ACIA-CO-	Delay Vaca	<del></del>	
		O =4'L4! -	and supply (Dark VIII) line	46)	<b>1</b>	Prior Year	<del></del>	
, a	8	Contributio	ons and grants (Part VIII, line	2 2 2021 · P	<u> </u>			
) E	9	Program s	ervice revenue (Part VIII, line	H 399,610				
Revenue	10	Investment	t income (Part VIII, column (A	\$ 1724	\$ 1,588			
_	11 '	Other reve	nue (Part VIII, column (A), line	es 5, 6d, 8c, <u>9c, 10</u> c, and	dui16)+ E	89,838	#11,050	
			ue-add lines 8 through 11 (n	<del> </del>		#315, 151	#188, K72	
			l similar amounts paid (Part I		) · · · · <u> </u> _	#276,330	#252,609	
		•	aid to or for members (Part I)	, ,	· · · · <u> </u>		•	
8		-	her compensation, employee	•				
Expenses	16a	Profession	al fundraising fees (Part IX, c	olumn (A), line 11e) .				
<u>ş</u>	b '	Total fundr	aising expenses (Part IX, col	umn (D), line 25) 🕨				
ш	17	Other expe	enses (Part IX, column (A), lin	es 11a-11d, 11f-24e)		£ 164,896	6 533.215	
	18	Total expe	nses. Add lines 13-17 (must	equal Part IX, column (A		A435,196		
	19	Revenue le	ess expenses. Subtract line 1	8 from line 12	<u>.</u>	- (\$120,040	5) - (\$5,25()	
P 8					Ве	ginning of Curr	ent Year End of Year	
Sets	20	Total asset	s (Part X, line 16)		[_	A215,644	5178.618	
A B	21	Total liabili	ties (Part X, line 26)		[	# 49.311	\$60,136	
Net Assets or Fund Balances	22	Net assets	or fund balances. Subtract I	ine 21 from line 20 .	,	B/15, 233	\$110,482	
Pa	art II	Signatu	re Block					
Un	der penalt	ties of perjury,	I declare that I have examined this in Declaration of preparer (other than	return, including accompanying	g schedules and statem	ents, and to the	best of my knowledge and belief, it is	
	1	1	All Wit					
Sig	gn	Signatu	re of officer			Date	- 0 -	
Here Fred N. West IR Treasurer 2-8-21								
	Type or print name and title							
<u> </u>	ـــــــــــــــــــــــــــــــــــــ	Print/Type	preparer's name	Preparer's signature	Date	e	Check   If PTIN	
Pa		_1				1	self-employed	
	epare		ne ►	·	<del></del>	Firm's	EIN ▶	
US	e Only	Firm's add	<del></del>	······································		Phone		
Ma	v the IR	<u></u>	this return with the preparer s	shown above? (see instr	ructions)	1	Yes No	
	<del></del>		ion Act Notice, see the separa			. 11282Y	Form <b>990</b> (2019)	
rvľ	raperw	ork neares	ion not itouce, see the separa	to monucuums.	Cat. NO		FORTH 990 (2019)	

•	BTOD
om 990	
Part I	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: To collect as a someway of dislusion, money collected to fund projects related to Interval Marketing promotion of Laubeaus + new usan, someway education of Loyles on resource to reduce production Costs to formula.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 130, 585 including grants of \$ ) (Revenue \$ )
	Required by Hederal law to Jornald 72 of caroninents  Collected to the United Toylean Od
4b	(Code:) (Expenses \$ 44,374 including grants of \$) (Revenue \$)  To fund in - state sequence
4c	(Code:) (Expenses \$
	Promotion of soulieans at various four + meetings, educational
	programa on southeaux a their money uses a communication) of Soybean Asl activities & programs through news releases, annual Report, Newsletters, social media, etc.
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► \$152,608 Form 990 (2019)
	10111 000 (2019)

Form **990** (2019)

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		۶
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		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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 donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		K
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
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>ሃ</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Y
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see Instructions)	17		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_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A) line 12 if "Yes," complete Schedule I. Parts I and II.	24	X	

Part	Checklist of Required Schedules (continued)			
			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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ļ		
	\$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	L	
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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Y
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	LI	
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		X
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		4
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		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38		Х
Part				
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	<del></del>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			i
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ļ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		<del></del>
	rependance gaining (gaineming) winnings to prize winners		990	(2010)
		- 011		15013)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	rarı	Statements Regarding Other INS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this return    by If at least one is reported on line 2a, did the organization file all required federal employment tax returne?  Note: If the sum of lines 1a and 2a is greater then 250, you may be required to e-file (see instructions)  3a     b) If "Yes," has if filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0  4a    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; or other financial account; or see instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FDAR).  5b Was the organization a party to a prohibited tax shetter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shetter transaction at any time during the tax year?  5c Did any stable party notify the organization that it was or is a party to a prohibited tax shetter transaction of If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shetter transaction of If yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shetter transaction of If yes" to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Did the organization shet were yes dicitation and express statement that such contributions or gifts were not tax deductible?  6c Organization state the payor?  6c If "Yes", idd the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  6c If "Yes," idd the organization neceive a payment in excess of \$75 made partly as a contribution or with the payor and the pay				Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater then 250, you may be required to e-file (see instructions)  1	2a				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3	_	· · · · · · · · · · · · · · · · · · ·			اــــا
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a Interval From 199-17 for this year? If **No** for line 3, provide an explanation on Schedule O  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 year. Bus a bank account, securities account, or other financial accounts?  5b If **Yes**, enter the name of the foreign country?  5a Instructions for filing requirements for FinCEN Form 114, Roport of Foreign Bank and Financial Accounts (FOAF).  5a Was the organization aprity to a prohibited tax shelet remascion at any time during the tax year?  5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b If **Yes** or line 6a of 5b, did the organization file Form 8898-7?  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?  6c Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  7b If **Yes**, did the organization notify the donor of the value of the goods or services provided?  7c 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?  8c If **Yes**, find the organization notify the donor of the value of the goods or services provided?  9c Did the organization receive a contribution of the value of the goods or services provided?  9c Did the organization receive a contribution of the value of the goods or services provided?  9c Did the organization receive a contribution of qualified intellectual property, did the organization file a form 8293 as required?  9c Did the organization receive a contribution of qualified intellectual property, did the organization file a form 720	D		20		F
b if "Yes," has it filled a Form 990-T for this year? if "No" to line 3b, provide an explanation on Schedule O  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 accounts?)  If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts?)  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FDAF).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b DId any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  B Does the organization sholic any contributions that ever not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization receive a combinution of qualified intellectual property, did the organization file a Form 1894.  Sponsoring organization have excess business boldings at any time during the year?  Sponsoring organization have exces	32	· · · · · · · · · · · · · · · · · · ·	30		V
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 (seu has a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country be.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FDAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization file form 8888-7?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization selled the very solicitation and express statement that such contributions or gifts were not tax deductibles as charibable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  b If Yes, did the organization notify the donor of the value of the goods or services provided?  7 Did the organization enceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  6 If Yes, did the organization notify the donor of the value of the goods or services provided?  7 To Uniform 8282?  6 If Yes, did the organization enceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If Yes, did the organization enceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 If Yes, did the organization notify the donor of the value of the goods or services provided?  9 If Yes, did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payment in the payment in the payment in the payment in the payment		· · · · · · · · · · · · · · · · · · ·	_		
a financial account in a foreign country (such as a bank account, securities account), or other financial account)?  If "Yes," enter the name of the foreign country  > See instructions for filing requirements for FIRCEN Form 114, Roport of Foreign Bank and Financial Accounts (FDAF).  Was the organization a party to a prohibited tax shalter transaction at any time during the tax year?  Did any taxable party notify the organization file Form 888-17  If "Yes" to line 5a or 5b, did the organization file Form 888-17  B Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  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?  If "Yes," indicate the number of Forms 8282 filed during the year  If "Yes," indicate the number of Forms 8282 filed during the year  If Did the organization gross any time, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization gross any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required to the paymalization received a contribution of carb, boots, airplanss, or other vehicles, did the organization file Form 1999-C?  Sponsoring organization smalntaining donor advised funds.  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(e)(f) organizations. Finer:  initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders.  Gross income from members	_			-	
b if "Yes," enter the name of the foreign country  See instructions for filing equirements for fine fine Fine Fine Fine Fine Fine Fine Fine F	74		4a		X
See instructions for filing requirements for FinCEN Form 114, Roport of Foreign Bank and Financial Accounts (FDAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  It "Yes" to line So or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line So or 5b, did the organization file Form 8886-17  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 or gifts were not tax deductible?  Organizations that may receive deductible contribution an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contribution and party for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization received a contribution of qualified intellectual property, did the organization file a Form 147 for year organization group and a contribution of cars, boats animales, or other vehicles, did the organization file a Form 14899 as required?  If the organization received a contribution of cars, boats animales, or other vehicles, did the organization file a Form 147 for year organization may be premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of cars, boats animales, or other vehicles, did the organization file a Form 147 for year in the organization file a Form 147 for year in the organization file a Form 147 for year in the form 147	Ь				1
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  15 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?		\\	ļ.,		
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?	14a				<u> </u>
excess parachute payment(s) during the year?  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?  If "Yes," complete Form 4720, Schedule O.		· · · · · · · · · · · · · · · · · · ·	14b		
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?  If "Yes," complete Form 4720, Schedule O.	15		4.		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19			13		1
If "Yes," complete Form 4720, Schedule O.	16		16		ار الح
	. •	· · · · · · · · · · · · · · · · · · ·			
	•		Form	n 990	(2019)

bloware Jouhean Bd 20-4481220 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent ... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person?. 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . 8b 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 on Schedule O . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 13 14 Did the organization have a written document retention and destruction policy? 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? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 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 safoguard the Section C. Disclosure 17 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-T (Section 501(c) 18 (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 on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy. and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ 20

100 Davis 27137 Wat Pkwy. Jalishung. Md. 21803 410-242-9500

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Delaware Joybean Bd 20-4402220 P

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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 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 employees."
- 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. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	any relate	d org	aniz	atio	n c	ompe	nsa	ited any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week	(do n box, office	ot ch unles	Pos neck ss pe d a d	ition more rson lirect	e than o	one n an tee)	(D) Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Cary Atkins										
(2) Mike Clay Vice Chairman										
(3) Fred West Treasurer								Comp	tio	
(4) Kobbie EMESSON	<u> </u>								" Solution	
(6) Chad Dempoey								Aus		
(6) Chad Dempsey						,		CD.		
17 Rick Dickerson	1	ŀ				W				
(8) Tim Rogers	1									
(9) Brett Coverdale										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors	, Trustees,	Key	Em	plo	yee	s, an	d i	lighest Compe	nsated E	Emplo	yees (c	ontinued)
(A) Name and title	(B) Average hours per week	ge box, unless person is officer and a director/					n an tee)	compensation	(E) Reportable compensation from related	able sation	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099	tions	fro organi	om the zation and organizations
(15)			-									
(16)			_		_							
(17)							-					
(18)			_	-	-							
(19)		ļ		-	-							
(20)				-	_	]	-					<del> </del>
(21)			-		-							<del>_</del>
(22)		-			\							
(23)		-			_		-					<del>.</del>
(24)					-							
(25)												
1b Subtotal	rt VII, Sectio						<b>&gt; &gt; &gt;</b>				۵.	
Total number of individuals (including b reportable compensation from the organization)	ut not limited					above	e) w	ho received mor	e than \$10	00,000		
3 Did the organization list any former employee on line 1a? If "Yes," complete	officer, dire Schedule J	for s	uch	ind	ivid	ual					3	Yes No
4 For any individual listed on line 1a, is to organization and related organization individual	s greater th	an \$	150,	000	? /	f "Ye	s, "	complete Sched				<u>X</u>
5 Did any person listed on line 1a receive for services rendered to the organization	or accrue c	ompe	nsa	tion	fro	m any	un un	related organiza				- X
Section B. Independent Contractors												
Complete this table for your five his compensation from the organization. Re												
(A) Name and business a	ddress							(B) Description of sen	rices		(C) Compens	ation
										· · · · · · · · · · · · · · · · · · ·		
				_,							·	
Total number of independent contract received more than \$100,000 of competitions.							th	ose listed abov	e) who			
received more man a roo, ood or comper	isation nom	110 O	gail	ادها	1011						<del></del>	

Form 9	90 (201	9)				Dol	swave s	Jouheau I	Sd. 20-44	)122() Page 9
Par	VIII	Statement of Rev						1		
	,	Check if Schedule	O co	ntains a r	espor	ise or note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f	Federated campaign Membership dues Fundraising events Related organization Government grants All other contribution and similar amounts no Noncash contribution lines 1a-1f	ns . (cont ns, git ot incli	ributions) fts, grants, uded above		\$6,764.	r i m q h		1 (ASE)	g
*	h 2a	Total. Add lines 1a-	-1f .			Business Code 9000 99	\$6,764	± 261,120		•
Program Service Revenue	b c d e f	All other program se	ervice	revenue						
	3 4 5	Total. Add lines 2a- Investment income other similar amoun Income from investm Royalties	(incl ts) . nent (	luding div  of tax-exer	idend	s, interest, and	\$ 1,583	\$ 1,588		
	6a b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income o		<del>'                                    </del>	• •	·				
venue	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses.	7a 7b 7c	(i) Secur	illes	(ii) Other	-			
Other Revenue	d 8a	Gain or (loss) Net gain or (loss) Gross income from events (not including of contributions reports)	· · m fu \$	•	i i	<u> ▶</u>	,	41.5		
	b c 9a	1c). See Part IV, line Less: direct expense Net income or (loss) Gross income f	18 es . from	 I fundraisii gaming		ents ►	, , ,		, u k	
		activities. See Part I Less: direct expense Net income or (loss) Gross sales of ir returns and allowan- Less: cost of goods	es . from vento ces sold	gaming a ory, less	10a 10b		-			
Miscellaneous Revenue	11a b c	Miscellane		sales of i	nvento	Business Code  900099	£11,05N	<b>4</b> 11,∆\$		
Misc Re	d e	All other revenue Total. Add lines 11a	 -11d		• •		\$11.050	A 7	1 pd	1 .

\$11,050 \$280,572

8273,808

Total. Add lines 11a-11d

Total revenue. See instructions

Part IX	Statement	of Fun	ctional	<b>Expenses</b>

Section	n 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colu	ımn (A).			
	Check if Schedule O contains a response or note to any line in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	\$178,959	178,959					
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							
9 10 11	Other employee benefits							
a b c	Management	\$5,000		<b>65.000</b>				
d e f	Lobbying							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)							
12 13 14	Advertising and promotion	#394		£344				
15 16 17	Royalties							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19 20 21	Conferences, conventions, and meetings . Interest	\$1,116		\$1,116				
22 23	Depreciation, depletion, and amortization . Insurance							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	1	. ,,,,		- 1 1			
a b	Educ, Promo & Spec Projects Management Contracts	873,649 526,194	573,649	626,194				
C	Miscellarens	# X/I		\$511				
d e	All other expenses			<del></del>				
25	All other expenses  Total functional expenses. Add lines 1 through 24e	\$285,823	\$252,608	s 33,215				
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)		•	'				
					Form <b>990</b> (2019)			

Part	Check if Schedule O contains a response or note to any line in this Par	t X		<u> </u>
	•	(A) Beginning of year		<b>(B)</b> End of year
1	Cash—non-interest-bearing	\$203.930	1	£151.389
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	511,114	4	\$ 19.229
5	Loans and other receivables from any current or former officer, director,	, , ,		p* 1°(
	trustee, key employee, creator or founder, substantial contributor, or 35%	erit tr		
	controlled entity or family member of any of these persons		5	,
6	Loans and other receivables from other disqualified persons (as defined	, ,		
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	<del></del>	6	
Assets 7 8 9	Notes and loans receivable, net	<del></del>	7	
ž   8	Inventories for sale or use		8	
₹ 9	Prepaid expenses and deferred charges		9	<del> </del>
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
ь	'	· · · · · · · · · · · · · · · · · · ·	10c	<del></del>
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets	<del> </del>	14	
15	Other assets. See Part IV, line 11	<del></del>	15	<u> </u>
16	Total assets. Add lines 1 through 15 (must equal line 33)	6215.D44	16	A100 /10
17	· · · · · · · · · · · · · · · · · · ·		17	9130,618
1	Accounts payable and accrued expenses	#44.068	+	\$ 27, 691
18	Grants payable	£55,243	18	\$32,445
19	Deferred revenue		19	· · · · · · · · · · · · · · · · · · ·
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	· · · · · · · · · · · · · · · · · · ·	21	
	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	•		<del>~</del>
	controlled entity or family member of any of these persons		22	
	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		25	
26	of Schedule D	\$199.311	26	6(D 12/
		3/77,311	20	560,13L
27 28 29 30 31 32 33	Organizations that follow FASB ASC 958, check here ► ☐ and complete lines 27, 28, 32, and 33.		_	
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions	#115,733	28	\$110,482
	Organizations that do not follow FASB ASC 958, check here ▶ □			
5 00	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
j 30	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	30	<del> </del>
31	Retained earnings, endowment, accumulated income, or other funds	4.15 000	31	(14X 1/20)
32	Total net assets or fund balances	5(15,733	32	\$110,482
Z 33	Total liabilities and net assets/fund balances	5215,744	33	\$ 170.618

Form	990	(2019)	

Schedule O.

c

orm 99	90 (2019) Delaware Joy Dean Bd 20-4	482	<del>3</del> 2(	) Pe	ige 12
Part	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	6	290	.57	<del>2</del>
2	Total expenses (must equal Part IX, column (A), line 25)	#	205	181	3
3	Revenue less expenses. Subtract line 2 from line 1			251)	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			133	
5	Net unrealized gains (losses) on investments		1181	7 54 54	
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)	1			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	+ ,			
	32, column (B))	O	110	,48	12
Part	XII Financial Statements and Reporting	<u></u>			
	Check if Schedule O contains a response or note to any line in this Part XII				П
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual  Other				
-	If the organization changed its method of accounting from a prior year or checked "Other," expla	in in	1		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		マ
	If "Yes," check a box below to indicate whether the financial statements for the year were compile				
	reviewed on a separate basis, consolidated basis, or both:	, <b>u</b> 0,			
	Separate basis Consolidated basis Both consolidated and separate basis				
			2b	X	
b	were the organization's tinancial statements audited by an independent accountant?	_			
b	Were the organization's financial statements audited by an independent accountant?	on a	20		
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	20	<u> </u>	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	on a	20	_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	ht of		X	

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the **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 on Schedule O and describe any steps taken to undergo such audits.

## 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

Nam	e of the organization Days Soube	oan Bd		Employer identification number $30-440222$
Pa			ar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	e 6.		• • • •
		(a) Donor advised fund	ds (	b) Funds and other accounts
1	Total number at end of year			· · · · · · · · · · · · · · · · · · ·
2	Aggregate value of contributions to (during year)		<del></del>	
3	Aggregate value of grants from (during year)			
4			<del></del>	
4	Aggregate value at end of year		dener od dood fu	
5	Did the organization inform all donors and donor advisors in	_	aonor advised iun	
_	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a			•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any oth	er purpose conter	
Do	Impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No
Pa			Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	· —		orically important land area
	Protection of natural habitat	L Pres	servation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution	in the form of a co	
	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 easements			2b
C	Number of conservation easements on a certified historic str	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a his	toric structure	
	listed in the National Register		_	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or termin	ated by the organ	nization during the tax
	year▶	-		-
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per		andling of	
	violations, and enforcement of the conservation easements it	- ·	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	•	orcing conservati	on easements during the year
_	<b>&gt;</b>	•	J	<b>5</b> .
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcin	o conservation ea	sements during the year
-	<b>S</b>		<b>3</b>	and your
R	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of s	section 170(b)(4)(F	N/A
·	and section 170(h)(4)(B)(ii)?	to satisfy the requirements of t	3001.011 17 0(1)(4)(2	Yes No
۵	In Part XIII, describe how the organization reports conservati	 on assamants in its revenue a	 nd avnance stater	
9	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.	iote to the organization s in an	ciai statements u	at describes the
Pai	t III   Organizations Maintaining Collections o	f Art Historical Treasu	res. or Other	Similar Assets
	Complete if the organization answered "Yes" on Form		100, 01 01.101	Jilliai Addusi
			ntatamant and hal	and the state of t
18	If the organization elected, as permitted under FASB ASC 95	·		
	of art, historical treasures, or other similar assets held for put			nce of public
_	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or resear	arch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>\$</b>
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets	for financial gain,	provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items	:	
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
b	Assets included in Form 990, Part X			▶ \$

	dule D (Form 990) 2019				Joyba				-448			<u>ige 2</u>
Pai	t III   Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Oth	er S	imil	<u>ar Asse</u>	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following th	at make	signi	ficant	use of its			
	còllection items (check all that apply):											
a	Public exhibition	C	ı 🗀	Loan or exc	hange prog	ram						
b	Scholarly research	•	_									
C	Preservation for future generations				· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·			
4	Provide a description of the organization's co	ollections and expla	ın how th	nev further t	he organizat	tion's exe	tame	purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o				_							
•	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV   Escrow and Custodial Arran					"Yes" o	n For	m 990	) Part IV			
تتت	reported an amount on Form 990, Par								-, ,			
10	Is the organization an agent, trustee, custodi		diany for	contribution	s or other a	ssets no	t incl	ıded	······		,	
	on Form 990, Part X?		alary 101						Γ.	Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	Nowina i	tahle:	•		•		—	3 100		
	11 165, explain the alrangement in Fart Air	and complete the it	Jilo Willig	apio.			Г			Amount		
_	Beginning balance						ŀ	1c		Amount		
	Additions during the year	•	•		•	•	<b>-</b>	1d		<del></del>		
	• • • • • • • • • • • • • • • • • • • •	•	•	•			ŀ	1e	<del> </del>			
	Distributions during the year	• •	•			•	· · · •	1f				
f	Ending balance  Did the organization include an amount on Fe	orm 000 Bort V line	 . 21 for		 ustadial aca	ount llab	L	-!'-		Yes	$\neg$	No
	If "Yes," explain the arrangement in Part XIII.						-	•	. –	1 162		NO
Pai									***********			
<u> </u>	2 Tacounion Canada Complete	(a) Current year	7	rior year	(c) Two year			hree v	ears back	(e) Four	vears I	nack
40	Beginning of year balance	(a) Odireit year	10/-	noi year	(6) 1 110 300	IIO DUON	(0)	11100 )	ours back	(6) 1 0 01	y 00.13 t	- AUNT
			<del> </del>		<del>                                     </del>	·						
b	Contributions		<del> </del>									
C .	Net investment earnings, gains, and losses						-					
d	Grants or scholarships	· ·	<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·	·	_					
е	Other expenditures for facilities											
	and programs		<del> </del>		· · · ·		-					
T	Administrative expenses		<del></del>								—	
g	End of year balance						L			L		
2	Provide the estimated percentage of the curr	rent year end baland		g, column (a	a)) neid as:							
	Board designated or quasi-endowment		%									
	Permanent endowment	%										
C		%										
	The percentages on lines 2a, 2b, and 2c sho											
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ind administ	ered for	the o	rganiz	ation	Γ.		
	by:										Yes	No
	• • • • • • • • • • • • • • • • • • • •									3a(i)		
	(II) Related organizations									3a(ii)		
þ	If "Yes" on line 3a(ii), are the related organiza	•								_3b_		
4	Describe in Part XIII the intended uses of the		owment	funds.		<del></del>						
Par	t VI Land, Buildings, and Equipm											
	Complete if the organization answered	<del></del>			<del> </del>	·						
	Description of property	(a) Cost or of basis (investr			or other (other)	1		nulate ation	ia	(d) Book	value	1
		Dasis (Investr	nent)	Dasis	(Otrier)	l de	hi ac	auon				
	Land											
	Buildings									<del></del>		
	Leasehold improvements					<del> </del>						
	Equipment					<del> </del>			<del></del>			
	Other					<u>L</u>			<u>.</u>			
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	Oc.)		*****					

nedule D (Form 990) 2019 art VII Investments - Other Securities.		Delaware Shybean Bd	10-4419330 Pac
Complete if the organization answered "Yes"	on Form 990 Part IV fine	11h See Form 990 Part Y line 12	
Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
Financial derivatives	(-,		
Closely held equity interests	······································		
Other			**
(A)			
(B)			
C)		<u> </u>	
D)			
<u> </u>			
F)			
G)			
H) I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			· · · · · · · · · · · · · · · · · · ·
art VIII Investments - Program Related.	<u> </u>	·	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1)			
2)			
3)			
1)	<u> </u>		<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
5)			
<u> </u>			
7)			
8) 9)	<del> </del>	· · · · · · · · · · · · · · · · · · ·	
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>	
art IX Other Assets.	I		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)	······································		
3)		<del></del>	
(4)			
5)		·	
6)	<del></del>	· · · · · · · · · · · · · · · · · · ·	
<b>7</b> 1			
8)			
8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) lir rt X Other Liabilities.		<b>&gt;</b>	
8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) lir rt X Other Liabilities. Complete if the organization answered "Yes"		11e or 11f. See Form 990, Part X, line 25	
B) B) B) Al. (Column (b) must equal Form 990, Part X, col. (B) line TX Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability		11e or 11f. See Form 990, Part X, line 25	(b) Book value
8) 9) 11. (Column (b) must equal Form 990, Part X, col. (B) lir 11. Tt X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25	
B) B) Al. (Column (b) must equal Form 990, Part X, col. (B) lir At X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  1) Federal income taxes  2)		11e or 11f. See Form 990, Part X, line 25.	
B) B		11e or 11f. See Form 990, Part X, line 25	
8) 9) nl. (Column (b) must equal Form 990, Part X, col. (B) lir Int X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  1) Federal income taxes 2) 3) 4)		11e or 11f. See Form 990, Part X, line 25	
8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) lin int X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  1) Federal income taxes 2) 3) 4) 5)		11e or 11f. See Form 990, Part X, line 25	
8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) lir art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  1) Federal income taxes 2) 3) 4) 5)		11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes"  (a) Description of liability		11e or 11f. See Form 990, Part X, line 25	
8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)		11e or 11f. See Form 990, Part X, line 25	
8) 9) at. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	

Sch	edule D (Form 990) 2019 Deldware Contrar Bd 20-440	222)	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	
	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	\$149,987
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
 A	Net unrealized gains (losses) on investments		
ь	Donated services and use of facilities 2b		
c	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.)	7	
e	Add lines 2a through 2d	7 2e	
3	Subtract line 2e from line 1	3	
Δ	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
, A	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)  4b 6 /30 585	1	
c	Add lines 4a and 4b	4c	\$130.585
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8251 572
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1 1	\$155.238
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	7.7.18.510
- 9	Donated services and use of facilities 2a		
h	Prior year adjustments 2b	┪	
	Other losses 2c	┪ ┃	
d	Other (Describe in Part XIII.)	1	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
٠.	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)  4b 9 130, 185	1	
6	Add lines 4a and 4b	46	\$ 130.595
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	\$146413
_	rt XIII Supplemental Information.		- 44-11-06-1
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines	A. Port	Y line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	, -, i wit	7, 1110 E, 1 GIC 70,
	^		
	Part XI Lines 4h		
	assessments collected but somethed to the Uni	ted	
-	Søyleen Bd		
		<del></del>	
		· · ·	
	Hut III Sine 46 Ottor	<del></del>	
	assessments semitted to the United Toylers	2	
	O		
		<del></del>	

932054 10-02-19

Schedule D (Form 990) 2019

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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.
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OMB No. 1545-0047 2019

Open to Public Inspection

Employer Identification number

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 challicated if additional space is needed. **%**□ 40-440222} X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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? General Information on Grants and Assistance Jelandare Part II

i activi, milo Eti, ioi any toophonic diactiono diant poloco. Lactin can be adplicated in additional space to needed.	וסטיליסטו	מספוג פת נווסום מ	an 40,000. 1 an 1	י סמול הם מתלוות	ממחטונוסוומו פ	page is libered.	
1 (a) Name and address of organization or government	( <b>p</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) United Sexpeon Bd 16305	4.3-1549277		\$130,585				
30 Han as Del, Reseaseth Chica	66,007-15		194 68 \$				
<b>(4)</b>							
(9)							
(9)							
ω							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations is the fine the line 1 table	501(c)(3) and gove	emment organiza	Ιō	ne 1 table			
	700000000000000000000000000000000000000						

Schedule I (Form 990) (2019)

Cat. No 50055P

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

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### 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.

2019 Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization Delaware 20-4402220 Form 990, Part VI Section B. Line 12C: During each August Board, before the beginning of the New fiscal year, each Director signs .....a. New Conflict of Interest sheet ... If a vote is required where .....conflict of interest occurs, the Director(s) rescuse from the vote. .....IAterest arises during the year, the Director informs the Board ...... .....and.signs.a.new.Conflict.of.Interest.statement..... Form 990, Part VI, Section C, Line 19: Governing documents, Conflict \_\_\_\_of Interest statements, and Financial Statements are made available upon request. Annual fiscal year Financial Statementsis provided as \_\_\_\_a\_part\_of\_our\_Annual\_Report\_which is\_mailed\_to\_our\_farmer\_mailing\_list\_\_\_\_ ...and is made available at various meetings and events..... Form 990, Part XI, Line 2C: This process has not changed from prior Years