Form **990**

Return of Organization Exempt From Income Tax

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

DLN: 93493318017448 OMB No 1545-0047

Department of the Treasury

(چە

foundations) ▶ Do not enter social security numbers on this form as it may be made public

Interna	l Revenu	e Service	► Information	about Form 990 and its instr	uctions is at <u>www</u>	IRS gov/forn	<u>1990</u>	Ī	nspection
A F	or the	2017 c	alendar year, or tax year	beginning 01-01-2017 , aı	nd ending 12-31	2017			
□ Ad	ck if app dress cha	ange	C Name of organization DEETJENS INC				D Employer 10 77-028923		tion number
☐ Ini	me chan tıal retur	'n	Doing business as						
	al return/to ended re	erminated eturn	Number and street (or P.O. h	ox if mail is not delivered to street	address) Room/suite		E Telephone n	ımber	
		pending	PO BOX 112	ox il maii is not aciiverea to street	addi ess) Troom, saic	•	(831) 375-	3151	
			City or town, state or provinc MONTEREY, CA 93942	e, country, and ZIP or foreign post	al code		G Gross receip	ts \$ 315,	815
			F Name and address of pr KENT SEAVEY	incipal officer		H(a) Is this	a group return		
			PO BOX 112				dinates? I subordinates		□Yes ☑No
	k-exemp	it status	MONTEREY, CA 93942			` ´ ınclud	ed?		☐ Yes ☑ No
) ◀ (insert no)			," attach a list exemption nu	•	structions)
	ebsite:	P N/A				(-) Group	- exemption nu	IIIDCI P	
K Forn	n of orga	anızatıon	✓ Corporation ☐ Trust ☐	Association Other		L Year of forma	ation M	State of I	egal domicile CA
Pa	rt I	Sum	mary						
					ıes				
ce	HI:	STORIC.	AL LANDMARK PRESERVATIO	NC					
Tan Tan	_								
Ven		l l. &l				N 250/	. 6 . 4 4	L-	
Ĝ	2 CI 3 N	neck tni umber d	s box ▶ 🔲 if the organizati of voting members of the go	on discontinued its operations verning body (Part VI, line 1a)	or disposed of mo	re than 25%	or its net asse	TS	4
**	l							4	4
ie.			·		·		•	5	0
<u> </u>	6 To	otal nun	nber of volunteers (estimate	ıf necessary)				6	
Ac	7a ⊺o	otal unr	elated business revenue fror	n Part VIII, column (C), line 1	2			7a	0
	b N	et unrel	ated business taxable incom	e from Form 990-T, line 34				7b	
						-	or Year	Cı	urrent Year
Qı.	8 C	ontribut	ions and grants (Part VIII, li	ne 1h)					2,500
ii.	9 Pr	rogram	service revenue (Part VIII, li	ne 2g)					C
γċγ	10 In	nvestme	nt income (Part VIII, columi	n (A), lines 3, 4, and 7d)			1,530		1,289
	11 0	ther rev	enue (Part VIII, column (A)	, lines 5, 6d, 8c, 9c, 10c, and	11e)		132,532		312,026
	12 To	otal reve	enue—add lines 8 through 1	1 (must equal Part VIII, colum	nn (A), line 12)		134,062		315,815
	13 G	rants ar	nd sımılar amounts paıd (Par	t IX, column (A), lines 1–3)					0
	14 Be	enefits p	oald to or for members (Part	IX, column (A), line 4)					O
${\mathfrak L}$	15 Sa	alarıes,	other compensation, employ	ee benefits (Part IX, column ((A), lines 5-10)		14,400		14,400
SUE	16 a P	rofessio	nal fundraising fees (Part IX	, column (A), line 11e)					0
άx	b To	otal fundr	aısıng expenses (Part IX, column	(D), line 25) ▶ <u>0</u>					
ш	l	•		•			16,827		260,622
			•		ine 25)		31,227		275,022
	19 R	evenue	less expenses Subtract line	18 from line 12			· · · · · · · · · · · · · · · · · · ·		40,793
nce of						Beginning	of Current Year		ind of Year
sset Safa	20 To	otal ass	ets (Part X, line 16)				1,292,393		1,333,186
¥ B	21 To	otal liab	ılıtıes (Part X, lıne 26)						0
žΞ	22 N	et asset	s or fund balances Subtract	line 21 from line 20			1,292,393		1,333,186
Par	t II	Signa	ature Block						
			i, it is true, correct, and con	ipiete Deciaration of prepa					
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7a Total urrelated business revenue from Part VIII, column (C), line 12 7a 7b Net unrelated business taxable income from Form 990-T, line 34 7b 8 Contributions and grants (Part VIII, line 1h) 72 9 Program service revenue (Part VIII, line 2g) 75 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1, 1,530 1,28 11 Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e) 132,532 312,02 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 134,062 315,81 13 Grants and similar amounts paid (Part IX, column (A), line 4) 15 Salaines, other compensation, employee benefits (Part IX, column (A), lines 5–10) 14,400 14,400 14,400 14,400 15 Salaines, other compensation, employee benefits (Part IX, column (A), lines 5–10) 14,400 14,400 14,400 16 Professional fundraising respenses (Part IX, column (A), line 11e) 16 Professional fundraising respenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 16,827 260,62 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 31,227 275,02 19 Revenue less expenses Subtract line 18 from line 12 100,033 11,333,18 Part II Signature Block 20 Total assets (Part X, line 16) 1,292,393 1,333,18 Part II Signature Block Part IX Signature Block Part IX, column (A), lines 20 1,292,393 1,333,18 Part II Signature Block Part IX, column (A), lines 10 1,292,393 1,333,18 Part II Signature of officer Part IX, column (A), lines 10 1,292,393 1,333,18 Part IX Signature of officer Part IX, column (A), lines 10 1,292,393 1,333,18 Part IX Signature of officer Part IX, column (A), lines 10 1,292,393 1,333,18 Part IX Signature of officer Part IX, column (A),								
c:		Signati	ure of officer						
		r Nizene a	TAVEY Drog-1						
		<i>y</i>		Preparer's signature					
Paid	t								

May the IRS discuss this return with the preparer shown above? (see instru For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address ► 1010 CASS ST SUITE C-2

MONTEREY, CA 93940

Preparer

Use Only

Statement of Program Service Accomplishments Check of Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission HISTORICAL LANDMARK PRESERVATION 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O 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 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, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses S 266,157 including grants of S) (Revenue S) 4b (Code) (Expenses S including grants of S) (Revenue S) 4c (Code) (Expenses S including grants of S) (Revenue S)	Form	990 (2017)					Page 2
1 Briefly describe the organization's mission HISTORICAL LANDMARK PRESERVATION 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?	Par	t III Statement of Program	m Service Accomplis	hments			
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27		Check if Schedule O contai	ins a response or note to	any line in this Part III			. \square
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?	1	Briefly describe the organization's	mission				
the prior Form 990 or 990-E2?	HIST	ORICAL LANDMARK PRESERVATION	N				
the prior Form 990 or 990-E2?							
the prior Form 990 or 990-E2?							
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?	2			- ·	were not listed on		_
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		the prior Form 990 or 990-EZ? .		$\cdot \cdot \cdot \cdot \cdot \cdot \cdot$		∐ Yes b	∠ No
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(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 \$ 266,157 including grants of \$) (Revenue \$) See Additional Data 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$)	3	Did the organization cease conduc	cting, or make significant	changes in how it conducts	, any program		
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 \$ 266,157 including grants of \$) (Revenue \$) See Additional Data 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$) Including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$)						∐ Yes	✓ No
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 \$ 266,157 including grants of \$) (Revenue \$) 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$)		If "Yes," describe these changes o	on Schedule O				
4c (Code) (Expenses 5 including grants of \$) (Revenue \$) (Code) (Expenses 5 including grants of \$) (Revenue \$) (Code) (Expenses 5 including grants of \$) (Revenue \$)	4	Section 501(c)(3) and 501(c)(4) of	organizations are required	to report the amount of gr			es
4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$)	4a	(Code) (Expen	ises \$ 266,157	ıncludıng grants of \$) (Revenue \$)	
4c (Code) (Expenses \$ including grants of \$) (Revenue \$)		See Additional Data					
4c (Code) (Expenses \$ including grants of \$) (Revenue \$)							
	4b	(Code) (Expen	ises \$	including grants of \$) (Revenue \$)	
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All Others are a (December of Charlet O.)							
All Others are served (December of Calculute O.)							
Al Other was a constant (December of Calculute O.)							
	4d	Other program convect (December	un Schadula C \				
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	40	· -	•	\$) (Revenue \$)	
4e Total program service expenses ► 266,157	40	· ' '		<u> </u>	, (,	

or X as applicable

Section 501(c)(3) organizations.

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 👺 🔒 . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥦

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Nο

Nο

Page 3

No

No

No

4 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

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Form **990** (2017)

29

Page 4

1.4	Checklist of Required Schedules (Continued	u)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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?

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 📆

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a 20b

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24a

24b

24c

24d

25a

25b

26

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28a

28b

28c

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Yes

Form 990 (2017)

Yes

Yes

Yes

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No

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Nο

orm '	990 (2017)			Page 5
Par	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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 6			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		No
	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		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
	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		No
b	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	20		
·	If res, to fine 3a of 3b, did the organization me form 6000-1.	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?	6 a		No
	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).			
	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?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	, 9		"
•	1098-C?	7h		No
8	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?			N-
٥-	Did the annual constraint and a secretary throughly distributions and an earlier 10002	8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	90		No
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	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.			
	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	13a		No
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			orm 99	0.(201)

orm 9	990 (2017)			Page 6
Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	
Sec	Check If Schedule O contains a response or note to any line in this Part VI			✓
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
	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	Yes	
	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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
	Did the organization have members or stockholders?	6		No
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		No
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		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b		No
	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		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
10-	Did the supplied based deputes humabas as officialis?	10a	Yes	No No
b	Did the organization have local chapters, branches, or affiliates?	10a		110
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	IIa		110
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	124		140
	conflicts?	12b		No
	Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
	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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	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?			
	tion C. Disclosure	16b		
	List the States with which a copy of this Form 990 is required to be filed			
18	CA Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection Indicate how you made these available Check all that apply			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	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 ►Kent Seavey PO BOX 112 MONTEREY, CA 93942 (831) 375-3151			
				- (2017)

Form 990 (2017)										Page 7	
Part VII Compensation of Officers, D and Independent Contracto		stees	, Key	/ Er	npl	oyee	s, H	lighest Comper	nsated Employ	ees,	
Check if Schedule O contains a res	ponse or note to	any lii	ne in	thıs	Parl	: VII				🗆	
Section A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	nd I	Higl	nest (Con	npensated Emp	oloyees		
 1a Complete this table for all persons required to year List all of the organization's current officer of compensation Enter -0- in columns (D), (E), 	s, directors, tru	stees (\	wheth	er II	ndıv	ıduals		, -		ganızatıon's tax	
• List all of the organization's current key em					•		tıon	of "key employee '	u		
• List the organization's five current highest who received reportable compensation (Box 5 of organization and any related organizations											
• List all of the organization's former officers, of reportable compensation from the organizatio	n and any relate	ed orga	nızatı	ons			·	·	·		
 List all of the organization's former directorganization, more than \$10,000 of reportable c List persons in the following order individual trucompensated employees, and former such personal trucompensated employees. 	ompensation fro stees or directo	m the	organ	ıızat	ion	and ar	y re	elated organizations	5		
Check this box if neither the organization no		rganizat	tion c	omr	ens	ated a	nv c	urrent officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position than of	on (do one bo ooth a	ployee ee : compensat			ore son	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) ROGER BUCKHOUT Treasurer	0 00			х		ed.		0	0	C	
(2) KENT SEAVEY President	0 00			х				14,400	0	C	
(3) DON MC QUEEN Executive Dir	0 00			x				0	0	C	
(4) JONATHAN MC QUEEN	0 00										
Executive Dir	0 00			×				0	0	C	

Part VII

(F)

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	Average hours per week (list any hours director/trustee) Position (do not check more than one box, unless person week (list any hours director/trustee) Position (do not check more than one box, unless person compensation from the organization (W-organizations (V-organizations))							w-	compensation V- from the			
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC	,	organizati relati organiza	ed
												+		
С	Sub-Total			· ·	• •		*			14,400				
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos		ed a	bove	e) who	rec	eived moi	re than \$1	00,000	•		
3	Did the organization list any former line 1a? If "Yes," complete Schedule 2				•		oyee,		ghest con	npensated	employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual										the			
5	Did any person listed on line 1a receivervices rendered to the organization					,			_		vidual for	5		No No
s	ection B. Independent Contract	ors												
1	Complete this table for your five high from the organization Report compe											npen	sation	
	•	(A) and business addre		-							(B) ription of services		(C Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization \blacktriangleright 0

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

Part \	Statement of Rever Check if Schedule O con		e or note to any	line in this Part VIII	[
	Check if Schedule O con	tanis a respons	e of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a Federated campaigns .	. 1a			revenue		312-314
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues	1b					
الم ود	c Fundraising events	1c					
iffs, ar A	d Related organizations	1d					
e in e	e Government grants (contribution	<u> </u>					
Sign	f All other contributions, gifts, grand similar amounts not include	ants, ed 1f	2,500				
Contributions, Gifts, Grants and Other Similar Amounts	above g Noncash contributions inclu						
a di	in lines 1a-1f \$						
ತ್ರ ಕ	h Total.Add lines 1a-1f		<u> </u>	2,500			
F. F.	2a		Business	Code			
1575				+			
or I	b ————						
ervi	d —						
S E	e						
Program Service Revenue	f All other program service re	venue					
ď	gTotal. Add lines 2a-2f	•		0			
	3 Investment income (including similar amounts)		erest, and other	1,289	9		1,289
	4 Income from investment of ta		•		0		
	5 Royalties		•		0		
	6a Gross rents	ı) Real	(II) Personal	-			
	oa Gross rents	2,140					
	b Less rental expenses						
	c Rental income or	2,140		1			
	d Net rental income or (loss)] 2,140			2,140
		Securities	(II) Other	1			2,140
	7a Gross amount from sales of			1			
	assets other than inventory						
	b Less cost or			-			
	other basis and sales expenses						
	C Gain or (loss)]			
	d Net gain or (loss) 8a Gross income from fundraisi		<u> </u>	<u> </u>	0		
l	(not including \$	of					
Other Revenue	contributions reported on lin See Part IV, line 18	e 1c)					
Re	b Less direct expenses	ь		_			
ē	c Net income or (loss) from fu	_	· · •	- (0		
5	9a Gross income from gaming a See Part IV, line 19						
		a					
	b Less direct expensesc Net income or (loss) from ga]	0		
	10aGross sales of inventory, les	_	· · · •	1			
	returns and allowances .		360				
	b Less cost of goods sold .	. b	360	-			
	c Net income or (loss) from sa	L	/ ▶	360 J	0		360
	Miscellaneous Revenu	ie	Business Code				
	11aINS CLAIM - STORM DAMAG	GE		309,526	6		309,526
	b						
	с						
	J						
	d All other revenue						
	e Total. Add lines 11a-11d		•	202 52	4		
	12 Total revenue. See Instruc	tions		309,520			
			<u> </u>	315,81	기	1	313,315

Part IX	Statement of	Functional	Expenses
---------	--------------	------------	----------

Part IX Statement of Functional Expenses				Page 1
ection $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	lumns All other orga	anizations must comp	olete column (A)	_
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	14,400	14,400		
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
L 0 Payroll taxes	0			
L1 Fees for services (non-employees)				
a Management	0			
b Legal	16,048	12,036	4,012	
c Accounting	4,445		4,445	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
2 Advertising and promotion	0			
3 Office expenses	49		49	
4 Information technology	0			
5 Royalties	0			
6 Occupancy	0			
.7 Travel	250		250	
8 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
9 Conferences, conventions, and meetings	0			
0 Interest	0			
11 Payments to affiliates	0			
2 Depreciation, depletion, and amortization	9,530	9,530		
3 Insurance	0	-,		
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 STORM DAMAGE REPAIRS	181,723	181,723		
b RENT REBATE	48,468	48,468		
c TAXES & LICENSE	60		60	
d BANK CHARGES	49		49	
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	275,022	266,157	8,865	
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)				

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

30

31

32

33

34

iabilities 22

Fund Balances

Assets or

Net

(B) End of year

Page **11**

749,562

323,969

0

0

0

0

0

0

0

0

0

0

0

0

0

1,333,186

1,333,186

1.333.186 Form **990** (2017)

1.333.186

259,655

Check if Schedule	O contains a	a response	or note to	o any line in	this Part IX	

Cash-non-interest-bearing . Savings and temporary cash investments . .

basis Complete Part VI of Schedule D

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities.Add lines 17 through 25 .

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

Less accumulated depreciation

Pledges and grants receivable, net . . Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . Notes and loans receivable, net . Inventories for sale or use .

Prepaid expenses and deferred charges .

10b

10a Land, buildings, and equipment cost or other

10a

483,703

224,048

(A)

Beginning of year

705,514

322,694

1

2

3

4

5

12

13

14

15

16 17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

0

1.292.393

1,292,393

1.292.393

264,185

1.292.393

10c 11

☐ Both consolidated and separate basis

2b

2c

3а

3b

Nο

Nο

Form 990 (2017)

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

consolidated basis, or both

Separate basis

Audit Act and OMB Circular A-133?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software Version: 2017v2.2

EIN: 77-0289234 Name: DEFTJENS INC.

Software ID: 17005038

Form 990 (2017)

Form 990, Part III, Line 4a: PRESERVE AND MAINTAIN BIG SUR INN AS A HISTORICAL LANDMARK

efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -		DLN: 93493318017448		
SC	H ED m 99	ULE A		Public (Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o mpt charitable	organization or trust.	ort	2017
		f the Treasury	► Infe	ormation abou	ıt Schedule A (Form	990 or 990-EZ		ıctions is at	Open to Public Inspection
		nue Service he organiza	tion		<u>www.irs.g</u>	ov/form990.		Employer identific	<u> </u>
DEETJ	ENS IN	С						77-0289234	
	rt I				us (All organization				
The c	rganız	ation is not a	a private four	ndation because	it is (For lines 1 thro	ough 12, check o	nly one box)		
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Scl	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	r a cooperat	ive hospital serv	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4			esearch orga and state _	nızatıon operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170
6 -	Ш		·	-	governmental unit de				
7				mally receives (vi). (Complete	a substantıal part of ıt Part II)	s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust desc	ribed in section	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10	✓	from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su	
11		An organiza	ition organize	ed and operated	l exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported:	organizations of	l exclusively for the be described in section 5 the type of supporting	09(a)(1) or se (ction 509(a)(2). See section 509(a	
а		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally i		and C. supporting organizatio ons) You must com				ted with, its
d		Type III n	on-function integrated	ally integrate The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	Ization operated fy a distribution i	in connection wi requirement and	th its supported orgar	` '
e		Check this	, box if the org	ianization receiv	, ved a written determir	nation from the I		pe I, Type II, Type II	[functionally
f	Enter			on-functionally l organizations	integrated supporting	organization			
g g				-	ipported organization(c)			
		Name of support	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota	l								

supported organization

Page 2

ightharpoons

	(Complete only if you che	ckea the box o	n line 5, 7, 8, oi	19 of Part I or i	t the organization	on railed to qua	alify under Par
	III. If the organization fai	Is to qualify un	der the tests list	ed below, pleas	se complete Par	t III.)	
S	ection A. Public Support						
	Calendar year	(-) 2012	(h) 2014	(-) 201F	(4) 2016	(-) 2017	(6) T-1-1
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
S	ection B. Total Support						
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total
	(or fiscal year beginning in) ▶	(a)2013	(6)2014	(6)2015	(u)2016	(e)2017	(T)Total
7	Amounts from line 4						
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instructio	ns)	•	•	12	•
	First five years. If the Form 990 is for			rd fourth or fifth	tay year as a sec		raanization
	•	_			•		_
_	check this box and stop here ection C. Computation of Public				· · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>			(6 \)		1	
	Public support percentage for 2017 (line			olumn (r))		14	
15						15	
16a	33 1/3% support test—2017. If the	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% o	r more, check th	
	and stop here. The organization qualif						ightharpoons
b	33 1/3% support test—2016. If the	organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 i	/3% or more, ch	eck this
	box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test-	-2017. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets t						
	organization				*		►□
	-	-2016 If the	anniantion did ==+	chack a bay as !	no 12 165 165	or 17a and line	F U
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						

instructions Schedule A (Form 990 or 990-EZ) 2017

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

2,500

803,856

0

0

(f) Total

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (a) 2013 **(b)** 2014 (c) 2015

Calendar year									
	(or fiscal year beginning in) ▶								
	4 Ciffe grante contributions and								

1	Gifts, grants, contributions, and
	membership fees received (Do r
	include any "unusual grants ")
2	Gross receipts from admissions,
	marchandina cold or conjugac

ved (Do not rants ") missions, merchandise sold or services performed, or facilities furnished in any activity that is related to the

organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to

the organization without charge

7a Amounts included on lines 1, 2, and

3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of

\$5,000 or 1% of the amount on line

Public support. (Subtract line 7c

(or fiscal year beginning in) ▶

securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from

businesses acquired after June 30,

Net income from unrelated business

activities not included in line 10b, whether or not the business is

Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,

check this box and stop here

Gross income from interest, dividends, payments received on

Total. Add lines 1 through 5

13 for the year Add lines 7a and 7b

from line 6)

1975

Section B. Total Support Calendar year

Amounts from line 6

Add lines 10a and 10b

regularly carried on

11, and 12)

are not an unrelated trade or

business under section 513 Tax revenues levied for the

organization's tax-exempt purpose Gross receipts from activities that

114,765

114,765

(a) 2013

114,765

13

13

114,778

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

(b) 2014

121,246

4,177

4,177

125,423

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

121,246

121,246

124,873

(c) 2015

124,873

371

371

125,244

124,873

130,946

(d) 2016

130,946

1,530

1,530

132,476

(d) 2016

130,946

314,526

(e) 2017

314,526

1,289

1,289

315,815

15

16

17

18

Schedule A (Form 990 or 990-EZ) 2017

312,026

(e) 2017

2,500

Ω 0 806,356

806,356

7,380

O

7,380

813,736

▶□

99 090 %

98 480 %

0 910 %

1 520 %

▶□

(f) Total

806,356

9

С

11

10a

14 15

16 17

20

Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2016 Schedule A, Part III, line 17 19a 331/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

Part I. complete Sections A and C. If you checked 12c of Part I. complete Sections A. D. and E. If you checked 12d of Part I. complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		

	they describe in the supported organization and accignated by diase or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied		

		~	l 1	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b	

	· ·				
С	Out the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use				
	If Yes, explain in Part VI what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported				

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes."

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

amendment to the organizing document)

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below

6

7

8

10a

	art IV Supporting Organizations (continued)		<u>'</u>	age 3
ı C	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	Section D. All Type III Supporting Organizations			
	ection b. An Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons)		
	a The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
			/	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	ΣU		
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		

Sched	dule A (Form 990 or 990-EZ) 2017			Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrat	ed Type III supporting or	ganization (see

7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to videtails in Part VI) See instructions			
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line			

8 Distributions to attentive supported organizations to wh details in Part VI) See instructions	iich the organization is respon	sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI)			

details in Part VI) See instructions	nen trie organization is respon	Sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			

Schedule A (Form 990 or 990-EZ) (2017)

b From 2013. **c** From 2014. **d** From 2015. e From 2016. f Total of lines 3a through e

instructions)

See instructions

31 and 4c 8 Breakdown of line 7

\$

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. . . . c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

Additional Data

Software ID: 17005038 **Software Version:** 2017v2.2

EIN: 77-0289234

Name: DEETJENS INC

Page 8

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1,

Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions) Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

(Form 990)

Department of the Treasury

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.

Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493318017448

Open to Public Inspection

	TIENS INC				Employer luc	enuncation	number
					77-0289234		
Pa	Organizations Maintaining Donor Adv				r Accounts.		
	Complete if the organization answered "Ye				(h) =		
	Total number at and of year	(a) Done	rauvi	sed funds	(D) Fund:	s and other a	iccounts
	Total number at end of year						
•	Aggregate value of contributions to (during year)						
i	Aggregate value of grants from (during year)						
•	Aggregate value at end of year						
	Did the organization inform all donors and donor advisor organization's property, subject to the organization's explicit the organization inform all grantees, donors, and donors, and donors.	xclusive legal contr	ol?				Yes 🗌 No
	charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor,	or for	any other purpose o	onferring imper	missible	Yes 🗌 No
Pa	t II Conservation Easements. Complete if t	he organization a	nswe	red "Yes" on Forn	n 990, Part IV	, line 7.	
	Purpose(s) of conservation easements held by the orga	nızatıon (check all	that a	oply)			
	\square Preservation of land for public use (e g , recreation	n or education)		Preservation of an	historically imp	ortant land a	rea
	Protection of natural habitat			Preservation of a c	ertified historic	structure	
	Preservation of open space						
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conserva	ion co	ntribution in the for		ntion It the End o	f the Year
а	Total number of conservation easements				2a	it the Life o	r the real
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified histor	ıc structure ınclude	d ın (a)	2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register			·	2d		
1	Number of conservation easements modified, transferred tax year ▶	ed, released, exting	uished	l, or terminated by	the organizatior	during the	
	Number of states where property subject to conservation	on easement is loca	ted ►				
1	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		ıng, ır	spection, handling o	of violations,	☐ Yes	□ No
,	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of v	iolatio	ns, and enforcing co	onservation ease	ements durin	g the year
	Amount of expenses incurred in monitoring, inspecting	. handling of violati	ons, a	nd enforcing conser	vation easemen	ts during the	year
	Does each conservation easement reported on line 2(d) above catisfy the	roa	monte of section 1	70(6)(4)(9)(.)		
•	and section $170(h)(4)(B)(ii)^2$) above satisfy the	requir	ements of section 1	70(n)(4)(B)(I)	☐ Yes	□ No
l	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	footnote to the or					
ar	Organizations Maintaining Collections Complete if the organization answered "Ye				er Similar As	sets.	
a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fina	public exhibition,	ducat	on, or research in f			
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pub following amounts relating to these items	16 (ASC 958), to re olic exhibition, educ	port ir ation,	its revenue statem or research in furth	ent and balance erance of public	sheet works service, pro	s of art, vide the
(i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
(i	ii)Assets included in Form 990, Part X				▶ \$		
:	If the organization received or held works of art, histor following amounts required to be reported under SFAS						
а	Revenue included on Form 990, Part VIII, line 1	, ======			▶ \$		
b	Assets included in Form 990, Part X				 ▶ ¢		
<u>.</u>	7.55ct5 included in Form 550, Falt A				F 7 _		

 \boldsymbol{d} Equipment .

Par	t IIII	Organizations Mainta	aining Collections o	of Art, Histori	ical Tre	asures, o	r Other S	imilar As	sets (conti	nued)
3		g the organization's acquisition's (check all that apply)	on, accession, and other	records, check	any of th	ne following	that are a s	significant us	se of its coll	ection
а		Public exhibition		d	П 1	oan or exch	ange progr	ams		
b		Scholarly research		е		Other				
С		Preservation for future gen	erations							
4	Provi Part	ide a description of the organ XIII	nization's collections and	explain how the	ey furthe	r the organı	zation's exe	empt purpos	se in	
5		ng the year, did the organiza ts to be sold to raise funds ra						ar	☐ Yes	□ No
Pai	rt IV	Escrow and Custodia	I Arrangements	<u> </u>						<u> </u>
		Complete if the organiz X, line 21.	zation answered "Yes	on Form 990), Part I	V, line 9, c	r reported	d an amour	nt on Form	990, Part
1a		e organization an agent, trus ded on Form 990, Part X?	tee, custodian or other	intermediary for	· contribu	itions or oth	er assets n	ot	☐ Yes	□ No
ь	If "Y	es," explain the arrangement	t in Part XIII and comple	ete the following	table			An	nount	
c		nning balance					1c			
d	_	tions during the year					1d			
e		ibutions during the year					1e			
f		ng balance					1f			
		-		+ V l 31 fa						
2a	Dia t	the organization include an ai	mount on Form 990, Par	t X, line 21, for	escrow c	or custodial	account liat	ollity?	∐ Yes	∐_No
b	If "Y	es," explain the arrangement	: in Part XIII Check here	e if the explanat	ion has b	een provide	d in Part X	ш		
Pa	rt V	Endowment Funds. (Complete if the organ	ızatıon answei	red "Yes					
			(a)Currer	t year (b)P	rior year	(c)Two	ears back	(d) Three year	rs back (e)F	our years back
1a	Begini	ning of year balance								
b	Contri	butions								
C	Net in	vestment earnings, gains, an	nd losses							
d	Grants	s or scholarships								
е		expenditures for facilities rograms								
f	Admın	nistrative expenses								
g	End of	f year balance								
2	Prov	ide the estimated percentage	of the current vear end	balance (line 1	a. colum	n (a)) held a	<u>-</u>		l .	-
а		d designated or quasi-endow		(3 ,	(,,				
b		nanent endowment >								
_		porarily restricted endowmen	.+ 🏲							
С		percentages on lines 2a, 2b,		1%						
3 a	Are t	there endowment funds not in nization by	•		t are hel	d and admir	istered for	the		Yes No
	_	inrelated organizations							3a(i)	1.00
	(ii)	related organizations							3a(ii)	
b		es" on 3a(II), are the related	organizations listed as r	equired on Sche	dule R?				3b	
4	Desc	ribe in Part XIII the intended	uses of the organizatio	n's endowment	funds					
Pa	rt VI	Land, Buildings, and Complete if the organiz		" on Form 990), Part I'	V, line 11a	. See Forr	n 990, Par	t X, line 10	 D.
	Descr		(a) Cost or other basis (investment)	(b) Cost or other	•		cumulated de		•	ook value
1a	Land				100	,808		+		100,808
	Buildir					,787		119,619		29,168
		hold improvements				,439		92,552		114,887
~								,		,,

8,142

18,527

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

14,792

259,655

8,142

3,735

Schedule D	(Form 990) 2017 Investments—Other Securities. Complete if the organization.	naniza	tion answ	vered "Ves" on Form 990 F	Page 3
Part VII	See Form 990, Part X, line 12.	yanıza			
	(a) Description of security or category (including name of security)		(b) Book value	(c) Method of Cost or end-of-yea	
(1) Financia	al derivatives		value		
(2) Closely- (3) Other <u> </u>	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form	990, F	art IV. lı	ne 11c. See Form 990, Pari	t X. line 13.
	(a) Description of investment		ook value	(c) Method of Cost or end-of-yea	valuation
(1)				Cost of enu-or-year	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	on (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on For	m 990, Pa	rt IV, line 11d See Form 990,	Part X, line 15 (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu Part X	imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answe	arad 1V			» 11 <i>5</i>
	See Form 990, Part X, line 25.	T T			
1. (1) Federal :	(a) Description of liability		(D) B	ook value	
(2)		\top			
(3)		\dashv			
(4)		+			
(5)		+			
(6)		\dashv			
(7)		+			
(8)		+			
(9)		+			
	nn (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>			
2. Liability f	or uncertain tax positions. In Part XIII, provide the text of the loss liability for uncertain tax positions under FIN 48 (ASC 740).	footnot			

Net unrealized gains (losses) on investments .

Recoveries of prior year grants

Other (Describe in Part XIII)

Donated services and use of facilities .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2017

1

2

а

b

1

Page 4

е	e Add lines 2a through 2d	 2e	
3	Subtract line 2e from line 1	 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	O Other (Describe in Part XIII)	1	
С	Add lines 4a and 4b	 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) .	 5	
Par	Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered 'Yes' on Form 990, Part IV, II	Retur	n.
1	Total expenses and losses per audited financial statements	 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	a Donated services and use of facilities		
b	Prior year adjustments		
С	C Other losses		
d	d Other (Describe in Part XIII)		
e	e 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:		
а	a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	O Other (Describe in Part XIII)		
c	Add lines 4a and 4b	 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) .	 5	
Pai	art XIII Supplemental Information		
	rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pari I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any a	V, line	4, Part X, line 2, Part
	Return Reference Explanation		
	'	Sched	lule D (Form 990) 2017

2a

2b

2c

2d

•	orm 990) 2017 Supplemental Info	rmation (continued)	Page 5
Return Reference		Explanation	
			Schedule D (Form 990) 2017

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Schedule L (Form 990 or 990	, P comple	te if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	nswered "Yes Sc, or Form 99 th to Form 99	Interested Persons es" on Form 990, Part IV, lines 25a, 25b, 26, 190-EZ, Part V, line 38a or 40b. 90 or Form 990-EZ.				2017					
Department of the Tre Internal Revenue Serv	asurv	ormation abo	out Schedu	ıle L (Form 99 <u>www.irs.gov</u>) and its inst	ructio	ns is	at	C)pen		ublic	
Name of the org	anızatıon						Er	nplo	yer ide	entifica	tion n	umb	er	
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	ss Benefit Tra lete if the organiza									ne 40b				
) Name of disqual			Relationship be	etween disqua			(c) [escrip	tion of	(d) Cor	Corrected?	
				(organization			tr	ansact	ion	Y	es	No	
Cor rep (a) Name of	ans to and/or nplete if the orgar orted an amount of (b) Relationship with organization	ization answe on Form 990, F (c) Purpose	red "Yes" or Part X, line ! (d) Loan	n Form 990-EZ 5, 6, or 22	, Part V, line 3 (e)Original principal amount	8a, or Form 9 (f) Balance due	90, Pal (g) defa	In	n (h) lt? Approved t board or		(i)		tion ten ent?	
			То	From	1		Yes	No	Yes	No	Yes		No	
							-							
														
Total Part III Gra	nts or Assista	nce Renefit	ina Inter		► \$ ns									
	nplete if the org					line 27.								
(a) Name of Inter	rested person (b) Relationship terested perso organizat	n and the	(c) Amount	of assistance	(d) Type	of assı	stano	ce	(e) Pu	rpose o	of assi	stance	
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For Danerwork Dec	luction Act Notice	see the Instru	tions for Fo	rm 990 or 990-l	57 C:	at No 500564		C = 1		l (Ear-	. 000	- 000	EZ) 201	

transaction

Explanation

Schedule L (Form 990 or 990-EZ) 2017

KENT SEAVEY, PRESIDENT OF DEETJEN'S IS PAID BY THE ORGANIZATION FOR ONGOING PRESERVATION

	person and the organization			organız reven	ation's iues?
				Yes	No
(1) Kent Seavey	Board Member	14,400	Consulting Services		No
					_

Return Reference

Schedule L, Part V Supplemental

Part V

Information

Supplemental Information

Schedule L (Form 990 or 990-EZ) 2017

Provide additional information for responses to questions on Schedule L (see instructions)

CONSULTATION SERVICES

between interested

efile GRAPH:	IC print - DO NOT PROCESS As Filed Data -	DLI	N: 93493318017448				
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific questions from 990 or 990-EZ or to provide any additional inform Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its in www.irs.gov/form990.	on to Form 990 or 990-EZ or responses to specific questions on vide any additional information. m 990 or 990-EZ. 990 or 990-EZ) and its instructions is at					
Name of the orga DEETJENS INC	Employer ident sis INC To the organization Signature Service To the organization Signature Service To the organization						
	e O, Supplemental Information	·					
Return Reference	Explanation						
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Board members, Don McQueen and Jonathan McQueen are father and son, respecti	vely					

Return Reference Explanation

Form 990. RETURN IS REVIEWED BY THE BOARD, AND SIGNED BY A BOARD MEMBER

990 Schedule O. Supplemental Information

Part VI, Line 11b Form 990 Review Process

Return
Reference

Explanation

990 Schedule O, Supplemental Information

Form 990,
Part VI, Line
19 Other
Organization
Documents
Publicly
Available

Return Reference
FORM 990, PART VI,

PART VI,
LINE 11B FORM 990
REVIEW

990 Schedule O. Supplemental Information

PROCESS

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON WRITTEN REQUEST
PART VI,	
LINE 19 -	
OTHER ORG	
DOCS	
PUBLICLY	
AVAIL	

Return Explanation
Reference

990 Schedule O. Supplemental Information

RELATIONSHIP

FORM 990,
PART VI, LINE
2 - BUSINESS
OR FAMILY

BOARD MEMBERS, DON MCQUEEN AND JONATHAN MCQUEEN ARE FATHER AND SON, RESPECTIVELY
OR FAMILY