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# SCANNED MAY 2 3 2012

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Α	For the	2011 calenda	ar year, or tax year beginning , 2011, and ending		, 20		
В	Check if applicable C Name of organization		C Name of organization	D Employer identification number			
	Address c	change	Maryland Forestry Boards Foundation, Inc.	52 1694086			
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone	number		
H	initial retui		192 Duke of Gloucester Street 2nd Floor		410-326-4852		
H	Terminate Amended		F Group Exemption				
Ħ	Application		Number	<b>•</b>			
G		ting Method:		Check ▶ [	If the organization is not		
	Websit	•	<del></del>		ittach Schedule B		
J 1	Γax-exen	npt status (che	ck only one) —   501(c)(3)   501(c) ( )   (Insert no )   4947(a)(1) or   527 (Insert no )   4947(a)(1) or   527 (Insert no )   627 (Insert no )	Form 990, 9	90-EZ, or 990-PF)		
ĸ	Check ▶	▶ ☐ if the	e organization is not a section 509(a)(3) supporting organization or a section 527 organization	n and its are	ss receipts are normally		
	not more		0 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may	_	•		
			ses to file a return, be sure to file a complete return	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	(Part II,			
l	ine 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	\$ 36,014		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruction	ns for Part I.)		
			the organization used Schedule O to respond to any question in this Part I				
	1		ins, gifts, grants, and similar amounts received	1	19,303		
	2		ervice revenue including government fees and contracts	2	16,500		
	3		ip dues and assessments	. 3			
	4	Investment	Income	. 4	211		
	5a	Gross amo	unt from sale of assets other than inventory 5a				
	b		or other basis and sales expenses		1		
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .	5c			
	6	Gaming an	d fundraising events				
	а	Gross inco	ome from gaming (attach Schedule G if greater than				
E	1	\$15,000) .	G Ga				
Revenue	b	Gross inco	me from fundraising events (not including \$	5			
È		from fundra	aising events reported on line // attach Schedule G if the	* .			
_		sum of suc	h gross income and contributions exceeds \$19,000)	١.			
	С	Less: direc	t expenses from gaming and fundraising levents 6c				
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub-	tract			
	]	line 6c)		· · 6d			
	7a	Gross sales	s of inventory, less returns and allowances				
	b		of goods sold				
	c	Gross profi	t or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8	Other rever	nue (describe in Schedule O)	8			
	9	Total rever	<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶ 9	36,014		
	10	Grants and	similar amounts paid (list in Schedule O)	10	7,633		
	11	•	aid to or for members	11			
es	12	Salaries, ot	her compensation, and employee benefits	. 12			
SE	13		al fees and other payments to independent contractors	13	<del></del>		
Expenses	14	, ,	r, rent, utilities, and maintenance	14	+		
Ŵ	1 .0	Printing, pu	. 15	<del></del>			
	16		nses (describe in Schedule O)				
_	17		nses. Add lines 10 through 16				
ts	18		deficit) for the year (Subtract line 17 from line 9)		(8078)		
Se	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	1	-		
As			r figure reported on prior year's return)	تنسر			
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)	. 20	+		
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. ▶ 21	68,019		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2011)



. Pa	Balance Sheets. (see the instructions	•		<b>D</b> - 411		_
	Check if the organization used Schedul	e O to respond to a	ny question in this	(A) Beginning of year	<del></del>	(B) End of year
22	Cash, savings, and investments		-	76,097	22	68,019
23	Land and buildings			70,001	23	
24	Other assets (describe in Schedule O)			•	24	
25	Total assets			76,097	+	68,019
26	Total liabilities (describe in Schedule O)				26	• • • •
27	Net assets or fund balances (line 27 of colum	n (B) must agree with	n line 21)	76,097	27	68,019
Par	t III Statement of Program Service Accor	<del>::::::::::::::::::::::::::::::::::</del>	<del></del>		1	F
	Check if the organization used Schedul	- ,		•	(Ber	Expenses guired for section
Wha	t is the organization's primary exempt purpose?	Forestry/natl resour	ces education,urbar	forestry support		(c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomp	lishments for each o	f its three largest r	program services		anizations and section
	neasured by expenses. In a clear and concise r					7(a)(1) trusts, optional others)
	ons benefited, and other relevant information for e		·	•		•
28	Natural Resources Careers Camp, held at Hickory I	Environmental Ctr, 1 w	eek camp where 30	high school stu-		
	dents learned about careers in forestry and natural	resources. Hands-on	experience in GIS, G	iPS, hydrology,	Ì	
	fire suppression, fisheries and traditional forestry p	ractices.			-	
	(Grants \$ ) If this amoun	t includes foreign gra	ints, check here .	▶ 🗆	28a	16,773
29						•
	that are working to preserve, enhance Md's commu			support for Md'	1	
	Big Tree program, native species plantings, urban	container gardens, scl	nool forests, etc.	·····		
		t includes foreign gra			29a	5,158
30	Calvert County Green Expo, held at the College of	<b></b>				
	government agencies together to promote sustaina			early 500 people,		
	over 50 trees were given away along with over 60 \$					
		t includes foreign gra	ints, check here .	<u>. , , ▶ ⊔</u> .	30a	8,932
31	Other program services (describe in Schedule O)				١.,	
20		t includes foreign gra			31a	
32					32	44,092
I al	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul				nstru	ctions for Part IV )
_	Check if the organization used Schedul		(c) Reportable	(d) Health benefits,	$\dot{\top}$	<u> </u>
	(a) Name and address	(b) Title and average hours per week	compensation	contributions to employ		
	<b>(-)</b>	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
Gan	Allen, 192 Duke of Gloucester St, Annapolis, MD	President, 4 hrs/wk			+	
214		President, 4 ms/wk		,	اه	0
	Miles, PO Box 251, Huntingtown, MD 20639	VP, 1 hr/wk			1	
				· ·	0	0
Eric	Sprague, 410 Severn Ave, Ste 209, Annapolis, MD	VP. 1 hr/wk				
214	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			o	0	0
Daw	n Balinski, 10310 Breeden Rd, Lusby, MD 20657	Treasurer, 6 hrs/wk				
			1,42	5	0	0
San	dra Sparks, 2942 Guilford Ave, Baltımore, MD 21218	Secretary, 2 hrs/wk	-			
		] ,,	(	ו	0	0
Pete	r Becker, 2950C Industrial Park Dr, Finksburg, MD	_ Co-Chair				
210	48	Education, 2 hrs/wk	(		0	0
John	Dingedahl, 9202 Perglen Rd, Baltimore, MD 21236	_ Co-Chair				
		Education, 2 hrs/wk	. (		0	0
Way	ne Lucas, 8400 D'Arcy Rd, Forestville, MD 20747	_ Chair, MUCFC				
		2 hrs/wk	(	)	0	0
Con	nie Hoge, 20 Ridge Rd, Westminster, MD 21157	Director, 1 hr/wk				
_			(	)	0	0
	d Keane, 7120 Oakland Mills Rd, Columbia, MD	Director, 1 hr/wk				_
	046		(	<b>)</b>	0	0
	n Ferenschak, 9300 Perglen Rd, Baltimore, MD	_ Director, 1 hr/wk	]		0	0
21:						0
Don	Van Hassent, 580 Taylor Ave, E1, Annapolis, MD	Director, 1 hr/wk			+	

.Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne ne	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>√</b>
35 <sub>a</sub>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u> </u>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>1</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a			
	Did the organization file Form 1120-POL for this year?	37b	$\longmapsto$	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<b>√</b>
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	-	, <u> </u>	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>✓</b>
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	* `		
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<u>/</u>
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b		42b	Yes	No ✓
	If "Yes," enter the name of the foreign country. ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. Þ	► □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
c	Did the organization receive any payments for indoor tanning services during the year?	44c		<del>`</del>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Utili 98	90-EZ (2011)						age
46	Did the organization engage, directly or					Yes	No
Part	to candidates for public office? If "Yes,"  Section 501(c)(3) organization  501(c)(3) organizations and sec	s and section 4947	(a)(1) nonexempt of	haritable trusts or	<b>ily.</b> All se		<b>✓</b> b
	and 52, and complete the table	s for lines 50 and 51		•			٠ _
	Check if the organization used So	chedule O to respond	to any question in t	nis Part VI		Yes	. L
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electio	-	tax . 47	162	
48	Is the organization a school as described	in section 170(b)(1)(A)(i	i)? If "Yes," complete s	Schedule E	. 48		V
49a	Did the organization make any transfers			ation? .	49a		<b>▼</b>
b	If "Yes," was the related organization as				. 49b		<u></u>
50	Complete this table for the organization employees) who each received more that						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimat other col		
None							
				•			
		-					
f 51	Total number of other employees paid o Complete this table for the organization \$100,000 of compensation from the org	n's five highest compe		contractors who each	n received	l more	tha
(a)	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of serv	ice (c	) Compensat	ion	
None							
						<del></del>	
	Total number of other independent contribution Did the organization complete Schedule	_		and 4947(a)(1)			
52	nonexempt charitable trusts must attach				▶ \\Yes		No

Preparer's signature

Signature of officer

Print/Type preparer's name

Firm's name ▶

Dawn Balinski, Treasurer
Type or print name and title

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

Sign

Here

Paid Preparer

**Use Only** 

Date

Fırm's EIN ▶

Phone no

Check if self-employed

Date

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

**Public Charity Status and Public Support** 

2011

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization							Employer id	dentification	number		
Maryland Forestry Boar	·						52 1694086				
		rity Status (All orga						nstructio	ns.		
2 A school desc 3 A hospital or 4 A medical res	nvention of churc cribed in <b>section</b> a cooperative ho	hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun	i churche ch Sched ation des	s describ lule E.) cribed in	ed in sec section	etion 170 170(b)(1)	(b)(1)(A)(i (A)(iii).		iii). Ente	er the	
5 An organizati		the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	vernment	al unit d	lescrib	ed in
7 🔲 An organizati							oublic				
9 An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A receives: (1) more that to its exempt functent income and unreafter June 30, 1975. Se	an 33¹/₃% tions—su lated bu	6 of its sibject to siness ta	upport fr certain e xable in	exceptions come (le	s, and (2) ss sectio	no more	than 3	31/3%	of its
10 An organization 11 An organization purposes of of the state of the	on organized and on organized arone or more publick the box that the box the box that the box the	operated exclusively of operated exclusively supported organ describes the type of Type II c	to test for the cly for the clips at the cli	or public : ne benefi describe ng organi ill-Funct	safety. S t of, to d in sect zation an	ee <b>sectio</b> perform tion 509(and comple ntegrated	on 509(a)( the funct a)(1) or se ete lines 1	ions of, dection 509 1e throug	9(a)(2). S  h 11h.   Type II	See <b>se</b> II–Othe	e <b>ction</b> er
	undation manage	that the organization ers and other than one									
organization,	check this box								e III sup 	portir	ng . 🔲
g Since August following pers		he organization accep	pted any	gift or co	ontributio	on from a	any of the	)			
		ndirectly controls, eithody of the supported				persons	describe	d in (ii) an	d 11g(i)	Yes	No
(ii) A family m	nember of a person	on described in (i) abo	ove?						11g(ii	-	
(iii) A 35% co	ntrolled entity of	a person described in	n (i) or (ii)	above? .					11g(in	)	
		on about the support			r				·		
(i) Name of supported organization	(ii) EIN	(ui) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	(iv) Is the organization in col (i) listed in your governing document?  (v) Did you notify the organization in col (i) of your support?		inization in of your	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support		of
		(GGG IIIGE EGISTIC)	Yes	No	Yes	No	Yes	No			
(A)											
(B)											
(C)											
(D)											
(E)											
			3.3	1.5		39.30 324		M(~ _M			

Pan	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	
C4	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	ion A. Public Support  idar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2007	(b) 2008	( <b>c)</b> 2009	(d) 2010	( <del>0</del> ) 2011	(i) Total
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)		Administration of the second o		** ** *	K	
6	Public support. Subtract line 5 from line 4.	' 7900 '		>4 *	>-'		
	on B. Total Support						T
Calen 7	idar year (or fiscal year beginning in) Amounts from line 4	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) 2011	(f) Total
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 IV.)						
11	Total support. Add lines 7 through 10		1				
12	Gross receipts from related activities, etc.					12	504/-)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop her		n's tirst, second		, or ππη tax y		on 501(c)(3)
Secti	on C. Computation of Public Suppor		e				
14	Public support percentage for 2011 (line 6			1, column (f))		14	%
15 16a	Public support percentage from 2010 Sch 331/3% support test—2011. If the organiz	edule A, Part cation did not	II, line 14 . check the box	on line 13, and	 d line 14 is 33¹	15 /3% or more, c	
	box and stop here. The organization qual	•		•			🕨 🗆
b	331/2% support test—2010. If the organicheck this box and stop here. The organic	zation qualifie	s as a publicly	supported org	anızatıon .		▶ □
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circu	and-circumstar	nces" test, che t. The organiza	eck this box ar	nd <b>stop here. i</b> as a publicly s	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization me Explain in Part IV how the organization me	on meets the ets the	e "facts-and-cir s-and-circumst	cumstances" ances" test. T	test, check th he organizatio	ns box and st	top here.
18	supported organization		box on line 13,			k this box and	see

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Secti	on A. Public Support				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	23,515	36,779	28,164	89,291	19,303	197,052
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose .	6,300	12,300	13,300	13,900	16,500	62,300
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	29,815	49,079	41,464	103,191	35,803	259,352
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 13 for the year						
	Add lines 7a and 7b						
8	line 6.)				i		050 050
Saati	on B. Total Support	l				L	259,352
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	29,815	49,079	41,464	103,191	35,803	259,352
10a	Gross income from interest, dividends,	20,010	10,010	11,101			200,002
	payments received on securities loans, rents,						
	royalties and income from similar sources .	28	111	309	314	211	973
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				,		
C	Add lines 10a and 10b	28	111	309	314	211	973
11	Net income from unrelated business						_
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	29,843	49,190	41,773	103,505	36,014	260,325
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			' <del>=</del> '		1 50 I(c)(3)
Secti	on C. Computation of Public Suppor					· · ·	·
15	Public support percentage for 2011 (line 8			3 column (fl)		15	99.6 %
16	Public support percentage from 2010 Sch					16	99.7 %
	on D. Computation of Investment In					<u> </u>	
17	Investment income percentage for 2011 (		-	y line 13, colun	nn (f))	17	.4 %
18	Investment income percentage from 2010					18	.3 %
19a	331/3% support tests-2011. If the organi	ization did not	check the box	on line 14, an	id line 15 is m		
	17 is not more than 331/3%, check this box	-	-			_	
b	331/3% support tests - 2010. If the organiz						
	line 18 is not more than 331/3%, check this t		_				
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🔲

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

# Supplemental Information to Form 990 or 990-EZ

2011

OMB No 1545-0047

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.

Open to Public Inspection

Employer identification number

E0 4004000

Department of the Treasury Internal Revenue Service

Name of the organization

Manuford Cornetty Deards Coundation Inc.

maryland Forestry Boards Foundation, Inc.	32 1094000
Revenue Detail :	
Contributions, gifts, grants : Contributions to NRCC Endowment Fund \$ 1,000; Contributions to NRC	C 2011 8 4,550; Corp/private contri-
butions to forestry bds \$ 2,475; Donation to the Mel Noland Memorial Fund \$ 250; Donation to the F	Foundation Scholarship fund \$1,500,
Calvert County Green Expo contributions and fund transfer \$ 9,528.	
Program service revenue: NRCC student tuition (\$ 400 per student) \$ 11,350 and student activity fee (\$	\$ 100 per student) \$ 3,050; NRCC
student tuition for 2012 \$ 400; Calvert County Green Expo registration fees (\$ 60 commercial vendor,	\$ 20 non-profits) \$ 1,700.
Investment income : Interest income on NRCC Endowment fund \$78; interest income on all other case	sh deposits \$ 133.
Expense Detail :	
Grants : Urban Forestry grants \$5,158 ; \$2475 Distrib of corp grants to forestry bds.	
Professional fees: \$2,577 for website development and 2nd round of updates; \$1,425 for accounting	services support.
Printing, postage: \$290 Xerox supplies for Forest Stewardship program, \$101 printing costs for Asso	oc; \$ 155 printing/postage for
Foundation (anniversary seal, logo printing).	
Other Expenses: NRCC 2011 operational expenses \$ 16,773 (cost to run one-week camp \$ 16,153, pro	motional expense \$ 620); PLANT
Award Program plaques and certificates \$157; Urban Forestry meetings and promotional gifts \$9	061; Project Learning Tree
workshops \$ 200; Mel Noland Memorial plaque \$ 10; Foundation meetings & dues to Non-Profit A	Assoc 8 214; Program equipment
for Forest Stewardship workshops \$384; American Chestnut Foundation membership \$40; Jr Rar	nger badges \$ 660; Partnership for
Sustainable Forestry dues \$ 350; Maryland Wood Energy Coalition donation \$ 500, Calvert County	Green Expo operational expenses
\$ 8,932; 150 x Woods in Your Backyard books \$ 2,005, US Forest Svc speaker for Forest Stewards	hip program \$ 724.
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