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Firm's address

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

	Officer section 30 (c), 321, or 454 (a)(1) or the internal navelide Code (except private roundance
Concertment of the Transum	▶ Do not enter Social Security numbers on this form as it may be made public.

Inter	nal Reven	ue Service	► Informa	tion about I	<u>Form 990</u>	and its in	nstructions is a	at www.				Inspection
<u>A</u>	For the	2013 cale	ndar year, or tax year	beginning	Oct	سومرهاه	, 2013,	and end	iing 🔻			30,20/4
В	Check if	applicable:	C Name of organization	Mary	and	_ ქბu	Dean ?	soan	<u>d</u>		Employ	er identification number
	Address	change	Doing Business As	'			-			<u></u>	<u> </u>	<u>,-1214909</u>
	Name ch	nange	Number and street (or I	_	il is not del	vered to st	reet address)	Room/	'suite	E		ne number
	Initial ret	um	40 00%	319							410	- 742 - 9500
	Terminat	ted	City or town, state or p			A				1		1 (1 0.0
	Amende	d return	<u> </u>	ru l	<u>42.</u>	218	03			G	Gross re	eceipts \$ 1,241, 202
	Applicati	ion pending	F Name and address of p	rincipal office	:				H(a	a) is this a grou	p return for	subordinates? 🔲 Yes 💹 No
									Н(b) Are all su	bordinate	s included? Yes No
	Tax-exe	mpt status:	501(c)(3)	⊠ 501(c) (5)4(insert no.)	4947(a)(1) or	527		If "No,"	attach a	a list. (see instructions)
J	Website	: ▶							H(c) Group ex	emption	number ▶
K	Form of	organization:	Corporation Trust	Associat	on 🔀 Oth	er > Non	Profit LY	ear of form	nation:		M State	of legal domicile:
P	art I	Summ										
	1		scribe the organizat								ectr	relations to the
ő		sypa	naine ot do	elsen.	بمميده	A yus	ukotsiis	more	teen	و اور	lugi	eaus allegat
ğ		lain	en 4 collsu	heren	an.	عمعد	DALO			b	0	
Activities & Governance	2	Oneck th	is box ▶☐ if the org	anization o	liscontinu	ued its o	perations or c	lisposed	d of mo	re than 2	5% of	its net assets.
Ĝ	3	Number o	of voting members o	f the gover	ning bod	ly (Part V	'I, line 1a) . .				3	
9	4	Number of	of independent votin	g members	of the g	overning	body (Part V	I, line 11	b) .		4	
Ę	5	Total nun	nber of individuals er	nployed in	calenda	r year 20	13 (Part V, lin	e 2a)			5	
ξ	6	Total nun	nber of volunteers (e	stimate if n	ecessary	/)					6	
Ą	7a	Total unre	elated business reve	nue from P	art VIII, o	column (C	C), line 12 .				7a	
	b	Net unrel	ated business taxab	le income f	rom Forr	n 990-T,	line 34				7b	
		, , , , , , , , , , , , , , , , , , , ,								Prior Year	•	Current Year
Ð	8	Contribut	ions and grants (Par	t VIII, line 1	h)				# 2	58.00	5	\$ 84,457
Revenue	9		service revenue (Par				·		\$ 1,0	157.8	72	61.151.382
ě	10	Investme	nt income (Part VIII,	column (A),	, lines 3,	4 _D and-7	DIVED .		L		<u>76</u>	1 31a
<u> </u>	11	Other rev	enue (Part VIII, colur	nn (A), line:	s 5į, 6 <u>d, 8</u>	c. 9c. 10)c, and 14e)-			\$ 8		75.051
	12		nue-add lines 8 thr					ne 12)	\$ 1.7	516,30	5	51,241,202
	13	Grants ar	nd similar amounts p	aid (Part IX	, column	(A),[ine]	\$ 1 7 -3 <u>2</u> 915 .	<u> </u>	\$	890,60	11	B'939',948
	14	Benefits	oaid to or for membe	ers (Part IX,	cộlumn	(A), line 4	4) <u>.</u> .	∞ .		1		
ģ	15	Salaries, o	other compensation,	employee b	enėfits (P	art IX, co	ļumπ (A), lines	5-10)		B40,4	96	\$ 40,437
Expenses	16a	Professio	nal fundraising fees	(Part IX, co	lumn (A)	Vine 11.	e)	J.	<u></u>	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,
Š	b	Total fund	draising expenses (P	art IX, colu	mn (D), li	ine 25) 🕨	·		175/23		400	
ш	17	Other exp	enses (Part IX, colu	mn (A), line	s 11a-11	ld, 11f–2	4e)			379	380	5 499 694
	18	Total exp	enses. Add lines 13-	-17 (must e	qual Par	t IX, colu	ımn (A), line 2	5) .	\$1,3	109,49	2	61,370,079
	19	Revenue	less expenses. Subt	ract line 18	from lin	e 12 .	<u></u>				28	o(-)'128 377
Net Assets or Fund Balances					-					ing of Curre		End of Year
a se	20		ets (Part X, line 16)						8		65	\$679,849
뚩	21		lities (Part X, line 26)						5		99	#130;860
			s or fund balances.	Subtract lir	e 21 from	n line 20	<u>' </u>	- : - : -	5/	576,8	66	5547 989
	art II		ure Block									<u> </u>
Un	der penal	Ities of perjui	y, I declare that I have ex	amined this re	turn, includ	ling accomp	panying schedule	es and sta	tements,	and to the	best of n	ny knowledge and belief, it is
tru	e, correct	, and compi	ete Declaration of prepare	r joiner thaurc	TILOGO IS DE	ISBO ON AU	information of wh	ich prepa	rer nas a	ny knowled		
		_	San A	rathet	/						<u> </u>	08090166
Sig		Signa	ature of officer	C 11			1			Date	٨	10/10
He	re	 	Pariel W	Zaayhu	A.L	<u> </u>	Irea	Jure	<u>x</u> x		Ö	47115
		1. / 	or print name and title									In the second se
Pa	id	Print/Typ	pe preparer's name		Preparer's s	signature			Date		Check [
	epare	r									self-emp	ployed
	e Onl		ame 🕨							Firm's	EIN ►	

☐ Yes ☐ No

Cat. No. 11282Y

Form 99	<u> </u>	Man	dand	Sout	ien n 12	51-18	14909	Page 2
Part i		omplishme	ents	1				
	Check if Schedule O contains a response	nse or not	e to any lin	e in this F	Part III	· · · · ·	<u> </u>	<u> </u>
1	Briefly describe the organization's mission:	10		••		۸		
	To collect assessments + deils	when the	2 YHANDI	4 coppos	too to y	my blotes	in rolli	10 4 6
	Dutotil Mexiting, Diametra.	N. ABOXIC	P.P. Augs	Lersy use	es Longe	KPT TOWATE	" Charta	BOTTIES
	There is the second of the sec	outcers	wtata	AL 126 24.	STWINGS	**************		
	Did the organization undertake any significar				ear which we	re not listed on	the	
	prior Form 990 or 990-EZ?						· Yes	∑ ∕No
	If "Yes," describe these new services on Sch					_		
	Did the organization cease conducting, or services?	make sigi	nificant cha	inges in t	now it condu	icts, any progr		rt
	If "Yes," describe these changes on Schedule						· Tes	™,No
	Describe the organization's program service		amente for	each of its	three larges	t program sond	000 00 m001	cured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations	accompns anizations	are require	d to repor	t the amount	of grants and	allocations to	others.
	the total expenses, and revenue, if any, for ea					or gramme and		,
4a	(Code:) (Expenses \$ 575,49	includin	ng grants of	\$) (F	Revenue \$)
		·····			KK			
	Required by Jadora	rudh.	to ha	لسلطل	Lover L	wkkskab.	esti	
	Collector to the lu							
		men.	syven	W. ROW				
•			*****			***************************************		
	•							
4b	(Code:) (Expenses \$ 264, 25	7 includin	g grants of	\$) (F	Revenue \$)
,	To gund in - that	e (Md) Rose	oish				

	***************************************					*****		
•		************	~					*********
•								
4-	(Code: \(\sigma\) (Cyponoco & tl \(\lambda\) (h \(lambda\)	inaludin		Φ.	\ /6	Pariania C		
4c	(Code:) (Expenses \$ 403,966	incidalii	g grants or	Φ	<i>)</i> (F	revering \$)
•	aluad la ventarinala	٠. ٨ ٨		<u> </u>	N111 V V	Voolt AA		
•	Promotion of souls	Julian Lan			3043.4.4	assessing a	L	
	argorg Canastasube	MA AN	L.Bay	runs	1 their	many	uses +	
	Communications of	D. WEX	struti	extA	manga	worth (a	19th	
	U				<u>0</u>	********	<u>U</u>	
-	+ Laca as low Lenson +	i.ve.us/&VQ						
-								
•								
	Other program services (Describe in Schedule							
	(Expenses \$ including grants	of \$)	(Revenue	\$)		
40	Total program service expenses ► 1,243,	414	·		<u> </u>		A	00 mass
							Form 9	90 (2013)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			X
2	to the annual set of the second set of the second s	1 2		<u> </u>
3	Did the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_5_		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	:		V
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	┝╇╢		<u> </u>
_	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			~
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		7
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			X
11	endowments, 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,	10	Sec. 2. 1	الديد توعاية
11	VII, VIII, IX, or X as applicable.	in the		\$125 B 61 15 C
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	r e zze.	- F E &	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			11
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
9 #	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	11e		X
•	the organization's separate or consolidated infancial statements for the tax year include a footbote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		V	
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	40-		X
13	Is the organization a school described in section 170(b)(1)(A)(li)? If "Yes," complete Schedule E	12b 13	\dashv	X
13 14 a		14a		×
	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			V
4 <i>E</i>	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	 ~		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		$\underline{\chi}$
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			\overline{X}
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			$\overline{\chi}$
	If "Yes," complete Schedule G, Part III	19		
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		文
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	990	/0010\
		ront	. 25U	(ZU 13)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	140
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>/`</u> }
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		<i>Y</i>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	χ	
		F	. DOA	M040

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	经	\$ 1-18 T	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	- (52)	7 - 3 1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1	16297	يون د يون ماند د يوند
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		55 V (X
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Æ.	132	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X _
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		V
b	If "Yes," enter the name of the foreign country: ▶	200	7 45 43 10 45 43	7533
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		0. 4. 19	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	A of the case of the	Y SHEWAL
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		文
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			V
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			Îr.SÎ
_	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		X
		7c	N.E-6724	<u> </u>
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	Time Life :	300
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		✧
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		×
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Ź
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		8.3	<u> Thi</u>
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	3 ())	, e	المعاددة
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.	100	AL SALE	
а	Did the organization make any taxable distributions under section 4966?	9a		<u>X</u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	200	X
10	Section 501(c)(7) organizations. Enter:	34. 37. 39. 24.		464
a	Initiation fees and capital contributions included on Part VIII, line 12			17.5
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			Ne x
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)	33		85
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	المداء المدا	Y
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	(Sec.)	\$ - 4-4	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			認意
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	Note. See the instructions for additional information the organization must report on Schedule O.	Fig.	** \(\frac{1}{2} \\ \frac{1}{2} \\ \	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			1
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
		Form	990	(2013)

	90 (2013) Maryland Souheau Bd 52-1214909	Page	
Part			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	_	<u>;. </u>
C4	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	┙
Secu	on A. Governing Body and Management	Yes No	_
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13	198 NO	<u> </u>
ıa	If there are material differences in voting rights among members of the governing body, or		N
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1788
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 χ	が対対
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3 ×	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 X	.— —
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 X	<u>ر</u>
6	Did the organization have members or stockholders?	6 X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a /	<u>-</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	100
_	the year by the following:	8a X	23
a b	The governing body?	8a X 8b X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 X	_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code.)	_
		Yes No	-
10a b	Did the organization have local chapters, branches, or affiliates?	10a X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	-
b	Describe In Schedule O the process, if any, used by the organization to review this Form 990.		15
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X	_
13	Did the organization have a written whistleblower policy?	13 X	
14	Did the organization have a written document retention and destruction policy?	14 X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		器線
а	The organization's CEO, Executive Director, or top management official	15a X	, –
b	Other officers or key employees of the organization	15b X	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a X	1000
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	<u> </u>
	on C. Disclosure		_
17 18	List the states with which a copy of this Form 990 is required to be filed MONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	ı 501(c)(3)s onl	y)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest policy, an	ıd
20	State the name, physical address, and telephone number of the person who possesses the books and records		
	organization: > Sandra Davis, 20132 Scotland PKWy, Sallsbury, Md Albert	5 Form 990 (201	_

Form 990 (2013)	Man	1 0	uλ	V (N	h	es	いん じょく	52-1214	909 Page 7
Part VII Compensation of Officers, Dir	ectors, Tr	uste	es,	Ke	уE	mpl	oye	es, Highest	Compensated	Employees, and
Independent Contractors										
Check if Schedule O contains a re	esponse or	note	to a	any	line	e in ti	nis I	Part VII	<u></u>	<u> 🗆</u>
Section A. Officers, Directors, Trustees, Key										
1a Complete this table for all persons require	d to be list	ed. R	lepo	ort c	om	pens	atio	n for the cale	ndar year ending	g with or within the
organization's tax year.		4	4			. A la			(1)	
 List all of the organization's current office compensation. Enter -0- in columns (D), (E), and 								ividuals or org	anizations), rega	rdiess of amount of
List all of the organization's current key en		-						definition of "l	kev emplovee."	
• List the organization's five current highes		-								e, or key employee)
who received reportable compensation (Box 5										
organization and any related organizations.										
• List all of the organization's former offic									employees who	received more than
\$100,000 of reportable compensation from the										
 List all of the organization's former directorganization, more than \$10,000 of reportable c 										or or trustee of the
List persons in the following order: individu	-				-				-	emplovees: highest
compensated employees; and former such pers			 .		,			J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		p.o., 000,g
☐ Check this box if neither the organization no	r any related	d orga	aniza	atio	n c	ompe	nsa	ited any curren	nt officer, directo	r, or trustee.
				(0	•					
(A)	(B)	(do n		Posi		than e	na	(D)	(E)	(F)
Name and Title	Average	box, t	ınles	s pe	rson	is both	an an	Reportable	Reportable	Estimated
	hours per week (list any				<u> </u>	or/trus	T	compensation from	compensation from related	amount of other
	hours for	Indiv or d	Instit	돩	•	朝	of a	the	organizations	compensation
	hours for related organizations	Individua or directi	Institutio	Officer	Key emp	Highest c	Former	1	organizations (W-2/1099-MISC)	l .
	related organizations below dotted	Individual trus or director	Institutional to	Officer	Key employe	Highest comp employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the organization and related
	related organizations	Individual trustee or director	Institutional truste	Officer	Key employee	Highest compensa employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the organization
	related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the organization and related
m Hang Kahan 14	related organizations below dotted	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the organization and related
11) Hans Schmidt	related organizations below dotted	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the organization and related
Chairman	related organizations below dotted	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the organization and related
Chairman (2) William Lawton	related organizations below dotted	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the organization and related
Chairman (2) William Layton Vice Chairman	related organizations below dotted	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the organization and related
Chairman (2) William Layton Vice Chairman (3) Danny Saathoss Treasurer	related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
Chairman (2) William Lauton Vice Chairman (3) Danny Saathoss Treasurer	related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
Chairman (2) William Lauton Vice Chairman (3) Danny Saathoss Treasurer	related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
Chairman (2) William Lauton Vice Chairman (3) Danny Saathoss Treasurer	related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
Chairman (2) William Lauton Vice Chairman (3) Danny Saathoss Treasurer	related organizations below dotted	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
Chairman (2) William Lauton Vice Chairman (3) Danny Saathoss Treasurer	related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
Chairman (2) William Lauton Vice Chairman (3) Danny Saathoss Treasurer	related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated amployee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
Chairman (2) William Layton Vice Chairman (3) Danny Saathoss Treasurer (4) Sidney Richardson Director (5) Michael Harrison Director (6) Linda Burrier Director (7) Travis Hutchison	related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
Chairman (2) William Layton Vice Chairman (3) Danny Saathoss Treasurer (4) Sidney Richardson Director (5) Michael Harrison Director (6) Linda Burrier Director (7) Travis Hutchison	related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
Chairman (2) William Lauton Vice Chairman (3) Danny Saathoss Treasurer	related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated amployee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related

(14)

Part V	Ш	Statement of Revenue	1		sylvean b		414404 Pag
		Check if Schedule O contains a response or		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ह	1a	Federated campaigns 1a			THE STATE OF	是军军,这两	国门营港 1.20
and Other Similar Amounts		Membership dues 1b					
₹		Fundraising events 1c					
喜		Related organizations 1d					
Ē		Government grants (contributions) 1e 1844	£57_		(大学) (1)	Carrie St.	The state of the s
•		All other contributions, gifts, grants,					
튄		and similar amounts not included above 11					
ğ	_	Noncash contributions included in lines 1a-1f: \$		The state of the s	国际的特别的		
	h	Total. Add lines 1a-1f	. P	34,457			The car series and
₹ ,	•-	1					
riogram service neverue	2a b c	Assessments First Purchases 900	099	⊕1,151,382	\$1,151,382		
8	d						
gram	e f	All other program service revenue .			 		
ξĺ		Total. Add lines 2a–2f	. •	\$1.151.382	F - 8-78 MER F . FO	1985 / Smile	
		Investment income (including dividends, int		1121120a	1	1 1 0 00 18 (30)	1
`		and other similar amounts)	. •	\$ 312	6312		
4		Income from investment of tax-exempt bond proces	ads 🕨	2)12	-210		-
1 1		Royalties	D				
`		(i) Real (ii) Pers	onal	- 17 (, 0, 7)			55.0.2.38° 5° 8
	Ва	Gross rents			} `^ (
`		Less: rental expenses				1 4 3 6 3 6	
		Rental income or (loss)				9.3	
		Net rental income or (loss)	. ▶	, , , , , , , ,	,	z	
7		Gross amount from sales of (i) Securities (ii) Oth	ner	100	S 1 5 4	3 34	it - 3 - Co of long miles
		assets other than inventory				1	March Contract
	b	Less: cost or other basis					Dank of Winds
		and sales expenses .		建筑。 "你 "。	,	1	5 3 7 5 7 1 1 3 4 5 5 7 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
- 1	C	Gain or (loss)					
ĺ		Net gain or (loss)	. ▶	,		·	. , , , , , , , , , , , , , , , , , , ,
_						1 2 - 18 - 18	とかいななからないかられ、
Ouler neveliue	Ba	Gross income from fundraising		م المجيد المجيد الم	[]		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5		events (not including \$		+ 23 m 3 1 1 2 3	(
		of contributions reported on line 1c).]				
5		See Part IV, line 18 a		Property Control			
₹	b	Less: direct expenses b		·普勒達 3			
- 1		Net income or (loss) from fundraising events	, ▶				
9		Gross income from gaming activities.		2-12-16-16-1		() 注 () 執	
1		See Part IV, line 19 a			1 1		
		Less: direct expenses b			17 M. T. C.	L SE STOR	
		Net income or (loss) from gaming activities	. 🕨				
10		Gross sales of inventory, less	1				
		returns and allowances a					
		Less: cost of goods sold b					H. Parting
	С	Net income or (loss) from sales of inventory .					
<u> </u>		Miscellaneous Revenue Business			ا نسيرا	- (*) *;	E CARLANCE
11	•	Miscellaneous 9000	74	\$5,051	45,051		
-	b .				·		
	C.						
		All other revenue			ļ		
1 .		Total. Add lines 11a-11d		55,051	<u> </u>		16-18 13 12 18 18 18 18 18 18 18 18 18 18 18 18 18
1 12	"	Total revenue. See instructions	. ▶₩	1,241,202	\$1.156.745		

Form 990 (2013) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (A) Total expenses Do not include amounts reported on lines 6b. 7b. (B) Program service (D) Fundraising (C) Management and general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States, See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . Grants and other assistance to governments, organizations, and individuals outside the United States, See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages £46.437 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees): Accounting \$4.200 Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . Advertising and promotion . . . 12 \$5,040 55040 13 Office expenses 14 Information technology . . . 15 Royalties 16 Occupancy 52,400 \$2.400 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . ×5 216 \$ 521b 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . \$1.063 **≨**1,063 23 Other expenses. Itemize expenses not covered 24 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.) Education, Promo + Communication 8403 966 940 ФОЦУ Miscellaneous Pagroll Persion & Health ·566 All other expenses

Total functional expenses. Add lines 1 through 24e 25 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 following SOP 98-2 (ASC 958-720)

Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) **(B)** Beginning of year End of year Cash-non-interest-bearing 1 2 2 Savings and temporary cash investments \$701,207 3 3 4 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 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. 6 7 R Inventories for sale or use 8 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 毎しおりろ 10c h 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . 12 Investments - program-related. See Part IV, line 11. 13 13 14 14 15 15 Other assets. See Part IV, line 11 \$264,565 16 16 Total assets. Add lines 1 through 15 (must equal line 34) \$ 66',4= 14',760 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 7,7 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. \$676,866 Unrestricted net assets 27 27 28 28 Temporarily restricted net assets . . . 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 Total liabilities and net assets/fund balances . 34

Form-990	(2013) Maryland Jayhean Bd 52-18	114	409	Pa	ge 12
Part 2	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	otal revenue (must equal Part VIII, column (A), line 12)	1	\$124	1,26	2
2 .	otal expenses (must equal Part IX, column (A), line 25)	2	\$(3)		
3	Revenue less expenses. Subtract line 2 from line 1	3	\$1-12		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5676		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7 1	nvestment expenses	7			
8 1	Prior period adjustments	8			
	Other changes in net assets or fund balances (explain in Schedule O)	9			
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line is 3, column (B))	10	\$ 54	7,90	39
Part >					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990: Cash Accrual Other		- 20 M		
	f the organization changed its method of accounting from a prior year or checked "Other," ex	plain	n B		
	Schedule O.		# 978 g.	Market States	
	Vere the organization's financial statements compiled or reviewed by an independent accountant?				\mathbf{X}
	f "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled o	A Section of		
	eviewed on a separate basis, consolidated basis, or both:		10 A		1
_	Separate basis		TELES	18 miles	
	Vere the organization's financial statements audited by an Independent accountant?		. 2b	إكجا	
	"Yes," check a box below to indicate whether the financial statements for the year were audite	a on	a Significant		1 2 2
_	eparate basis, consolidated basis, or both:				
_	Separate basis Consolidated basis Both consolidated and separate basis		ြင်းစိုလို		230
	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	omich		1,	

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.........................
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

20**13**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

	Maryland Joubean Board 52-1214909
Par	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.
	(a) Donor advised funds (b) Funds and other accounts
1	Total number at end of year
2	Aggregate contributions to (during year) .
3	Aggregate grants from (during year)
4	Aggregate value at end of year
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose
	conferring impermissible private benefit?
Par	Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).
•	Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
	Protection of natural habitat Preservation of a certified historic structure
	☐ Preservation of open space
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation
•	easement on the last day of the tax year.
а	Fotal number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a
_	nistoric structure listed in the National Register
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the
	ax year ▶
4	Number of states where property subject to conservation easement is located ▶
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
	violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
-	turning of any area in a week in manifolding inspecting and enfavoing concernation accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)
•	i) and section 170(h)(4)(B)(ii)?
9	n Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and
	palance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
	organization's accounting for conservation easements.
Part	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.
1a	f the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b	f the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of
	public service, provide the following amounts relating to these items:
	i) Revenues included in Form 990, Part VIII, line 1
_	(ii) Assets included in Form 990, Part X
2	f the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a	Revenues included in Form 990, Part VIII, line 1
<u> </u>	Assets included in Form 990, Part X

Schedu	ie D (Form 990) 2013		Mar	lan	1 1	buben	n Bd.	52-121	4909	Page 2
	III Organizations Maintaining	Collec	tions of	Art. His						
3	Using the organization's acquisition, collection items (check all that apply):	accession								
a	☐ Public exhibition			d	☐ Loan	or exchan	ge program	s		
b	☐ Scholarly research			0						
C	☐ Preservation for future generations	s					*************	*************		
4	Provide a description of the organizat XIII.	tion's co	ollections a	and expl	ain how t	hey furthe	r the organi	zation's exem	pt purpose i	in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to	be mainta						r Yes [□ No
Part		_		W 4 . = .		S. 4 D. 19				
	Complete if the organization 990, Part X, line 21.									m
18	Is the organization an agent, trustee included on Form 990, Part X?								≀ ☐ Yes [□ No
b	If "Yes," explain the arrangement in Pa	art XIII a	nd comple	ete the fo	ollowing t	able:				
								An	nount	
C	Beginning balance						1c			
d	Additions during the year						1d	•		
θ	Distributions during the year						1e	 	 	
f	Ending balance						1f		☐ Yes [- No
2a b										╡~~
Par				,		•		TPAIL AIII .	<u> </u>	<u></u>
	Complete ii trie organization		rent year	· · · · · · · · · · · · · · · · · · ·	or year	(c) Two yes		Three years back	(e) Four years	s back
1a	Beginning of year balance	(4) 04:	ioni you	(5)		(0) 1110 300	20 00011 (4)	The your basis	(0)1 041 7041	
b	Contributions								 	
c	Net investment earnings, gains, and losses									
d	Grants or scholarships							···· · · · · · · · · · · · · · · · · ·		
€	Other expenditures for facilities and									
	programs	r				ŀ				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	he curre	nt year en	d baland	e (line 1g	, column (a	a)) held as:			
а	Board designated or quasi-endowmer	nt ▶		_%						
b	Permanent endowment ▶	%								
C	Temporarily restricted endowment ▶		%							
	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	posses	ssion of th	e organi	zation the	at are held	and admin	stered for the		T
	organization by:								Yes	No
	(i) unrelated organizations								3a(i)	
•.	(ii) related organizations If "Yes" to 3a(ii), are the related organi								3a(ii)	+
ь 4	Describe in Part XIII the intended uses								3b	
Part			Ji gai lizatio	711 0 011d.	3441110111111	<u></u>		···		
	Complete if the organization		red "Yes	" to Fon	ກ 990. F	Part IV. line	a 11a. See	Form 990. F	Part X. line 1	10.
	Description of property		a) Cost or ot			or other basis			(d) Book valu	
			(investm			ther)	depred	lation		
1a	Land	·			ļ		1.40 -20 -20 - 3	· (1-5) 4		—
b	Buildings	·			 		 			
C	Leasehold improvements	.		·						
d •	Equipment	· -					 			
	Add lines 1a through 1e. (Column (d) m	rust eau	al Form 9	90. Part	X. column	(B), line 1	D(c),)		-	

Part VII	Investments—Other Securiti	•	000 David IV II.a	. 44b. O F	000 Dark V Bro. 40
	Complete if the organization a				
	(a) Description of security or cate((including name of security)	gory	(b) Book value		thod of valuation i-of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(A)	*******************************		·		
(B)					
(C)					
(D)		***************************************			
(E) (F)				<u> </u>	
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)			35 73 4 55	
Part VIII	Investments—Program Rela			16 4 233 - 3 26,	The Charles of the Man Man and the Charles of the C
r art viii	Complete if the organization a		m 990. Part IV. line	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Me	thod of valuation:
				Cost or end	l-of-year market value
(1)				 	
(2)					
(3)					· · · · · · · · · · · · · · · · · · ·
(5)					
(6)					
(7)		· · · · · · · · · · · · · · · · · ·			
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.		000 D+N/ P	. 44 4 0 5	000 B-4V B 45
	Complete if the organization as	(a) Description	n 990, Part IV, line	e 11a. See Form	(b) Book value
(4)		(a) Description			(D) BOOK Value
(1)					
(2)			······································		
(4)					
(5)					<u> </u>
(6)					
(7)					
(8)					
_(9)					
	mn (b) must equal Form 990, Part X,	, col. (B) line 15.)	<u> </u>	>	<u></u>
Part X	Other Liabilities.		- 000 David N/ II-	- 44 444 0	F 000 D+ V
	Complete if the organization as line 25.	nswered "Yes" to For	n 990, Part IV, line	9 116 OF 111, See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value		Entransition of the second	
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)			The state of the s		
(6)					
(7)					
(8)					
	b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>		學可能認識	
	uncertain tax positions. In Part XIII, pr		ote to the organization	n's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule	e D (Form 990) 2013 Mary Jana	2 Jan	ahean Bd	52-1	214	919	Page 4
Part	Reconciliation of Revenue per Audited Financi	al Statem	ents With Rever	ue per Re	turn.	1.2.1	
	Complete if the organization answered "Yes" to F						
1	Total revenue, gains, and other support per audited financial s				1 1	61. 24	202
2	Amounts included on line 1 but not on Form 990, Part VIII, line			138	255	14011	1
	Net unrealized gains on investments		2a	15.5			
	Donated services and use of facilities		2b				
C	Recoveries of prior year grants		2c				
_	Other (Describe in Part XIII.)		2d	81			
	Add lines 2a through 2d		=41		e		
	Subtract line 2e from line 1			<u> </u>		51,241	201
	Amounts included on Form 990, Part VIII, line 12, but not on li		i . i		100	1441	1 oca
	Investment expenses not included on Form 990, Part VIII, line		48	75 p. V	[F]		
	Other (Describe in Part XIII.)		4b		20		
	Add lines 4a and 4b			4	<i>152</i> ₽		
-	Total revenue. Add lines 3 and 4c. (This must equal Form 990,				5 6	1,241	ክ አ ጎ
Part							90°
Fait	•		•	uses her r	returi	l.	
	Complete if the organization answered "Yes" to Fo				<u> </u>	1000	AAA
	Total expenses and losses per audited financial statements				 1	1,3.70 ₁	079
	Amounts included on line 1 but not on Form 990, Part IX, line	25:	1 - 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Donated services and use of facilities		2a		134		
	Prior year adjustments		2b		\$		
	Other losses		2c		30		
	Other (Describe in Part XIII.)		2d	· · · · · · · · · · · · · · · · · · ·	212.0		
	Add lines 2a through 2d			2			
	Subtract line 2e from line 1			· · · 3	} {	<u> </u>	1,079
	Amounts included on Form 990, Part IX, line 25, but not on line			\$7°		•	•
	Investment expenses not included on Form 990, Part VIII, line		4a		2		
	Other (Describe in Part XIII.)		4b	23			
	Add lines 4a and 4b			<u> 4</u>			
	Total expenses. Add lines 3 and 4c. (This must equal Form 99) Supplemental Information.	υ, Part I, Ilni	e 18.)	5	5 7	⁵ 1,370	024
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also comple	te this part	to provide any add	itional infor	mation		
••••••				••••••••			
		***********			*******		**********
			•••••	*****			
				•••••			
					•••••		
	•		***************************************				

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Department of the Treasury			► Attach to Form 990.	Form 990.			Open to Public
Internal Revenue Service	► Infon	mation about Sched	lule I (Form 990) an	d its instructions is	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	990.	··· · Inspection ····
Name of the organization Name of the organization Name of the organization	A	70.00				Employe	Employer identification number ベュー イルロハタ
<u>3</u>						800	101 - 8
Faire: General Information on Grants and Assistance	n Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	records to subs	stantiate the amou	nt of the grants or	assistance, the g	antees' eligibility for	the grants or assistance	, and
the selection criteria used to award the grants or assistance?	vard the grants	or assistance?	•			N N X X N N N N N N N N N N N N N N N N	· · KYes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ation's procedur	es for monitoring t	he use of grant fur	ds in the United	States.		
Part II Grants and Other Assistance to Governments	istance to Go	vernments and	Organizations i	n the United St	ates. Complete if t	the organization answ	and Organizations in the United States. Complete if the organization answered "Yes" to Form 990.
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	recipient that	received more th	an \$5,000. Part	ll can be duplica	ted if additional sp	bace is needed.	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) United Soupean Bd- 43-159227) #575.69	13-1592277	\$575.691					
(2) Whitevacty of Manyland 52-6002033 \$121,615	7-6003033	#131,614					
13) Shillinger Genetics 42-14964 51 638, 85	12-149645	638,850					
(4) University of abound 31-6000397 \$15,50	51-6000397	\$15,509					
19143 Sedagical Saiety 53-014495 \$31,419	53-018958	\$32,419					
(9)							
(<u>u</u>							
(8)							

8

9

5

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . 3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. N

12

Cat. No. 50055P

Schedule i (Form 990) (2013)

m 990) 2013)

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

Schedule I (Form 990) (2013)

Part III

Robersh grants - We have a norder of audit procedure in place consisting of a Robersh Outet Committee (Bd mouters) and a form of withour procedure But I Sina # - Winted Saylean Bd - We are required by Hodowal Daw (1940 Farm Rill) (SAARC) (f) Description of non-cash assistance to sound 12 of our collected assbasinents to the USA. They are audited Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) each year of classly runitaled by USDA. (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of reciplents (a) Type of grant or assistance ζ,

Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization
	Maryland Soybean Bd 52-1214909
	Form 990, Part I, Item K, Other Organization Type: QSSB
	Qualified State Soybean Board
<u></u>	
	Form 990. Part I. Line 1, Description of Organization Mission:
	Expansion of US Soybean Market and Soybean Research
, · 	
···F	orm 990, Part VI, Section B, Line 11: Form 990 is prsented to the
	Treasurer for review & signature. Copy is supplied at Board Meetin
	for Director review.
·	
i	4
F	990. Part VI. Section B. Line 12C: During each August Board Meeting
	(before the beginning of the new fiscal year), each Director signs and
,	new Conflict of Interest Policy Sheet. IF a vote is required where
	conflict of interest occurs, the Director(s) recuse themselves from
	the vote. This is noted in Minutes of meetings. If a new Conflict
	of Interest arises during the year, the Director informs the Board
	1
 .	and signs a new Conflict of Interest statement.
Fo	m 990, Part VI, Section C. Line 19: Governing documents, Conflict
	of Interest Statements & Financial Statements are made available
	upon request. Annual fiscal year financial statement is provided as
	a part of our Annual Report which is mailed to our farmer mailing list
- 11	•
	and is available at various meetings & events.
Fo	m 990, Part XI, Line 2c: This process has not chnaged from Prior
	years

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Tax Asset Detail 10/01/13 - 9/30/14

FYE: 9/30/2014

49495 MARYLAND SOYBEAN BOARD

d Asset t Property Description	Date in Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: FURNITURE AND EOUIPMENT										
5 DESK	7/11/95	206.85	0.00	0.00		0.00		0.00	S/L	10.0
7 CHAIR	8/22/95	73.49	0.00	0.00		0.00		00.0	S/L	10.0
15 d HP Printer	9/14/00	204.75	0.00	0.00		0.00		0.00	200DB	5.0
17 Data Projector	2/21/06	349.65	0.00	0.00		0.00		0.00	S/L	5.0
_	3/26/08	1,240.15	0.00	0.00	_	00'0	_	00.0	S/L	5.0
•	7/01/10	158.99	0.00	0.00		3180		23 84	S/L	5.0
20 Dell Computer	10/14/12	1,695.52	0.00	0.00		406.92	_	610.39	200DB	5.0
	1/15/14	158.99	0.000	79.50		95.40		63.59	200DB	5.0
22 Laptop	10/21/13	954.04	0.000	477 02	0.00	572.42		381.62	200DB	5.0
-	7/22/14	143.08	0.000	71.54		81.76	81.76	61.32	200DB	7.0
FURNITURE AND EQUIPMENT	UIPMENT	5,185.51	0 000	628.06		1,188.30	4,044.75	1,140.76		
*Less: Dispositions and Transfers	d Transfers	204.75	0.00	000	204.75	0.00		0.00		
Net FURNITURE AND EQUIPMENT	UIPMENT	4,980.76	0 000	628.06	2,651.70	1,188.30	3,840.00	1,140.76		
	•		<u> </u>							
3	Grand Total	5,185.51	0000	628.06	2,856.45	1,188.30	4,044.75	1,140.76		
Less: Dispositions and Transfers	d Transfers	204.75	0.00	0.00	204.75	0.00	204.75	0.00		
Net C	Net Grand Total	4,980.76	0.00c	628.06	2,651.70	1,188.30	3,840.00	1,140.76		

49495 MARYLAND SOYBEAN BOARD

Tax Group Summary 10/01/13 - 9/30/14

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FYE: 9/30/2014

Group	Cost Beginning	Cost Acquisitions	Cost Disposals	Cost Ending	Depreciation Prior	Depreciation Additions	Depreciation Reductions	Depreciation Ending
FURNITURE AND EQ	3,929.40	1,256.11	204.75	4,980.76	2,856.45	1,188.30	204.75	3,840.00
Grand Total	3,929.40	1,256.11	204.75	4,980.76	2,856.45	1,188.30	204.75	3,840.00