

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



ででいる。		
	,	

1 3 2012

Paid Preparer

Use Only

Print/Type preparer's name

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

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name

Firm's address 🕨

	•									
-	 '99	10	Retur	n of Organiza	tion Exen	not Fro	m Inc	ome Ta	X	OMB No. 1545-0047
ro				•		•				2015
•				1(c), 527, or 4947(a)(1)				•		Open to Public
De	partment of	f the Treasury nue Service		t enter social security nation about Form 99			•	-		Inspection
A			dar year, or tax ye		tober 1			Septe		
R			Name of organization			-		- OSOFS		or Identification number
Ō	Address		Doing business as	- Mary Tana	Joybean	4700	40	i		-12-14-909
H	Name cl	· ·		or P.O. box if mall is not de	elivered to street ac	ddress)	Room/sulte	,	E Telephor	
ñ	Initial rel		PO Box						410	
		m/terminated	City or town, state or	province, country, and Z	IP or foreign postal	code				110 1000
	Amende	d return	Salishu	ry. Md. 6	4803				G Gross re	ceipts \$ 1, 069 . 20:
	Applicat	ion pending F	Name and address of	principal officer				H(a) is this a gr	oup return for a	subordinates? Yes No
								H(b) Are all s	subordinates	included? Yes No
1_	Tax-exe	mpt status:	501(c)(3)	501(c)(5) ◀	(insert no.) 49	47(a)(1) or	527	If "No	o," attach a	list. (see instructions)
J	Website							H(c) Group	exemption	number ▶
K			Corporation Trus	t Association 🔀 O	ther > Non Pro	L Year	of formatio	n:	M State	of legal domicile:
Ļ	art I	Summa					<u> </u>			<u> </u>
_	1			ation's mission or m			TOT	LA Ly	oxect	4
Š				gleen expert			oteall	Alacyl	رمعطاما	-educating
Ē	9	Chook this	LANGE VOIL	rganization discontin	LAGALA.			<u>Ω</u> ν	050/ -61	·
8	2			of the governing bo			posea o:	more than	25% 011	13
9	4		-	ing members of the	•	•	line 1h)		4	13
9 8	5		•	employed in calend		• •	•		5	75
Activities & Governance	6			estimate if necessa					6	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7a			enue from Part VIII,					7a	<u> </u>
,	ь			ble income from Fo					7b	
								Prior Ye	er	Current Year
0	8	Contribution	ons and grants (P	art VIII, line 1h)			[\$ 92.50	r	\$ 82.726
Ş	9	Program s	ervice revenue (P	art VIII, line 2g) .				61,129,1	12	\$ 945,780
Revenue	10		•	I, column (A), lines 3	•		· · _ :	<u> 1,613</u>		\$ 465
-	11			umn (A), lines 5, 6d,		-		172		15 232
_	12			rough 11 (must equ			e 12) 1	61,223,4		11,069,003
	13			paid (Part IX, colum)	· ·	# 145 No	49	# 699, 441
	14			bers (Part IX, column		, , , ,	·	611.11	-	C 1/2 212
ses	15			, employee benefits (s (Part IX, column (A		(A), lines 5	-10)	\$40,40	22	<i>64</i> 3,313
Expense	16a . b		-	(Part IX, column (D),	•			11) ji # 6.		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
ă	17		= '	umn (A), lines 11a-1				\$ 515.19		\$ 521.513
	18	-		3-17 (must equal Pa		A). line 25)	· ·		106	\$1 262.267
	19	-		ptract line 18 from li		FIVE		15-22.8	941	18-199064
5		···						ginning of Cur	rent Year	End of Year
Net Assets or	20	Total asset	ts (Part X, line 16)					6 619.90	9	\$394.477
Ž,	21	Total liabili	ities (Part X, line 2	6)	S. FFB.	2.1.2017	7 . 4	6 144,21	4	\$ 120,846
2	22			. Subtract line 21 fro	om line 20 .	<u> </u>		1476,69	5	D277,631
	art II		re Block	~ ~~~~	060	F N: 11-		···········		
U	nder penal	ties of perjury	, I declare that hhave a	examined this return, inclusing (other than officer) is t	iding accompanying	dischedules a	and stateme	ents, and to the	e best of m	y knowledge and belief, it is
		, and complete	A The	HIII)					-80.	
e:	gn	Signati	ure of officer	any	· · · · · · · · · · · · · · · · · · ·		 	Date		
	yıı Əre	I Signal	النالعامة	111 ATT ACC	Time	asure	or-	Jak	اد	8/12
. 14	,, u		TOUL CI W.		116	wit	4		_ 0	<u> </u>

Preparer's signature

£20

Firm's EIN ▶

Phone no.

Cat. No. 11282Y

Check [] if self-employed



Yes No

PTIN

Form 99		Maryland	Doubean	Dd.	52-12149	09	Page 2
Part l	Statement of Program Ser Check if Schedule O contain		nts /				. 10
1	Briefly describe the organization's i		so any into in this			••••	<u> </u>
	To collect assessi	uents + distru	use the mone	zy cello	date fund	Majerti	related to
	Stern Metry phone	tean of soulie	anstrout for	عرب براها	ybean aduc	statius	as glear
•	research to decreas	a production	coats to ga	رندناللد	.Ψ		
2	Did the organization undertake any	significant program se	ervices during the ye	ar which w	ere not listed on the	9	
	prior Form 990 or 990-EZ?					☐ Yes	[∑kNo
	If "Yes," describe these new service		finant about to b	14	d	_	
3	Did the organization cease condi- services?	ucting, or make sign		ow it cont	ducts, any program	⊓ ∐Yes	ιΣ λί ο.
	If "Yes," describe these changes or	n Schedule O.					٠٠٠٠ بھر
	Describe the organization's progra	m service accomplishr					
	expenses. Section 501(c)(3) and 50			t the amou	nt of grants and allo	ocations to	others,
	the total expenses, and revenue, if	any, for each program	service геропеа.				
4a	(Code:) (Expenses \$ _4	91,998 including	grants of \$)	(Revenue \$)
		•					
	Required by for	donal law.	te forward	X	assessmen	Щ	
	Required by for	ta 1) a 10 10		U			,
	CAULTON TO UI	roof south sow	<u> </u>				
		++*************************************					
					************	***************************************	
							
4b	(Code:) (Expenses \$_2	SS1551 including	grants of \$)	(Revenue \$.)
	To Jund in -	++++ /MALLI	L. M. A. 1041	٨١.			
		atale Circumsta	and Jakaku	طنداد			
							4
			***************************************		•••••	**	L
				-,		,	
4c	(Code:) (Expenses \$ 4	87,445 including	grants of \$)	(Revenue \$)
		· -					·
	Monoton of a	auselya	udhou Jar	17 4 JA	eatings, ad	nealta	uol.
	Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7-4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1. 10. 4	42000	1	A 0
	purpous ou s	rogleous & the	- LAKENAJ	MAD D H		JIIOWA.	
	A+ notivilas &&	Lograno Don	wak your	rele	ses d'you	ulolle	
		0	0	1			
							,+
		,				***************************************	,
	Other program services (Describe in		\ /B		•		_
	<u> </u>	ing grants of \$) (Revenue \$	<u> </u>)		
	Total program service expenses	11/22/201		· ··		Form 99	0 0015
						டம்ய இத	₩ (ÆU13)

			100) rec
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?	2	1	 `
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	×	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		\ \
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	沙湾		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	20,652
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	4.5		Ċ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b	\dashv	× 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		4
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see Instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		 ン
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Ì
		باسمود	000	

Form 990 (2015)
Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	v	
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u>Λ</u>	V
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.	22		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	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		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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 "Yes," 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
С	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	30		义
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 301.7701-37 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 X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X	<u></u>
		Form	990 ¢	2015)

Form 990 (2015) Page 5 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 No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable. 1b Did the organization comply with backup withholding rules for reportable payments to vendors and 10 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). Did the organization have unrelated business gross income of \$1,000 or more during the year? 3а b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3ь 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 b If "Yes," enter the name of the foreign country: ▶ See Instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? C 5c 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? **7**b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 78 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . **7**f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Ω Did the sponsoring organization make any taxable distributions under section 4966? . . . Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: 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: 11 Gross income from members or shareholders . . . 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Did the organization receive any payments for indoor tanning services during the tax year? . . .

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 98	1990 (2015) Mary and Doubeau	Bd 5	2-121491			Page 6
Part	rt VI Governance, Management, and Disclosure For each "Yes" response					
	response to line 8a, 8b, or 10b below, describe the circumstances, process	ses, or change	s in Schedule O.	See in	struct	ions.
	Check if Schedule O contains a response or note to any line in this Pa					. 🗆
Secti	ction A. Governing Body and Management					
					Yes	No
1a	a Enter the number of voting members of the governing body at the end of the ta	x year	1a 13	See .	, \$, ()	233
	If there are material differences in voting rights among members of the govern	ning body, or		T		
	if the governing body delegated broad authority to an executive committee	e or similar		300	2000	
	committee, explain in Schedule O.			Art Y	33	10.34
b	b Enter the number of voting members included in line 1a, above, who are indepe	endent .	16 (3		See and	数数
2	Did any officer, director, trustee, or key employee have a family relationship of	or a business	relationship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily per					
	supervision of officers, directors, or trustees, or key employees to a management of			3		X
4	Did the organization make any significant changes to its governing documents since ti	he prior Form 9	90 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of	the organization	on's assets? .	5		X
6	Did the organization have members or stockholders?			6		¥
7a		the power to	elect or appoint			~/
	one or more members of the governing body?		· · · · ·	7a		X
b		t to approva	l by) members,			
	stockholders, or persons other than the governing body?			7b		_X_
8	Did the organization contemporaneously document the meetings held or writt	ten actions un	dertaken during	1000	高级	
	the year by the following:			7777		
a				8a	X	
b				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section					X
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses			8	لببا	
Secti	tion B. Policies (This Section B requests information about policies not re	equired by the	e Internal Rever	nue C		
4.6	District and the second section is a second				Yes	No
10a				10a		<u>X</u>
ь	If "Yes," did the organization have written policies and procedures governing to affiliates, and branches to ensure their operations are consistent with the organical					
440				10b		
11a			e illing the torm?	11a	<u>X</u>	हर रहर
b				2016		
12a b			e rice to conflicte?	12a 12b	}	
_	• • • • • • • • • • • • • • • • • • • •	•		120	-^ -	
С	Did the organization regularly and consistently monitor and enforce compliar describe in Schedule O how this was done	nce with the p	policy? IT "Yes,"	40-		
13	Did the organization have a written whistleblower policy?			12c	-	$\overline{}$
14	Did the organization have a written document retention and destruction policy?			14		~
15	Did the process for determining compensation of the following persons inclu-	de a review a	nd approval by	24403	(M.S. 4.7)	
	independent persons, comparability data, and contemporaneous substantiation of t					
а				15a	6.0 800 miles	146 V
b				15b	+	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions		- · · · ·	3.88	£.23.	े हो अ
16a			ar arrangement	4 5 2 1		
	with a taxable entity during the year?			16a	erent en e	X .
ь	If "Yes," did the organization follow a written policy or procedure requiring th	e organization	to evaluate its	50	3558 A	25.23 A
	participation in joint venture arrangements under applicable federal tax law, an					
	organization's exempt status with respect to such arrangements?			16b	inalizative S.	a-alda IIV
Section	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ N	ONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if appli		nd 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check al	li that apply.				
		(expiain in Sch				
19	Describe in Schedule O whether (and if so, how) the organization made its gove	ming docume	nts, conflict of int	erest p	olicy,	and
	financial statements available to the public during the tax year.			-	-	
20	State the name, address, and telephone number of the person who possesses t	he organizatio	n's books and re	cords:	>	
<u>৩</u> ০০	sudra Davis, 27132 Scotland Prusy Salishury	ML 219	70.3			
	sudra Davis, 2713? Scotland Prusy, Salisbury	1		Form	990 (2015)
	y					

Form 990 (201	5)	M	hor.	1	11.	1	1	h	ean Bd	52-12	14909 Page 7
Part VII		ectors. Ti	ruste	es,	Ke	DV E	mpl	OVE	es. Highest		
	Independent Contractors			,				-,-	, .		· Limpioyees, and
`	Check if Schedule O contains a re	esponse or	note	to	any	/ line	e in t	his	Part VII		🔀
Section A.	Officers, Directors, Trustees, Key										
1a Comple	te this table for all persons require	d to be list	ed. F	?epc	ort (com	pens	atic	n for the cale	ndar year endin	g with or within the
organization	•										
	of the organization's current office								ividuals or org	anizations), rega	rdless of amount o
compensati	ion. Enter -0- in columns (D), (E), and	(F) if no co	mpe	nsat	ion	was	s paic	1.			
	of the organization's current key en		-							• • •	
	e organization's five current highes										
	ed reportable compensation (Box 5 n and any related organizations.	of Form	W-2 8	ana/	or	Box	(/ O	ר ויכ	m 1099-MIS	3) of more than	\$100,000 from the
-	l of the organization's former offic	ers, key er	nploy	ees	, ar	nd h	ighe	st c	ompensated e	mployees who	received more than
	f reportable compensation from the o									, .,	
	of the organization's former direc										tor or trustee of the
-	n, more than \$10,000 of reportable c					-				-	
	ns in the following order: individu		s or	dir	ecto	ors;	insti	tuti	onal trustees;	officers; key	employees; highest
`	ed employees; and former such pers										
Check to	his box if neither the organization no	r any relate	d org	aniz			ompe	ensa	ted any currer	t officer, directo	r, or trustee.
		}				C)			1		
	(A)	(B)	(do n	ot ch		ition more	than	one	(D)	(E)	(F)
	Name and Title	Average hours per	box,	unles	s pe	rson	is boti	h an	Reportable compensation	Reportable compensation from	Estimated amount of
		week (list any	1			_	or/trus	, 	from	related	other
		hours for related	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	ed la	<u>F</u>	24	퓕	985	₽ .	(W-2/1099-MISC)	(**-2 1098-WISO)	organization
		below dotted	1 5	<u> </u>		<u> </u>	ੈਂ ਭ੍ਰੈ		}		and related organizations
			8	trustee		"	en en]	1		Organizations
				8			🛱				
(1) Will	iam Layton				1	1		1			
	it man			ļ		ļ		ļ		·	
(2) Trau							İ				
	e-Chairman	<u> </u>						╄	 		
	ry Jacolle 055							ł			
^/	asiever L Hudson			-	\vdash	_		┢		ypenso.	<u> </u>
73.13.16	eder								i .		Lin
(5) 5/6/6/	Anna Zeller			_	 			_	<u> </u>	00112	
Dire	ohol							l	ادمد	Market	
(6) Ray	du Habler									1	
si o	ed h									L i	
(7) Line	la Burier						د ا	7			
Dire	olor					L.,		<u> </u>			
(8) Q (IL	LaugenSelder										l
Dire	thudson edor Afreazeller dy Stabler da Butrier Laugenselder ctor ney Grossith ctor at Johnson edor			-	<u> </u>	<u> </u>		<u> </u>			
(8) Jes	rey bussilk										
1) ide	ctor			H		-		-			
in Brice	di Johnson	}]	ļ 1	
<u> </u>	CTO				Щ.			Ь	L		

(11) Jim Lewis

Ex-Officio

(12) April' Cheesman

Ex-Officio

(13) Mark Powell

Ex-Officio

Page 8

Form 990 (2015)

Total revenue. See instructions.

12

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated business (D) (A) Total revenue Revenue excluded from tax under sections 512-514 exempt Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns . Membership dues . . 1b Fundraising events . C 1c Related organizations . . . 1đ Government grants (contributions) 1e 542 726 All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f Program Service Revenue **Business Code** Assessments-1 thanchores 2a 900099 6985,780 All other program service revenue. Total. Add lines 2a-2f \$ 985,780 investment income (including dividends, interest, 3 and other similar amounts) \$ 4LK 544K 4 income from investment of tax-exempt bond proceeds 5 Rovalties . . (i) Real (ii) Personal 6a Gross rents . . **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less; cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses . . . c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities . . C 10a Gross sales of inventory, less returns and allowances . . . Less: cost of goods sold . . Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11a 900099 5133 #232 Miscellaneous All other revenue Total. Add lines 11a-11d .

51.069. 203 & 986.400

Form **990** (2015)

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 Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 698,441 \$648.44 and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic Individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. 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 £42,313 \$42.313 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): Legal 44500 \$4,500 Lobbying 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 Office expenses . . . 34.861 13 #4,861 14 Information technology Royalties 15 \$2,400 16 Occupancy \$2.400 \$ 179 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials \$12,015 @12.015 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 # 330 # 33 X Depreciation, depletion, and amortization . 22 #3.262 #3,269 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, Promotion Communication \$ 487 445 6487 445 \$1.164 1.104 Miscellaneous Payroll Costs 4:812 **64.812** 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 61,262,267 41,185,886 676,381 fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

if

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year \$510,584 1 # Gaz 332,719 2 Savings and temporary cash investments 2 3 Piedges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 Land, buildings, and equipment; cost or 10a other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation \$159 10c A 429 11 Investments—publicly traded securities 11 Investments-other securities. See Part IV, line 11 . 12 12 Investments-program-related. See Part IV, line 11. 13 13 14 14 15 Other assets. See Part IV, line 11 15 \$619,909 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 #348 477 17 Accounts payable and accrued expenses \$ 97,785 17 18 18 \$ 51,439 \$ 42.966 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 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 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 Total liabilities. Add lines 17 through 25 8149.214 Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets \$476.695 27 28 Temporarily restricted net assets . . . 28 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 30 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 \$470.695 33 33 #211.63 Total liabilities and net assets/fund balances . . Form 990 (2015)

Form 98	0 (2015) Maryland Souheau Bl 52-	121	4989	Pa	ige 12
Part	XI Reconciliation of Net Assets	101	1101		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	\$1.56	1.20	3
2	Total expenses (must equal Part IX, column (A), line 25)	2	-	1.26	
3	Revenue less expenses. Subtract line 2 from line 1	3	1-419		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	547		
5	Net unrealized gains (losses) on investments	5	<u></u>	7	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O) [9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		# 12) (1	2 (
	33, column (B))	10	#27°	16	<u> </u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>	 i	<u>ப</u>
4	Accounting method used to prepare the Form 990: Cash Accrual Other		स्टबक्र	Yes	No servician
•	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain i			
	Schedule O.	16411 11			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		22a		COLUMN TO SERVICE SERV
24	If "Yes," check a box below to indicate whether the financial statements for the year were complete.	iled c		建筑	731 ZW
	reviewed on a separate basis, consolidated basis, or both:	.00 0			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an Independent accountant?		. 2b	Y STATE	Maria (Car
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a	a 💢	33.30	22.29
	separate basis, consolidated basis, or both:		983		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	rt	,,	1 ALL NOT
	of the audit, review, or compilation of its financial statements and selection of an independent accoun	tant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, exp	lain ir	n (XXXX		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth ir	ו ח		Λ
	the Single Audit Act and OMB Circular A-133?		3a	111	4
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo			14	1,
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	JITS.	3b		
			Form	990	(2015)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

	Maryland Joyhean	Board	52	-1214909
Par	Otheritrations meureming ponds yo			Accounts.
	Complete if the organization answered			
		(a) Donor advised fur	nds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	e advisors is writing that th	o consta hold in a	lanes advised
5	funds are the organization's property, subject to t			
	_		_	— ••• — •••
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene			
	conferring impermissible private benefit?			
Par	Conservation Easements.			100 🗀 100
	Complete if the organization answered	"Yes" on Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recreated	ation or education) 🔲 Pre	servation of a histo	rically important land area
	Protection of natural habitat	☐ Pre	servation of a certif	led historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation		
	easement on the last day of the tax year.		<u>[</u>	Held at the End of the Tax Year
a	Total number of conservation easements		· · · · ·	2a
b	Total acreage restricted by conservation easemen			2b
C	Number of conservation easements on a certified Number of conservation easements included in			2c
d	historic structure listed in the National Register	· · · · · · · · · · · · · · · ·	ì	2d
3	Number of conservation easements modified, trai		L.	
•	tax year ►	iolorios, loidades, extingale	nou, or tommatou	by the organization during the
4	Number of states where property subject to conse	ervation easement is located	I►	
5	Does the organization have a written policy re		**==================	handling of
	violations, and enforcement of the conservation e	asements it holds?		· · · · 🔲 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, an	d enforcing conserva	tion easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, an	d enforcing conserva	ation easements during the year
	> \$		luamanta at aastlan	170/5\/1\/D\/M
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(a) above satisty the requ	irements of section	
•	In Part XIII, describe how the organization reports		the verseas and east	· · · · L Yes D No
9	balance sheet, and include, if applicable, the text			
	organization's accounting for conservation easem			tatements that described the
Part			sures, or Other	Similar Assets.
	Complete if the organization answered			
1a	If the organization elected, as permitted under SI			statement and balance sheet
	works of art, historical treasures, or other simila			
	public service, provide, in Part XIII, the text of the	footnote to its financial state	ements that describ	es these items.
b	If the organization elected, as permitted under s	SFAS 116 (ASC 958), to re	port in its revenue	statement and balance sheet
	works of art, historical treasures, or other simila	•	hibition, education	, or research in furtherance of
	public service, provide the following amounts rela	•		
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of an following amounts required to be reported under the second of the control of			for financial gain, provide the
	· · · · · · · · · · · · · · · · · · ·	•		. .
8	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X			
U	maaga mididded ii i viii jju, Faila			. – .

		ΛΛ.		1.	7	4. 1	^ ~ ·	6 1	51	121.10	440		
	le D (Form 990) 2015 Organizations Maintaining			Tan			Jesu"						Page 2
3	Using the organization's acquisition,												
` •	collection items (check all that apply):					,, 00, 0110	,				9		J 01 110
а	☐ Public exhibition				d	☐ Loa	n or exchar	nge prog	grams				
b	☐ Scholarly research				•		er						
C	☐ Preservation for future generation	s											
4	Provide a description of the organiza XIII.		s collec	ctions a	and expl	ain how	they furthe	r the or	ganizatio	n's exem	pt purp	ose i	in Part
5	During the year, did the organization assets to be sold to raise funds rathe											fes (□ No
Pari	Complete if the organization				" on Fo	rm 990,	Part IV, lir	ne 9, or	reporte	d an am	ount o	ın Fo	rm
18	990, Part X, line 21. Is the organization an agent, trustee	, cus	todian	or oth	er interr	nedlary	for contribu	utions o	r other a	ssets no	t		
	included on Form 990, Part X? . ,										_	es [□ No
b	If "Yes," explain the arrangement in P	art X	III and	comple	ete the fo	ollowing	table:				<u></u>		
										An	nount		
C	Beginning balance							10					
d	Additions during the year												
0	Distributions during the year							10					
f 2a	Ending balance					 21 for	ACCTOW OF			liability	- 	/oo T	7 No
	If "Yes," explain the arrangement in P												7
	t V Endowment Funds.	<u>a () (</u>	iii. One	JON HOICE	0 11 (110 (Apiai lati	OIT HAS DOG	i piovid	ou on ra	· CANT .			<u> </u>
· Gi	Complete if the organization	n ans	werec	t "Yes'	" on Fo	m 990.	Part IV. lin	ne 10.					
	Complete in the Organization) Current			lor year	(c) Two ye		(d) Three y	rears back	(e) Fou	ir yeare	back
1a	Beginning of year balance						1						
b	Contributions												
C	Net investment earnings, gains, and losses												
d	Grants or scholarships												
θ	Other expenditures for facilities and	ĺ											
	programs								<u> </u>		L		
f	Administrative expenses												
g	End of year balance	Ĺ					<u> </u>						
2	Provide the estimated percentage of					e (line 1	g, column (a)) held	as:				
a	Board designated or quasi-endowme				%								
b	Permanent endowment >	%)	•									
C	Temporarily restricted endowment ►			%	000/								
2-	The percentages on lines 2a, 2b, and Are there endowment funds not in the					ization ti	nat are held	i and ad	iministoro	d for the			
За	organization by:	e poc	2003310	// Or all	ie Organi	ZEGOTI U	iat are not		111111111111111111111111111111111111111	Q 101 U16		Vac	No
	(i) unrelated organizations										3a(i)	103	140
	(ii) related organizations									• •	3a(ii)	_	
ь	If "Yes" on line 3a(ii), are the related of										3b		_
4	Describe in Part XIII the intended uses											ــــــــــــــــــــــــــــــــــــــ	
Part	VI Land, Buildings, and Equip	omer	nt,		•					·			
	Complete if the organization			l "Yes"	" on For	m 990,	Part IV, lir	ne 11a.	See For	n 990, F	art X,	line 1	10.
	Description of property			cost or oth (investme	her basis ent)		or other basis (other)		Accumulate epreciation	d	(d) Boo	ok valu	8
18	Land							4 37 -		(<u>**</u>			
b	Buildings												
C	Leasehold improvements												
d	Equipment												
е	Other							<u></u>					
Total	Add lines to through to (Column (d) r	muet i	emial F	-nm or	On Part	Y colum	n (R) line 1	Oc.)					

Part VII	Investments—Other Securical Complete if the organization		Form 990, Part IV, lin	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or c (including name of securi	ategory	(b) Book value	(c) Met	hod of valuation: -of-year market value
	I derivatives		•		
	held equity interests				
(3) Other		***************************************			
. v. v					
(B) (C)				ļ	
(D)			·	ļ	
(E)	***************************************				
(F)				 	
(G)			·	<u> </u>	·
(H)	***************************************				
	(b) must equal Form 990, Part X, col. (B) line 1	2,} ▶		Part St. Age.	12 12 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16
Part VIII	Investments-Program Re			L	S CONTRACTOR OF THE PART & STATE
	Complete if the organization		Form 990, Part IV, lin	e 11c. See Form	990. Part X. line 13.
	(a) Description of Investm		(b) Book value		nod of valuation:
				Cost or end-	of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					·····
(7)					
(8)		· · · · · · · · · · · · · · · · · · ·			·····
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1	31 🏲		·	
Part IX	Other Assets.	- V -		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization	answered "Yes" on I	Form 990. Part IV. line	e 11d. See Form	990. Part X. line 15.
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
_(5)					
(6)			······································		
<u>(7)</u>					
(8)		· · · · · · · · · · · · · · · · · · ·			······································
(9)	mn (b) must equal Form 990, Part	X col (B) line 15.)	······································		
Part X	Other Liabilities.	. 71, 00% (D) MIO 10.) .			
. GIT A	Complete if the organization	answered "Yes" on i	Form 990. Part IV. line	a 11e or 11f See	Form 990 Part Y
	line 25.			. 10 01 111. 000	7 OIII 550, 1 dit 7,
1.	(a) Description of liability	(b) Book valu	10 25 6 7 7	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	· 《公司》(1985年)
(1) Federal In	ncome taxes			1 (44)	
(2)				中的自然为人	
(3)					
(4)					
(5)					
(6)					
(7)				المجانية بمراء وتأوار ويؤلونها	
(8)					
(9)	18 - 000 B - W - 18 - 19				
	b) must equal Form 990, Part X, col. (B) line 25		[[] [] [] [] [] [] [] [] [] [San	1997年1998年1998年1
	uncertain tax positions. In Part XIII, s liability for uncertain tax positions of				
or Actuation (s napinty for uncertain tax positions t	ander i 114 40 (700 140). (NIGOV HOLD II RIB RAYEOL RU	A IOONIONA URZ DAGU	PIONICIO IN LETT YIII

		rm 990) 2015			lary 10				N FX		<u>1- 1-</u>	<u> </u>	Page 4
Part	XI			•	•					•	Retu	m.	
		Complete if t							line 12a				
1		l revenue, gains,	•				nents	<i>.</i>			1	51.069.	203
2		unts included on				•					1	l ' '	
а		unrealized gains	•					2a			1.5		
Ь		ated services and						2b			J. 3. 4		
C		overles of prior ye						2c		· · · · · · · · · · · · · · · · · · ·	1		
d		r (Describe in Pa						2d			- 1. 5 mm 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		
Э		lines 2a through									2e		
3		ract line 2e from									3	31,069	<u>a03</u>
4		unts included on									1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	' '	
8		stment expenses						4a					
b		r (Describe in Pa	•					4b			1818		
С 5		lines 4a and 4b									4c		
		revenue. Add lir									5	\$1,069	<u> 203</u>
Part	AII I	Reconciliation									er Ke	turn.' '	
	Total	Complete if the expenses and lo								·			
1 2		expenses and it unts included on	•					• •		• • •	2 3 136	& 1, 26 2	, 267 .
_		unts included on ated services and			90, Part IX,		1	0-1			5 5 3 h		•
8								28			1		
b		year adjustment r losses					, , , , , , , , , , , , , , , , , , ,	2b					
ď		r (Describe in Pa						2c 2d			1		
		lines 2a through	•								5.8.3		
3		ract line 2e from									2e 3	41210	212
		unts included on					i i	. 1.	• • •		1 mm 1 2	1,262	ab./
		stment expenses						4a					
		r (Describe in Pa						4b					
											4c		
5		expenses. Add									5	\$1.262	1/5
Part												110001	*0 /
2; Part	XI, lir	nes 2d and 4b; a	nd Part XII, line	es 2d and 4	1b. Also cor	nplete this	part t	o provid	e any ad	ditional in	forma	tion. 	
												*****************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	•••••							*********					
													.,,
				·					***********				
								•••••••					******
	•												,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and individuals in the United States Complete If the organization answered "Yes" on Form 900, Part IV, line 21 or 22.

2015

ONE No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 980.
➤ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Mary	144	Soube	B B	oard		Emplo	rer identification number
Part General Information	n on Grants and	Assistance		OCUVA	 		- 10/1/401
Does the organization maint the selection criteria used to	tain records to sub	stantiate the amo					
2 Describe in Part IV the organ	-		the use of grant fu	nds in the United	States.	• • • • • • • •	· · No
Partill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or essistance
17 United Soubean	43-159222		\$492,890				
P) University of Maryland	52-6002033		\$138,066				
191 Jch. Hinger Benetics	72-1416434	·	\$16,000				
(1) University of Delaura	31-600297		\$20,000				
1911s declosical society	53-01969.58		\$39,875				
(6)			·				
<u></u>	-						
(8)							
(9)	-						
(10)	-			·			
<u>[1]</u>	-						
[12]	- 504(a)(0) and -		Alana linted in the	ha 4 Ashb		<u></u>	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							

Part III	Grants and Other Assistance to Part III can be duplicated if additio			ne organization ansv	vered "Yes" on Form 990,	Page 2 Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash exsistence	(a) Method of valuation (book, FMV, appreisal, other)	(f) Description of non-cash assistance
1			· · · · · · · · · · · · · · · · · · ·			
2						
3						
4			 			
5			 			
6						
7 Part IV	Supplemental Information. Provide	de the information re	equired in Part I, I	ine 2, Part III, colum	n (b), and any other additi	onal information.
Part	1. Lines United	1 Soulies	Λ Λ Α.	sB)-Wea		In Andoral Lar
	to soud 42 of ou	Λ.		بيسلاموهم	1,500	hen are and tod
***********	Λ.	losely ms	- 4 /} A			0
	<u> </u>	0	~*********	0	********************************	***************************************

Res	earch-grants.	Walkon	e a re	عمىملىم	udet proces	lus in place
	consisting of a	Research	- Audil	Committe	o (Bd mento	w) and a
***********	Journal Whitten	procedui	, N-0 0 0		& auditing a	1-somple of
	Gesenth gro	its sast	Lascall	year	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	······································	, ,	U	······································		***************************************
						Schodule Form 990) (2015)

,

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.

20**15**

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 Joybean Brand

52-1214909

	The state of the s
	Form 990, Part I, Itam K, Governorsetton Type: QSSB
•	Qualified State Soybean Board
. ,	
-	Form 990. Part I. Line 1. Description of Organization Mission:
••	Expansion of US Soybean Market and Soybean Research
, ,	
. , ,	Form 990, Part VI, Section B, Line 11: Form 990 is preented to the
	Treasurer for review & signature. Copy is supplied at Board Mestin
•	for Director review.
•	
	Form 990, Part VI. Section B. Line 126: During each August Board Meeti
	(befor 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 Minute's of meetings. If a new Conflict
	of Interest arises during the year, the Director informs the Board
	and signs a new Conflict of Interest statement.
•	
	Conflict
Fc	990, Part VI, Section C. Line 19th 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
٠,	and is available at various meetings & events:
	and 13 avaitable
	n 990. Part XI, "Line 2c: This process has not chnaged from Prior"
Fo	m 990, Part XI, Line 2c: This process has not chnaged from Prior
	years