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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2016 or tax year beginning and ending Name of foundation A Employer identification number THE M.U.S.E. FOUNDATION, INC 31-1563794 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 827 COACHWAY 410-974-6036 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ANNAPOLIS, MD 21401 Initial return of a former public charity G Check all that apply: Initial return D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 22,807. (Part I, column (d) must be on cash basis) ▶\$ Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) Part I (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books іпсоте income 108,084 Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 91 91 91.STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -1,7636a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 106,321. 0 7 Capital gain net income (from Part IV, line 2) 0 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 97 0 97.STATEMENT 11 Other income 106,509 91 188. Total. Add lines 1 through 11 0 0 0 0. 13 Compensation of officers, directors, trustees, etc Other employee salaries and wages Pension plans, employee benefits 15 Expenses 16a Legal fees b Accounting tees Ö c Other professional hees 1 6 2017 FRS-(17 Interest ப் and Administrative 18 Taxes 19 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 671 671 4,600. 3,929. 23 Other expenses STMT 3 24 Total operating and administrative expenses. Add lines 13 through 23 4,600. 671 671 3,929. 90,150. 90,150. 25 Contributions, gifts, grants paid Total expenses and disbursements. 94,750 671 671 94,079. Add lines 24 and 25 27 Subtract line 26 from line 12: 11,759. 8 Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-)

0

c Adjusted net income (if negative, enter -0-)

INC

31-1563794

Form 990-PF (2016)

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THE M.U.S.E. FOUNDATION

185,006.

94,079.

7

8

7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

		<u>-1563</u>			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see	instru	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1			_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%				<u>0.</u>
	of Part I, line 27b	1			
	s All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1			•
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	┼			<u> </u>
_	Add lines 1 and 2 Subtitle A (vacance) to v (demostra control 40.47(a)(4) trusts and touchle (auditable action as to 2)	+			<u> 0 </u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 Tax beand on investment income. Subtreet line 4 from line 3. If zero or loss, enter 0.				<u> 0.</u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	+			0.
	Credits/Payments: 2016 estimated tax payments and 2015 overpayment credited to 2016 6a	-			
	Exempt foreign organizations - tax withheld at source	}			
	E Tax paid with application for extension of time to file (Form 8868)	1			
	Backup withholding erroneously withheld 6d				
	Total credits and payments. Add lines 6a through 6d				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	+			•
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	+			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	+			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax				
	art VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		T	Yes	No
	any political campaign?		1a	-	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published o	r			
	distributed by the foundation in connection with the activities.				l
C	: Did the foundation file Form 1120-POL for this year?		10		_X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			}	
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .			l	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$O .		!		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	<u> </u>	X
	If "Yes," attach a detailed description of the activities.		1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		}		{
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	- /-	4a		X
		N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T.				Ì
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				}
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law 				
				v	1
	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	
7	the nonneation have at least \$5,000 in assets at any time during the year "I Yes, Complete Part II, Col. (C), and Part XV			Δ.	
0.	Enter the states to which the foundation reports or with which it is registered (see instructions)		1 1		
Qa	MD				Ì
ь	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
J	of each state as required by General Instruction G? If "No," attach explanation		86	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	X	
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
		Fo	rm 99 0)-PF	

Part VII-A Statements Regarding Activities (continued) No Yes 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) X 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes." attach statement (see instructions) 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? X 13 Website address ► N/A 14 The books are in care of ▶ KENNETH H. ROBERTS Telephone no. > 410 - 849 - 7263Located at ▶827 COACHWAY, ANNAPOLIS, MD ZIP+4 ►21401 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year N 16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, Yes No securities, or other financial account in a foreign country? 16 X See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes No 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A16 Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? X 10 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(1)(3) or 4942(1)(5)): a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A statement - see instructions.) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C. Form 4720, to determine if the foundation had excess business holdings in 2016.) N/A 3ь 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? Form 990-PF (2016)

Part VII-B Statements Regarding Activities for Which F		Required (contin	31-1363/	94 Page 6
5a During the year did the foundation pay or incur any amount to:	OIII 4720 May 50 1	required (contin	1	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(0)\2		es X No	
(2) Influence the outcome of any specific public election (see section 4955); or				
any voter registration drive?	to outry on, an oonly of man		s X No	1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	fer the exceptions described	in Regulations		, ,
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check hi	ere			1 7 - 7 - 7
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined		1 1
expenditure responsibility for the grant?	Ŋ	I/A 🗀 Ye	s No	1 1
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).		}	1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			1 1
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870.		<u></u>	- Teen	1 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	
Part VIII Information About Officers, Directors, Truste		nagare Highly		7b
Paid Employees, and Contractors	ees, roundation wie	mayers, mym	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
		init in the second		
SEE STATEMENT 4		0.	0.	0.
			_	
		}		
		}		
		ļ		
)		
		1		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	account, other allowances
NONE	govoled to position	1	componance	4.0114.1000
		ļ i		
				
		<u> </u>		
		<u> </u>		
Total number of other employees paid over \$50,000				0
			Form	990-PF (2016)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly	<u> 1563</u> .	794 Page 7
Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
	- {	
	+	
	1	
	1	
Total number of others receiving over \$50,000 for professional services	<u>▶</u>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ľ	Expenses
1 PERFORMS BENEFIT CONCERTS FOR CYCTIC FIBROSIS FOUNDATION		
TEMPORED BENEFIT CONCERTS FOR CICIFC FEBROSTS FORDER		
		0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N/A</u>		
		
2		
All other program-related investments. See instructions.		
3		
Total, Add lines 1 through 3		0.
Total, Add lines 1 through 3	Form	990-PF (2016)
	1 0,111	(2010)

Part X Minimum Investment Return (All	domestic foundations must complete this part. Foreign f	oundations, see	instructions)
1 Fair market value of assets not used (or held for use) direct	tly in carrying out charitable, etc., purposes:		
 Average monthly fair market value of securities 		1a	0
b Average of monthly cash balances		16	40,318.
c Fair market value of all other assets		1c	
d Total (add lines 1a, b, and c)		1d	40,318
e Reduction claimed for blockage or other factors reported of			
1c (attach detailed explanation)	1e (<u>)</u>	
2 Acquisition indebtedness applicable to line 1 assets		2	0.
3 Subtract line 2 from line 1d		3	40,318.
4 Cash deemed held for charitable activities. Enter 1 1/2% of	line 3 (for greater amount, see instructions)	4	605.
5 Net value of noncharitable-use assets. Subtract line 4 fro	m line 3. Enter here and on Part V, line 4	5	39,713.
6 Minimum investment return. Enter 5% of line 5		6	1,986.
Part XI Distributable Amount (see instruction foreign organizations check here ► X and	ons) (Section 4942(j)(3) and (j)(5) private operating foundations do not complete this part.)	s and certain	
1 Minimum investment return from Part X, line 6		1	
2a Tax on investment income for 2016 from Part VI, line 5	2a		
b Income tax for 2016. (This does not include the tax from P	art VI.) 2b		
c Add lines 2a and 2b	 	2c	
3 Distributable amount before adjustments. Subtract line 2c	from line 1	3	
4 Recoveries of amounts treated as qualifying distributions		4	
5 Add lines 3 and 4		5	
6 Deduction from distributable amount (see instructions)		6	
7 Distributable amount as adjusted. Subtract line 6 from line	5. Enter here and on Part XIII, line 1	7	
Part XII Qualifying Distributions (see Instru			
1 Amounts paid (including administrative expenses) to acco			04 070
a Expenses, contributions, gifts, etc total from Part I, colui	iii (a), iiie 26	1a	94,079. 0.
b Program-related investments - total from Part IX-B	others correspond to the state of the second	1b 2	
2 Amounts paid to acquire assets used (or held for use) dire			
3 Amounts set aside for specific charitable projects that satis a Suitability test (prior IRS approval required)	ny the.	0.	
		3a	
b Cash distribution test (attach the required schedule)	are and an Part V. line O. and Part VIII. line 4	3b	94,079.
4 Qualifying distributions. Add lines 1a through 3b. Enter h		4	94,079.
5 Foundations that qualify under section 4940(e) for the red	oceo rate of tax on het investment		^
income. Enter 1% of Part I, line 27b	. 4	5	0. 94,079.
6 Adjusted qualifying distributions. Subtract line 5 from line		6	
4940(e) reduction of tax in those years.	(b), in subsequent years when calculating whether the foundation	on quaimes for the	Section

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Part XIII Undistributed income (see	instructions)	N/A		
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only				
b Total for prior years:				
b rotation prior years.				
3 Excess distributions carryover, if any, to 2016:	· · · · · · · · · · · · · · · · · · ·			
a From 2011		ŀ		
b From 2012				
c From 2013				
		1		
d From 2014				
e From 2015			ļ	
f Total of lines 3a through e				
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)		<u> </u>		
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus				
Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2015. Subtract line		l l		
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must		Į.	ļ .	
be distributed in 2017				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election			i	
may be required - see instructions)				
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016			l	

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Part XIV Private Operating For a lift the foundation has received a ruling or			A, question 9)	- 	
foundation, and the ruling is effective for			▶ 01/2	5 / Q Q	
b Check box to indicate whether the found	•	=			2(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	ioundation described in	Prior 3 years	12())(3) 01 [] 4942	(1)(5)
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	(4,444		(4)	(0)00.0	107.000
each year listed	0.	0.	0.	0.	0.
b 85% of line 2a	0.	0.1	0.	0.	0.
c Qualifying distributions from Part XII,					<u>`</u>
line 4 for each year listed	94,079.	105,650.	81,900.	90,404.	372,033.
d Amounts included in line 2c not					
used directly for active conduct of	ļ			}	
exempt activities	0.	0.	0.	0.	
e Qualifying distributions made directly					
for active conduct of exempt activities.				i i	
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	94,079.	105,650.	81,900.	90,404.	372,033.
alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0.
c "Support" alternative test - enter:				7	
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)		99,999.	98,654.	84,782.	283,435.
(2) Support from general public			90,034.	04,702.	203,433.
and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from					
an exempt organization					0.
(4) Gross investment income					0.
Part XV Supplementary Info			the foundation ha	id \$5,000 or mor	e in assets
at any time during the	ne year-see instru	ctions.)			
 Information Regarding Foundation a List any managers of the foundation who year (but only if they have contributed m 	o have contributed more tha		butions received by the four	ndation before the close	of any tax
KENNETH H. ROBERTS					
b List any managers of the foundation who other entity) of which the foundation has		stock of a corporation (o	r an equally large portion of	the ownership of a part	nership or
NONE					
	nly makes contributions to p	preselected charitable oi	rganizations and does not a		
the foundation makes gifts, grants, etc. (
a The name, address, and telephone numb	ber or e-mail address of the	person to whom applica	ations should be addressed		
SEE STATEMENT 5					
b The form in which applications should be	e submitted and information	n and materials they sho	ould include;		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographical a	reas, charitable fields, k	ands of institutions, or other	factors:	

▶ 3b

Total

(e)

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Excluded by section 512, 513, or 514

623621 11-23-16

Enter gross amounts unless otherwise indicated.

Analysis of Income-Producing Activities Part XVI-A

Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	.		 		
b			↓ 		
C	.		+ +-		
d	.		+ +		
e	.				
f	-		1		
g Fees and contracts from government agencies			\bot		
2 Membership dues and assessments			1		
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	91.	
5 Net rental income or (loss) from real estate:	_				
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					 -
than inventory	1		18	1,763.	
9 Net income or (loss) from special events			+ * + +	1,703.	
10 Gross profit or (loss) from sales of inventory			 -	·	
11 Other revenue:			+ +		
			0.5	97.	
a SALE OF COMPACT DISCS	- 		103		
b	- } 		1		
<u> </u>			+		
d	- 		 		
e	- 		- 	1 555	
12 Subtotal. Add columns (b), (d), and (e)	<u>i</u>	0.	<u></u>	-1,575.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	-1,575.
(See worksheet in line 13 instructions to verify calculations.)				 -	
Part XVI-B Relationship of Activities	to the Acco	mplishment of Ex	xempt F	Purposes	
Line No. Explain below how each activity for which inc			A contribute	ed importantly to the accomp	lishment of
the foundation's exempt purposes (other than	n by providing tun	ds for such purposes).			
					
			_		
			_		
					
	 			<u> </u>	
		_			
			_		

Unrelated business income

Form 990-PF (20	016) THE M	I.U.S.E.	FOUNDAT:	ION, INC		31-1563			ge 13
Part XVII			nsfers To a	nd Transactions a	and Relationsh	nips With Nonchar	itable	•	
	Exempt Organ	nizations		· - <u>-</u>		<u> </u>			
				with any other organization		on 501(c) of		Yes	No
•	•	.,		, relating to political organ	iizations?				
	from the reporting found	lation to a nonchari	table exempt org	anization of:			!	1	
(1) Cash							1a(1)		<u> X</u>
(2) Other	assets						1a(2)		_X
b Other trans	sactions:								
	of assets to a noncharita						1b(1)		X
* *	ases of assets from a no	•	t organization				1b(2)		X
	l of facilities, equipment,						1b(3)		X
* =	oursement arrangements	3					1b(4)		_ <u>X</u> _
• •	or loan guarantees						1b(5)		<u> X</u>
• •	mance of services or me	•	•				1b(6)		<u> X</u>
	facilities, equipment, ma						1c	$ \perp$	X
			_			arket value of the goods, o		ets,	
				o less than fair market vall	ie in any transaction	or sharing arrangement, sh	10W IN		
) the value of the goods,			exempt organization	(d) 0				
(a) Line no	(b) Amount involved	(C) Name		exempt organization	(u) Description	of transfers, transactions, and s	naring arr	angeme	nts
			N/A						
					 				
									
		 -			 				
		 				_ 			
		 				 			
	<u> </u>								
						····			
		 	·				-		
	·								
	····	1							
									
		ļ — — — —							
2a Is the four	ndation directly or indirec	ctly affiliated with, o	or related to, one	or more tax-exempt organ	izations described				
	501(c) of the Code (other						Yes	X	No
	implete the following sch		(-)(-)						•
	(a) Name of or			(b) Type of organization		c) Description of relationsh	IIP		
	N/A								
				g accompanying schedules and n taxpayer) is based on all inform		has any knowledge May	the IRS c		
Sign	siler, it is true, correct, and co	// FO	preparer (other than	Taxpayer) is based on all lillon		show	n with the <u>vn</u> below	prepare (see inst	≆r :r)?
Here	Mut 1	4 Kolen	工	5/6/17	PRESID	ENT	Yes		No
Sign	nature of officer or truste	e	· _ ,	Date	Title				
	Print/Type preparer's n	name	Preparer's si	gnature	Date	Check If PTIN			
			1 \ \	9/2 DID LA	AY - 2 2017	self- employed			
Paid	JIM KEHL,		1 Vir	W O TO WO	<u> </u>		<u>)535</u>		
Preparer	Firm's name ► WE	IL, AKMAN	I, BAYLI	N & COLEMAN,	P.A.	Firm's EIN ► 52-16	454	72	
Use Only						ļ			
				ROAD, SUITE	600				
	<u> </u>	IMONIUM,	MD 2109	3-2186		Phone no. 410 – 56	<u> 1 - 4</u>	<u>411</u>	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 .

OMB No 1545-0047

Employer identification number

TH	E_M.U.S.E. FOUNDATION, INC	31-1563794
Organization type (check o	пе):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
· ·	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II See instructions for determining a contributor.	
Special Rules		
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amountine 1 Complete Parts I and II	or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	,
year, contributions is checked, enter f purpose Don't coi	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled material the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it reports, contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc.,
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 1900). Part IV, line 2, of its Form 1990; or check the box on line H of its Form 1990-EZ or on its Form 1990, 1990-EZ, or 1990-PF)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

THE M.U.S.E. FOUNDATION, INC

31-1563794

Part I	Contributors (See instructions). Use duplicate copies of Part I	ıf addıtıonal space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KENNETH H. ROBERTS 827 COACHWAY ANNAPOLIS, MD 21401	\$108,084.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onnocash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
623452 10-	18-16	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

Employer identification number

THE M.U.S.E. FOUNDATION, INC

31-1563794

Part II Noncash Property (See instructions). Use duplicate copies of Part II it additional space is need	Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.
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Description of noncash property given See instructions Date		Dace is needed.	daitional space is ne	cate copies of Part II if a	Noncash Property (See instructions). Use duplicate	art II
\$ 108,084. 04/ (a) No. (b) (c) FMV (or estimate) (See instructions) Date (a) No. (c) FMV (or estimate) (See instructions) Date (a) No. (b) FMV (or estimate) (See instructions) Date (b) FMV (or estimate) (See instructions) Date (c) FMV (or estimate) (See instructions) Date (d) No. (e) FMV (or estimate) (See instructions) Date (a) No. (b) FMV (or estimate) (See instructions) Date (a) No. (c) FMV (or estimate) (See instructions) Date (a) No. (c) FMV (or estimate) (See instructions) Date (a) No. (b) FMV (or estimate) (See instructions) Date (a) No. (c) FMV (or estimate) (See instructions) Date (b) FMV (or estimate) (See instructions) Date (c) FMV (or estimate) (See instructions) Date (d) No. (e) FMV (or estimate) (See instructions) Date (e) FMV (or estimate) (See instructions) Date	(d) te received	(or estimate)	FMV (or estir	iven		No.
(a) No. from Part I (a) No. from Description of noncash property given See instructions) (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) Date Secription of noncash property given See instructions) (a) No. from Description of noncash property given See instructions) (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) No. from Description of noncash property given See instructions) (a) No. from Description of noncash property given See instructions) (b) FMV (or estimate) (See instructions) Date Secription of noncash property given See instructions) (a) No. from Description of noncash property given See instructions) (b) FMV (or estimate) (See instructions) Date Secription of noncash property given S				ECURITIES	VARIOUS MARKETABLE EQUITY SEC	_1
No. from Description of noncash property given See instructions Date (a) No. from Description of noncash property given See instructions Date (a) No. from Description of noncash property given See instructions Date (a) No. from Description of noncash property given See instructions Date (a) No. from Description of noncash property given See instructions Date (a) No. from Description of noncash property given See instructions Date (a) No. from Description of noncash property given See instructions Date (b) FMV (or estimate) (See instructions) Date (a) No. from Description of noncash property given See instructions Date (b) FMV (or estimate) (See instructions) Date (c) FMV (or estimate) (See instructions) Date (d) No. from Description of noncash property given See instructions Date	/18/16	108,084.	\$ <u>108</u>			
(a) No. Term Description of noncash property given See instructions Date (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) No. Term Description of noncash property given See instructions) (a) No. Term Description of noncash property given See instructions) (a) No. Term Description of noncash property given See instructions) (b) FMV (or estimate) (See instructions) Date (a) No. Term Description of noncash property given See instructions) (b) FMV (or estimate) (See instructions) Date (b) FMV (or estimate) (See instructions) Date (c) FMV (or estimate) (See instructions) Date	(d) te received	(or estimate)	FMV (or estin	iven		No. from
No. rom Description of noncash property given (a) No. Description of noncash property given (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) Date (a) No. Description of noncash property given (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) Date (a) No. Description of noncash property given (b) FMV (or estimate) (See instructions) Date (a) No. Description of noncash property given (b) FMV (or estimate) (See instructions) Date (a) No. Description of noncash property given (b) FMV (or estimate) (See instructions) Date			\$			
(a) No. If the part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions) (d) No. If the part I (e) Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions) Date (a) No. If the part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions) Date (c) FMV (or estimate) (See instructions) Date (c) FMV (or estimate) (See instructions) Date	(d) te received	/ (or estimate)	FMV (or estin	iiven		No. rom
No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) Date (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) Date (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions) Date			\$			
(a) No. from Part I (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) No. (b) FMV (or estimate) (FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) Date	(d) te received	/ (or estimate)	FMV (or estin	jiven		No. from
No. from Description of noncash property given (a) No. (b) (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (see instructions) Date			\$			
(a) No. (b) FMV (or estimate) from Description of noncash property given (See instructions) Date	(d) te received	/ (or estimate)	FMV (or estin	given		No. from
No. (b) FMV (or estimate) Care Description of noncash property given Care instructions Date			\$			
	(d) te received	V (or estimate)	FMV (or estin	given		No. from

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM SECU	RITIES S'	FATEMENT 1
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
MERRILL LYNCH	91.		0.	91	91.	91.
TO PART I, LINE 4	91.		0.	91	91.	91.
FORM 990-PF		OTHER	INCO	ME	S	FATEMENT 2
DESCRIPTION			RE		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
SALE OF COMPACT DISC	S	_		97.	0.	97.
TOTAL TO FORM 990-PF	, PART I,	LINE 11 =		97.	0.	97.
FORM 990-PF		OTHER	EXPE	NSES	S	ratement 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES ACCOUNTING FEES CONCERT EXPENSES	_	91 880 3,629	•	91. 580. 0.	91. 580. 0.	0. 300. 3,629.
TO FORM 990-PF, PG 1	, LN 23	4,600	•	671.	671.	3,929.

	- LIST OF OFFICERS, DEES AND FOUNDATION MANAGE	T OF OFFICERS, DIRECTORS FOUNDATION MANAGERS		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
KENNETH H. ROBERTS 827 COACHWAY ANNAPOLIS, MD 21401	PRESIDENT 2.00	0.	0.	0.
VERNON L. ROBERTS 827 COACHWAY ANNAPOLIS, MD 21401	ASST. SECRETAR 3.00	y 0.	0.	0.
BRIAN V. ROBERTS 827 COACHWAY ANNAPOLIS, MD 21401	SECRETARY 0.00	0.	0.	0.
CONNIE CALDWELL 827 COACHWAY ANNAPOLIS, MD 21401	DIRECTOR 0.00	0.	0.	0.
DOUG DOLLENBERG 827 COACHWAY ANNAPOLIS, MD 21401	DIRECTOR 0.00	0.	0.	0.
RICHARD S. PINEAU 827 COACHWAY ANNAPOLIS, MD 21401	DIRECTOR 0.00	0.	0.	0.
M. DELMAR RITCHIE 827 COACHWAY ANNAPOLIS, MD 21401	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	0.	0.	0.

31-1563794

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 5 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KENNETH H. ROBERTS 827 COACHWAY ANNAPOLIS, MD 21401

TELEPHONE NUMBER NAME OF GRANT PROGRAM

410-849-7263 NONE

FORM AND CONTENT OF APPLICATIONS

RESUME' FORM. INCLUDE ALL RELEVANT INFORMATION ABOUT ORGANIZATION REQUESTING AWARD.

ANY SUBMISSION DEADLINES

THERE ARE NO SUBMISSION DEADLINES.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THERE ARE NO RESTRICTIONS OR LIMITATIONS ON AWARDS.

Part XV Supplementary Information	on			
3 Grants and Contributions Paid During the	Year (Continuation)	· · · · · · · · · · · · · · · · · · ·		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
BABE RUTH BIRTHPLACE FOUNDATION	NONE	PUBLIC	CONTRIBUTE TO	
216 EMORY ST.			BALTIMORE'S CULTURE &	
BALTIMORE, MD 21230			HISTORY REMEMBRANCE OF	
			BABE RUTH	
			;LISTTOTAL 0	1,000
BALTIMORE ANIMAL RESCUE AND CARE	NONE	PUBLIC	CONTRIBUTE TO	
SHELTER	RORE	FOREIC	ORGANIZATIONS AIDING	
301 STOCKHOLM STREET			ANIMAL SHELTERS AND	
BALTIMORE MD 21230			FOSTER PROGRAMS	500
BRIDGING BIONICS FOUNDATION	NONE	501 (C)(3)	CONTRIBUTE TO MEDICAL	
Р. О. ВОХ 3767			RESEARCH BY ADVANCING	
BASALT, CO 81621			RESEARCH & DEVELOPMENT	
			FOR EXOSKELETONS	3,000
CAL RIPKEN SR. FOUNDATION	NONE	501(C)3	CONTRIBUTE TO AN	
1427 CLARKVIEW ROAD, SUITE 100	\		ORGANIZATION THAT	
BALTIMORE, MD 21209	1	ı	HELPS TO BUILD	
	}		CHARACTER AND TEACH	
		 	CRITICAL LIFE LESSONS	1,000
	}			
CALL OF THE SEA FOUNDATION	NONE	501 (C)(3)	CONTRIBUTE TO	
2330 MARINSHIP WAY #150	ł	ł	ENVIORNMENTAL	
SAUSALITO, CA 94965	•		EDUCATION THROUGH	1 000
		 	EXPLORATION	1,000
	\	}		
CAMP PUH TOK	NONE	501 (C)(3)	CONTRIBUTE TO	
17433 BIG FALLS ROAD	ł		EDUCATION THROUGH	
MONKTON, MD 21111		 	OUTDOOR LEARNING	500
CANTUR CONDANTONS FOR INDEPENDENCE	NONE	DIE TO	CONMIN T DYIMIZ MO	
CANINE COMPANIONS FOR INDEPENDENCE 286 MIDDLE ISLAND ROAD	NONE	PUBLIC	CONTRIBUTE TO ORGANIZATIONS AIDING	
MEDFORD, NY 11763			ANIMAL SHELTERS AND	
MBDFORD, NI 11703			FOSTER PROGRAMS	
CHALLENGE ASPEN	NONE	PUBLIC	CONTRIBUTE TO THE	
301 SNOWMASS VILLAGE MALL			OPERATIONS OF SKI CAMP	
SNOWMASS VILLAGE, CO 81615		1	FOR HANDICAPPED	
·			CHILDREN	1,300
OUAND, HOUGE	NONE	F01 (G)(3)	UELD INDIVIDUALS SIND	
CHAMP HOUSE	NONE	501 (C)(3)	HELP INDIVIDUALS FIND	
8655 NORMAL SCHOOL ROAD BOWIE, MD 20715			SOBRIETY FROM ALCOHOL	1 000
DOWLE, MD 20/13		1	AND DRUGS	1,000
		1		
CHESAPEAKE BAY FOUNDATION, INC.	NONE	PUBLIC	CONSERVATION AND	
6 HERNDON AVE		1	RESTORATION OF THE	
ANNAPOLIS, MD 21403		1	CHESAPEAKE BAY	1,000
Total from continuation sheets			<u></u>	83,650

31-1563794

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual.			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	 	
NUNTAR AUT D. COCTERU		501 (0)(2)		
CHRIST CHILD SOCIETY	NONE	501 (C)(3)	AID TO HELP MEET THE	
5101 WISCONSIN AVE NW SUITE 304			MATERIAL, EDUCATIONAL,	
WASHINGTON, DC 20016			AND EMOTIONAL NEEDS OF	50
		 	THE CHILDREN	500
KENNEDY KRIEGER INSTITUTE	NONE	PUBLIC	HELP INDIVIDUALS WITH	
707 NORTH BROADWAY			DEVELOPMENTAL	1 00
BALTIMORE, MD 21205		 	DISABILITIES.	1,00
CYSTIC FIBROSIS FOUNDATION	NONE	PUBLIC	CONTRIBUTE TO MEDICAL	
10155 YORK ROAD, SUITE 101			RESEARCH AND TO	
COCKEYSVILLE, MD 21030			FINDING A CURE FOR	
			CYSTIC FIBROSIS	5,000
DANNY'S DAY FOUNDATION	NONE	PUBLIC	TO CONTRIBUTE TO	
1251 CASTINE CT		1	VARIOUS CHARITABLE	
PASADENA, MD 21122			CAUSES.	1,000
	,			
FRANKLIN SQUARE MEDICAL FOUNDATION	NONE	501 (C)(3)	CONTRIBUTE TO MEDICAL	
9000 FRANKLIN SQUARE DRIVE			RESEARCH	
BALTIMORE MD 21237				5,000
FRIENDS FOUNDATION	NONE	PUBLIC	CONTRIBUTE TO MEDICAL	
COLLEGE PARK, MD 20742	NONE	FORDIC	RESEARCH	
ANNAPOLIS MD 21404				1,000
HOSPICE OF CHESAPEAKE	NONE	PUBLIC	CONTRIBUTE TO THE	
445 DEFENSE HIGHWAY	HONE	FORDIC	HOSPICE CARE FOR THE	
ANNAPOLIS MD 21401)	ELDERLY.	2,000
Min offic, institution				2,000
HOSPICE OF THE VALLEY	MONE	E01/C)3	COMPINITE MO MUE	
455 GOLD RIVERS CT	NONE	501(C)3	CONTRIBUTE TO THE HOSPICE CARE FOR THE	
BASALT, CO 81621			ELDERLY.	500
HERO DOGS, INC.	NONE	PUBLIC	SUPPORTING SUPPLYING	
P. O. BOX 6477	1.01111	T ODDIC	TRAINED DOGS TO	
BROOKEVILLE MD 20833-0064		1	MILITARY VETERANS.	100
20000 0007		<u> </u>	19194101	
TOUNG UODVING OUTLIBRENG' GENMER	NONE	DIEDI TO	EINANCIALLY ATD CCUOS	
JOHNS HOPKINS CHILDRENS' CENTER 600 NORTH WOLFE ST.	NONE	PUBLIC	FINANCIALLY AID SCHOOL OF NURSING	
BALTIMORE MD 21287	1	1	OF MOUSTING	5,000
Total from continuation sheets				3,000

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
LIFT UP	NONE	PUBLIC	ORGANIZING AND	
800 RAILROAD AVENUE	1		DISTRIBUTING MEAL	
ASPEN, CO 81611	Į.		BASKETS FOR FAMILIES	
			AND INDIVIDUALS IN	
	 	+	NEED OF	250
MARYLAND THERAPEUTIC RIDING SCHOOL	NONE	PUBLIC	AID RIDING SCHOOL'S	
P. O. BOX 6477	1		ACTIVITIES	
ANNAPOLIS, MD 21401		 		1,000
		1		
NAPLES Z00	NONE	501(C)3	SUPPORT CARE OF WILD	
411 SADDLEBROOK LANE	1		animals	
NAPLES, FL 34110				500
NU SIGMA OMICRON	NONE	PUBLIC	CHARITABLE PURPOSE	
4605 COLLEGE AVE	(1	
COLLEGE PARK, MD 20740		 		1,000.
OLD OTTERBEIN CHURCH	NONE	PUBLIC	CONTRIBUTE TO CHURCH'S	
112 WEST CONWAY ST	Ì		ACTIVITIES	
BALTIMORE, MD_21201			LISTTOTAL 0	3,000.
PARTNERS IN CARE	NONE	501 (C)(3)	RECOGNIZED FOR	
22 SOUTH MARKET STREET SUITE 15			PROGRAMS AND SERVICES	
FREDERICK, MD 21701	1		THAT SUPPORT	
	}		INDEPENDENCE OF OLDER	
		-	ADULTS	1,000.
PUTTS FORE MUTTS FOUNDATION, INC.	NONE	501(C)3	TO AID IN THE CAUSE OF	
1505 HUNTING WOOD ROAD	l l		SAVING PETS IN THE	
ANNAPOLIS, MD 21403		 	LOCAL AREA.	1,000.
RIVER VALLEY RANCH	NONE	PUBLIC	SUPPORT A SUMMER YOUTH	
4443 GRAVE RUN RD	NONE	T OBBIC	CAMP THAT PROVIDES A	
MANCHESTER, MD 21102	}		CHRISTIAN AND FAMLY	
	1		ATOMOSPHERE.	1,000,
SNOWMASS CHAPEL & COMMUNITY CENTER	NONE	PUBLIC	TO AID IN THE	<u> </u>
5307 OWL CREEK ROAD			MINISTRIES AND	
SNOWMASS VILLAGE, CO 81615			PROGRAMS OF THE	
·		1	CHAPEL.	
		 	;LISTTOTAL 0	7,500,
SPCA	NONE	501 (C)(3)	TO PROVIDE AID TO	
1815 BAY RIDGE AVENUE			ANIMALS WITH SHELTER	
ANNAPOLIS, MD 21403			AND FOSTER PROGRAMS	1,000.

Part XV Supplementary Information	S.E. FOUNDATIO	TIAC	31-156	<i>J 1 J I</i>
3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or capatarinal contributor			
SALVATION ARMY	NONE	PUBLIC	SUPPORT A CHRISTIAN	
814 LIGHT STREET			MINISTRY BASED ON THE	
BALTIMORE, MD 21230		ļ	BIBLE,	500
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	NONE	501 (C)(3)	CONTRIBUTE TO	
262 DANNY THOMAS PLACE			SDVANCING CURES AND	
MEMPHIS, TN 38105			MEANS OF PREVENTION OF	
,			DISEASE.	1,000
TALISMAN THERAPEUTIC RIDING	NONE	501 (C)(3)	TO SERVE INDIVIDUALS	
FOUNDATION			WHO CAN BENEFIT FROM	
300 TALISMAN FARM CIRCLE			THE GUIDANCE OF	
GRASONVILLE, MD 21638			PROFESSIONAL	
			THERAPISTS & HEALING	6,000
	1			
THE TRASHMASTERS	NONE	501(C)3	SUPPORT SCHOLARSHIPS	
PO BOX 6200			TO DESERVING STUDENTS.	
SNOWMASS VILLAGE, CO 81615				1,000
UNIVERSITY OF MARYLAND MEDICAL	NONE	PUBLIC	TO PROVIDE HIGH VALUE	
CENTER-CHILDREN'S HOSPITAL			AND COMPASSIONATE CARE	
22 SOUTH GREENE STREET			IN HEALTH CARE	
BALTIMORE, MD 21201	<u> </u>			500
UNIVERSITY OF MARYLAND COLLEGE PARK	NONE	501(C)3	TO AID IN CONSTRUCTION	
FOUNDATION, INC.			OF A UNIVERSITY HOUSE,	
4603 CALVERT PARK ROAD			A FACILITY THAT WILL	
COLLEGE PARK, MD 20740			PROVIDE EVENT AND WORK	5 000
	 	+	SPACE TOGETHER WITH	5,000
WILMER EYE INSTITUTE, JOHNS HOPKINS	NONE	501(C)3	SUPPORT RESEARCH INTO	
HOSPITAL			EYE CARE	
600 N. WOLFE ST				
BALTIMORE, MD 21287				1,000
		}		
WALKING POINT -DISABLED VETERANS	NONE	PUBLIC	CONTRIBUTE TO	
7981 SW KELSO COURT			INDIVIDUALS WHO HAVE	
TIGARD, OR 97224			BEEN WOUNDED IN BATTLE	200
ATLANTIC GENERAL HOSPITAL FOUNDATION,	NONE	PUBLIC	SUPPORT QUALITY	
INC.			MEDICAL AND HEALTH	
9733 HEALTHWAY DRIVE			CARE FOR WICOMICO	500
BERLIN, MD 21811		 	COUNTY RESIDENTS	500
· · · · · · · · · · · · · · · · ·				
ALZHEIMER'S ASSOCIATION	NONE	PUBLIC	SUPPORT RESEARCH FOR A	
ALZHEIMER'S ASSOCIATION 322 EIGHTH AVENUE, 7TH FLOOR NEW YORK, NY 10001	NONE	PUBLIC	CURE FOR ALZHEIMER'S DISEASE	250

31-1563794 THE M.U.S.E. FOUNDATION, INC Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient SUPPORT WELL-BEING AND ARNIE'S ARMY CHARITABLE FOUNDATION PUBLIC 9000 BAY HILL BLVD. DEVELOPMENT OF ORLANDO, FL 32819 CHILDREN THROUGH HEALTH AND WELLNESS 500. INITIATIVES. PUBLIC THE ARC BALTIMORE NONE SUPPORT THE PROVISION 7215 YORK ROAD OF LIFE-CHANGING BALTIMORE, MD 21212 SUPPORTS TO INDIVIDUALS WITH INTELLECTUAL AND 250. BENJAMIN FRANKLIN HIGH SCHOOL AT NONE PUBLIC SUPPORT PROVIDING MASONVILLE COVE STUDENTS WITH A CUSTOMIZED EDUCATION 1201 CAMBRIA STREET BALTIMORE, MD 21225 FOCUSED ON ENGAGING STUDENTS, 250, NONE PUBLIC SUPPORT EDUCATING CAT R US COMMUNITIES ABOUT P. O. BOX 160 GAMBRILLS, MD 21054 NON-LETHAL AND HUMANE CARE OF CATS. 250. NONE PUBLIC COLORADO PUBLIC TELEVISION SUPPORT CONNECTING 2900 WALTON ST., 1ST FLR. DIVERSE PEOPLE IN DENVER, CO 80205 COLORADO THROUGH EDUCATION AND REFLECTIVE CIVIC 100. CHILDREN'S HOSPITAL OF DENVER NONE PUBLIC CHARITABLE PURPOSE 8401 ARISTA PLACE 1,000. BROOMFIELD, CO 80021 NONE PUBLIC SUPPORT A SHELTER THAT DEFENDERS OF ANIMAL RIGHTS, INC. HOLDS ADOPTABLE 14412 OLD YORK ROAD, P. O. BOX 25 ANIMALS FOR AS LONG AS PHOENIX, MD 21131 IT TAKES TO FIND THEM

<u>HOM</u>ES 100. NONE PUBLIC JOHNS HOPKINS COUNSELING CENTER SUPPORT FACILITATING 3003 N. CHARLES ST., SUITE S-200 PERSONAL GROWTH AND BALTIMORE, MD 12128 DEVELOPMENT OF COLLEGE STUDENTS. 10,000. LAB RESCUE OF THE LCRP INC. PUBLIC SUPPORT THE RESCUE AND NONE P. O. BOX 1814 PLACEMENT OF HOMELESS ABRADOR RETRIEVERS. 250. ANNANDALE, VA 22003

PUBLIC

SUPORT RESEARCH TO CURE PARKINSON'S

250.

DISEASE

NONE

PARKINSON'S FOUNDATION

8830 CAMERON ST., # 201 SILVER SPRING, MD 20910

Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	741100111
SPECIAL OLYMPICS OF MARYLAND	NONE	PUBLIC	TO SUPPORT SPORTS	
3701 COMMERCE DRIVE #103			TRAINING AND ATHLETIC	
BALTIMORE, MD 21227			COMPETITION FOR	
			PERSONS WITH	
		 	DISABILITIES.	500
GWOLDWAG WILDOW DYDD DDOWDOWLOW	1017			
SNOWMASS WILDCAT FIRE PROTECTION	NONE	PUBLIC	TO SUPPORT PROVIDING	
DEPT. 5275 OWL CREEK ROAD			EMERGENCY SERVICES TO VICTIMS OF FIRES.	
SNOWMASS VILLAGE CO 81615			VICTIMS OF FIRES.	500
DHOWINGD VIBANGE, GO UTUIS				
WEST ANNAPOLIS VOLUNTEER FIRE DEPT.	NONE	PUBLIC	TO SUPPORT PROVIDING	
121 JENNIFER ROAD			EMERGENCY SERVICES TO	
ANNAPOLIS, MD 21401		 	VICTIMS OF FIRES.	500
	,			
WETA	NONE	PUBLIC	TO SUPPORT PUBLIC	
3939 CAMPBELL AVENUE	110112	T ODDIE	TELEVISION AND	
ARLINGTON, VA 22206			CLASSICAL MUSIC	100
THE ANTHAL CANODIANA	NONE	DUDI TO	TO CURRORS & CANOMIARY	
WILD ANIMAL SANCTUARY 1946 COUNTRY ROAD 53	NONE	PUBLIC	TO SUPPORT A SANCTUARY FOR WILD ANIMALS	
KEENESBURG CO 80643			FOR WILD ANIMALS	500
THETA FOUNDATION	NONE	PUBLIC	SUPPORT HELPING	
8740 FOUNDERS ROAD			INDIVIDUALS REALIZE	
INDIANAPOLIS, IN 46268			THEIR POTENTIAL	
			THROUGH EDUCATION AND	
			REHABILITATION.	1,000
MINGUISERED DEVICEMENT DOUBLESTON	NONE	D1101 10	SUPPORT INNOVATION AND	
WINCHESTER EDUCATION FOUNDATION	NONE	PUBLIC		
P. O. BOX 1005 WINCHESTER, MA 01890			EXCELLENCE IN WINCHESTER PUBLIC	
WINCHESTER, IM 01030			SCHOOLS.	1,000
		•		
			T	
		1		
Total from continuation sheets				

Part XV Supplementary Information 31-1563/94
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
NAME OF RECIPIENT - ANNAPOLIS DRAGON BOAT FOUNDATION
TO PROVIDE A SUPPORTIVE ENVIRONMENT FOR FITNESS AND THE RECOVERY AND
STRENGTHENING OF PERSONS WHO HAVE SURVIVED CANCER, SPECIFICALLY BREAST
CANCER RECOVERY.
NAME OF RECIPIENT - CAL RIPKEN SR. FOUNDATION
CONTRIBUTE TO AN ORGANIZATION THAT HELPS TO BUILD CHARACTER AND TEACH
CRITICAL LIFE LESSONS TO DISADVANTAGED YOUNG PEOPLE RESIDING IN
AMERICA'S MOST DISTRESSED COMMUNBITIES THROUGH BASEBALL AND SOFTBALL
THEMED PROGRAMS.
NAME OF RECIPIENT - CYSTIC FIBROSIS FOUNDATION
CONTRIBUTE TO MEDICAL RESEARCH AND TO FINDING A CURE FOR CYSTIC
FIBROSIS
;LISTTOTAL 0
NAME OF RECIPIENT - LIFT UP
ORGANIZING AND DISTRIBUTING MEAL BASKETS FOR FAMILIES AND INDIVIDUALS
IN NEED OF
THANKSGIVING AND CHRISTMAS MEALS.
NAME OF RECIPIENT - TALISMAN THERAPEUTIC RIDING FOUNDATION
TO SERVE INDIVIDUALS WHO CAN BENEFIT FROM THE GUIDANCE OF PROFESSIONAL
THERAPISTS & HEALING NATURE OF HORSES.
NAME OF RECIPIENT - UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION, INC.
TO AID IN CONSTRUCTION OF A UNIVERSITY HOUSE, A FACILITY THAT WILL

623655 04-01-16

THE M.U.S.E. FOUNDATION, INC	31-1563794
Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
PROVIDE EVENT AND WORK SPACE TOGETHER WITH RESIDENTIAL QUA	ARTERS FOR THE
CURRENT UNIVERSITY PRESIDENT AND FUTURE	
PRESIDENTS AND THEIR FAMILIES.	
NAME OF RECIPIENT - THE ARC BALTIMORE	
SUPPORT THE PROVISION OF LIFE-CHANGING SUPPORTS TO INDIVI	DUALS WITH
INTELLECTUAL AND DEVELOPMENT DISABILITIES.	
NAME OF RECIPIENT - COLORADO PUBLIC TELEVISION	
SUPPORT CONNECTING DIVERSE PEOPLE IN COLORADO THROUGH EDUC	CATION AND
REFLECTIVE CIVIC DISCOURSE.	* · · · · · · · · · · · · · · · · · · ·