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Form	-53	J	w

Department of the Treasury

Return of Organization Exempt From Income Tax

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

20**16**

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

Open to Public

A		2010		out rorm 990 and its instructions							
<u>A</u>			ndar year, or tax year beginn			ling leater					
В	Check if	applicable:	C Name of organization Mass	yland soyboan.	Boord			yer identification number			
ᆜ	Address	change	Doing business as	·			52	-1214909			
	Name ch	nange	Number and street (or P.O. box	if mall is not delivered to street address) Room/	suite		one number			
	initial ret	um	1 40 BDX 319		410)-742-9500					
	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code										
	Amende	d return	Lalishur .	Md 21303			G Gross re	eceipts \$			
$\bar{\sqcap}$	Application pending F Name and address of principal officer: H(s) is this a group return for subordinates? Yes SkNo										
_	, 45	ion ponding	, , , , , , , , , , , , , , , , , , , ,		A			es included? Yes No			
-	Tay ava		501(c)(3) \$\sqrt{2}\sqrt{501}\$	1(c) (5) ◀ (insert no.) ☐ 4947(a)(1				a list. (see instructions)			
<u> </u>		mpt status:		1(c) (,	l) or 52 <i>7,</i>			•			
-	Website				 		-,	number ►			
				sociation Other Non Wort	L Year of form	nation:	M State	of legal domicile:			
	Part I Summary 1 Briefly describe the organization's mission or most significant activities: To flend Describe the land to the										
,	1	Briefly de	scribe the organization's n	nission or most significant activ	ities: Ta	Leend D	appet	a related to the			
8		- PARP	uses of soules	in expertuallat	I DID	hotion (MARKE	leans, educate			
	1	سلمكاليس	mora de Conamine	shootal becord			0) '			
_ §	2	Check th	is box ▶ 🔲 if the organizati	ion discontinued its operations	or disposed	d of more than	1 25% of	its net assets.			
ies & Governance	3	Number	of voting members of the g	overning body (Part VI, line 1a)			3	13			
	4	Number	of independent voting mem	nbers of the governing body (Pa	rt VI, line 11	b)	4	13			
ie.	5	Total nun	nber of individuals employe	ed in calendar year 2016 (Part V	/, line 2a)		5	7)			
Activities &	6			e if necessary)			6				
Activ	-		•	om Part VIII, column (C), line 12			7a				
-1	Ь			me from Form 990-T, line 34	• • •		7b				
·	 _	TVOC UNITED	atod basiness taxable inco	110 1101111 0111 000-1, 11110 04	:-::-	Prior Y		Current Year			
	8	Contribut	tions and grants (Part VIII, I	726	\$ 32,519						
Revenue	9		service revenue (Part VIII, I	•							
Ψ	ł	_	•	- •		\$ 985	280	# 1,008,404			
æ	10			n (A), lines 3, 4, and 7d)		5	465	81			
	11			lines 5, 6d, 8c, 9c, 10c, and 11		\$	232	# 4.602			
	12			1 (must equal Part VIII, column (\$ 1,069	103	8 ,045 606			
	13			art IX, column (A), lines 13) .		\$ 698	441	\$ 759,198			
	14		paid to or for members (Pa					<u>'</u>			
S	15	Salaries,	other compensation, employ	ree benefits (Part IX, column (A), I	ines 5–10)	€ 42	313	\$ 46.885			
Expenses	16a	Professio	onal fundraising fees (Part I)	X, column (A), line 11e)							
Š	Ь	Total fund	draising expenses (Part IX,	column (D), line 25) ▶							
Ú	17	Other exp	penses (Part IX, column (A),	, lines 11a-11d, 11f-24e) .		\$ 521	513	\$ 404,639_			
	18	Total exp	enses. Add lines 13-17 (m	ust equal Part IX, column (A), lir	ne 25) .	\$ 1.262	260	\$ 1,210,722			
	19	Revenue	less expenses. Subtract lin	ne 18 from line(12 C, F, 1)/F	· · ·	19-193	.064	\$ -165 116			
- S					70	Beginning of Cu	rrent Year	End of Year			
		Total ass	ets (Part X, line 16)		ାଷ୍ଟ୍ରା	\$ 39€	477	6 4266,390			
Assets Balan	21		ilities (Part X, line 26)	:: FEB 2 0 2018		\$ 120	846	\$ 153 525			
2 ,5	22		ts or fund balances. Subtra	1 1	. [经]	\$ 277	631	8 112,515			
Ð	art II		ture Block			1 3 411	021	10 11 24 71 1.7			
_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	this return, including accompanying sch	edules and sta	temente and to t	he heat of	my knowledge, and helief, it is			
				than officer) is based on all information of				Illy killowiedde, and peneri wie			
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e:		Super	Jan Man			Da	- 241	3/12			
Sig	-	Sign	ature of officer			Už	r(e				
He	re	 	Mariel Jact	noth Ireas	er_						
			or print name and title								
Pa	id	Print/Ty	pe preparer's name	Preparer's signature		Date	Check	☐ # PTIN			
	epare	r					self-em				
	e Onl		ame >			Firm	n's EIN ▶				
			ddress ►			Pho	ne no.				
Ma	y the IF			rer shown above? (see instructi	ons)			Yes 🗍 No			
For	Paperv	vork Redu	ction Act Notice, see the sep	parate instructions.	1 Cat	No. 11282Y		Form 990 (2016)			

Form 99	30 (2016)	Md.	Jouhean	32	52-1214909	Page 2
Part	Statement of Program Service Check if Schedule O contains a r		ments \			🗆
1	Briefly describe the organization's missi	on:				
	To collect assassment	i +desle	elle Bro. mr	man collos	ted to Serve Drave	to relate
6	& Autora'l Mixting, praye	steau al	Doulerund	LOAD asos	Shiller was hade	cationa
-	doylean losope D' to de	basel.	Mederation	contate	Saideral	
			•		/)	
2	Did the organization undertake any sign prior Form 990 or 990-EZ?					s 🗌 No
	if "Yes," describe these new services or					
3	Did the organization cease conducting services?	g, or make s	ignificant changes	in how it condu	ucts, any program	в 🗆 No
	If "Yes," describe these changes on Sch					
4	Describe the organization's program se					
	expenses. Section 501(c)(3) and 501(c)(of grants and allocations	to others,
	the total expenses, and revenue, if any,	for each progr	am service reported	1.		
						-
48	(Code:) (Expenses \$ 504,	ap 2 inclu	ding grants of \$) (Revenue \$)
	Required by God	ehalla	in to form	MALLY2	ankassas fx	F
	collected to the I	——————————————————————————————————————	,		···{)	
	Caluation 15 The II	allog 12	Mey Liebur &	roard		
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4b	(Code:) (Expenses \$ 254,	196 inclu	ding grants of \$) (1	Revenue \$)
	·					
	to Jund in d	tate /w	laryland.	sosopld	h	
	1		1 33.33		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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			***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4c	(Code: ) (Expenses \$ 374,	141 inclus	ding grants of \$	) (1	Revenue \$	
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					*************************	
4d	Other program services (Describe in Sch					
	(Expenses \$ including g		) (Reve	nue \$	)	
<del>4e</del>	Total program service expenses 🌬 📋	<i>ጓ</i> ገ 3ኅኅ				

Form **990** (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		ν
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<del>/~</del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<del>-</del> -	/	_
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		٢
•	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		X
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		1
_	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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		•	_/~_
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
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
С	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			X
ď	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	11c		<del>/</del> Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		£
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.	11e		X
12 a	Did the organization obtain separate, Independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a	<del>^</del>	<del></del>
13	le the executation a cohool described in costing 4700-V4VAV00 V m/ = 8	12b		<del></del>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<del>文</del>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
	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.	14b		7
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	15		4
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		X
7	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		4
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		X
9	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		Y
			990	(2016)
				~

Part	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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			(
	organization's current and former officers, directors, trustees, key employees, and highest compensated		- 1	<b>\</b>
	employees? If "Yes," complete Schedule J	23	- 1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-		<del></del>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1 1	Ì	
	through 24d and complete Schedule K. If "No," go to line 25a	248	- 1	γ_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
~	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			
20	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,	20		
41	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1 1		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV Instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L. Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			+
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			1 -
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>Y</u>
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		$\nabla$
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			7
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			/
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		17
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Γ'
<b>U</b> ,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			X
	Part VI	37		/ `
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del></del>	1	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	χ	
			n 990	(2016)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	The second of th	÷	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
_	reportable gaming (gambling) winnings to prize winners?	1c		
2 <b>a</b>	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
ь	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	36		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			<del>/                                    </del>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		γ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1.7
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>_X</u> _
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		
7	gifts were not tax deductible?	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	
	and services provided to the payor?	7a	ŀ	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_^_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		- 1	
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		$\mathcal{X}$
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:		1	
a	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		1	
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		1	
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041?	12a		X
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	Note. See the instructions for additional information the organization must report on Schedule O.		ı	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>
			990	(2016)

Form 9	90 (2016) Md Joy bean Bd 52-12149	19	F	age 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	tructi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	• •	
Secti	on A. Governing Body and Management			
4-	Enter the number of voting members of the governing body at the end of the tax year.		Yes	No
ıa	The state of the state of the governing body at the cital of the tax year.			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b /3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 1		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			./
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		<del>Y</del>
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			V
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members.	7a		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	<u> </u>		<del></del>
	the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			<b>X</b> '
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- d - N	
28CII	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		$\overline{\nabla}$
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	と	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	k	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			
13	Did the organization have a written whistleblower policy?	12c	X	$\overline{}$
14	Did the organization have a written document retention and destruction policy?	14		<del>-</del>
15	Did the process for determining compensation of the following persons include a review and approval by		, ,	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>, X</u>
b	Other officers or key employees of the organization	15b		X
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		\ \ \
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Opon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	oract :	nalla	, and
10	financial statements available to the public during the tax year.	91 <b>9</b> 51	POlicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	<b>.</b>	
				-9500
				(2016)

Form 990 (201			Md	•	10	Ηu	ho	ďν	Bd	52-	1214909 Page 7
Part VII		rectors, T	rust	98	, K	ву І	Emp	oye	es, Highest	Compensated	Employees, and
	Independent Contractors Check if Schoolule Countries and								Ph		_
Section A.	Check if Schedule O contains a l Officers, Directors, Trustees, Ke	esponse o	r note	9 to	any	y lin	e in t	his	Part VII	· · · · ·	<u> U</u>
1a Comple	te this table for all persons require	ed to be lis	ted.	Rep	ort	COL	npens	atic	on for the cale	yees ndar vear endin	a with or within the
organizatioi	n's tax year.										
• List all	of the organization's current offic	ers, directo	ors, tr	uste	es	(wh	ether	ind	ividuals or org	anizations), rega	rdless of amount o
	on. Enter -0- in columns (D), (E), and										
<ul> <li>List all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)</li> </ul>											
who receive	ed reportable compensation (Box	5 of Form	w-2	em and	pio: /or	yee: Bo:	s (oth c 7 o	er t f Fo	nan an omcer om 1099-MiS	, airector, truste C) of more than	e, or key employee, \$100.000 from the
organization	and any related organizations.										
• List al	of the organization's former office	ers, key e	mploy	/003	, a	nd l	highe	st c	ompensated e	employees who	received more than
	reportable compensation from the									fa	
organization	of the organization's <b>former direc</b> n, more than \$10,000 of reportable o	compensation	on fro	m t	he c	orga	nved, Inizati	on a	ine capacity at and anv related	s a tormer direct d organizations.	tor or trustee of the
List person	s in the following order: individ	ual trustee									employees; highest
compensate	ed employees; and former such pers	sons.									
☐ Check th	nis box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ted any currer	nt officer, directo	r, or trustee.
						C) sition					
	(A) Name and Title	(B) Average			heck	mor	e than		(D) Reportable	(E)	(F)
	Tano ara Tilo	hours per	officer and a			person is both an a director/trustee)			compensation	Reportable compensation from	
		week (list any hours for	8 ह	ह्न	3	\$	3.5	ਨੂੰ	from the	related organizations	other compensation
		related organizations	direct.	Institutional	Officer	Key employee	Plest Plest	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	4 E	2		욯	8 8	1	(W-2/1088-NIISO)		and related
		line)	Individual trustee or director	trustee		8	Highest compensated employee				organizations
				\$		ŀ	a e				
—											
(1) 1201	is Hutchison	<b>}</b>	-				ļ				
(2) Brice	irmau in Johnson	<del> </del>	ļ	-	-	$\vdash$		┢			
	e Chairman	†	1							Į	
(3) Day	my Jacothoss										
Irea	siever				_	_	<u> </u>	<u> </u>			
-(9)Hia	Hudson	<del> </del>									_
(5) Jose	1 Appenzeller	<del>                                     </del>				_		-			TOIL
			1				<u></u>			- 180	1000
(6) Raus	ly Habler	ļ						ļ	- 01	pens	
171 1 1 1	a Burrier	<del> </del>		$\vdash$	<u> </u>	_	<b> </b>	<u> </u>	ADar	<del>\</del>	
		†	1			١,	1	N			
(8) Bill	LaugenSelder						10		<del> </del>	peuso	
		ļ	<u> </u>	$\vdash$	_	_		$\vdash$			
	cey Grissith	†									
(10) Jasa	an Spicer										
	ı	1	}			l				Ī	

(11) Jim Lewis

Ex Officio

(12) April Cheesman

Ex-Officio

(13) Mark Dowell

Ex-Officio

•			
Form	990	(2016)	

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	(B) Average hours per Average officer and a director/to					than o	one n an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated				
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		from from organ and	ther ensation in the nization related ization	n I
(15)											<del>                                     </del>			
16)		•••••									1	<del></del>		
17)											-	<del></del>		
18)					_			-			-			
19)								-			$\vdash$			
20)											-			<del></del> -
					_						-			
										<del>-</del>	-			
						_					<u> </u>			·····
										! 				
(25)														
	ub-total			•		•	•	<b>&gt; &gt;</b>						
2 T	otal (add lines 1b and 1c)	not limited						<b>▶</b>	ho received mo	0,000 than	00 o	7		
<b>3</b> D	old the organization list any former off mployee on line 1a? If "Yes," complete S	ficer, direct	tor, o	r tn	uste indi	e, I	key e	mp	loyee, or high	est compensat	ed	3	Yes	No
4 F	or any individual listed on line 1a, is the rganization and related organizations	sum of rep	oortab an \$1	ole c 50,0	000	per ? <i>If</i>	satio "Ye:					4		χ
<b>5</b> D	Pid any person listed on line 1a receive or services rendered to the organization?	r accrue co	mper	nsat	ion	fror	n any			ation or individu	Jal	5		V
ection	B. Independent Contractors										l			4
C	complete this table for your five highest on the organization. Repear.													ах
	(A) Name and business add	ress							(B) Description of se	ervices	Со	(C) mpens	atlon	
											······	<del></del>		
	otal number of independent contracto							th	ose listed abo	ove) who				
re	eceived more than \$100,000 of compensi	ation from t	he or	gani	zati	on I						Forr	n 990	(201

Form 9	90 (201	8)	١,	larylana	LANDER	n 119 52	- 1314909 Page 9
Part	VIII	Statement of Revenue					
		Check if Schedule O contains a res	oonse or note t	o any line in this	Part VIII		<i>.</i>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ र	1a	Federated campaigns 1a					
<u> </u>	b	Membership dues 1b					
Å, Æ	C	Fundraising events 1c					
と さ	d	Related organizations 1d					
ıs,	е	Government grants (contributions) 1e	£32,519				
E S	f	All other contributions, gifts, grants,	•	}			
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above					
E E	9	Noncash contributions included in lines 1a-1f: \$	*******************	400-0			•
<u>Q</u> #	<u>h</u>	Total. Add lines 1a-1f	<u> </u>	*32,519			
差	_	1 1 1 1 1	Business Code		61 144 194		
<b>6</b>	2a	Assessments 1st purchasers	900099	<u>\$67008</u> 404	61,008,484	·	
e R	b	.,					
Zic	C					· · · · · · · · · · · · · · · · · · ·	
જુ	d	***************************************	<del></del>	ļ <del></del>			
Iran	e f	All other program service revenue.					
Program Service Revenue	g	Total. Add lines 2a-2f	•	61.608.404	\$1.008,464	<del></del>	<u></u>
_=	3	Investment income (including divide		41,000,401	-1,000,107		
		•		# 81	\$ 81		
	4	Income from investment of tax-exempt bo	and proceeds ▶			·	
	5	•	•				
		Royalties	(ii) Personal				
	6a	Gross rents		1			
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	🕨				<u></u>
	7a	Gross amount from sales of (I) Securities	(ii) Other				
		assets other than inventory	<u> </u>				
	b	Less: cost or other basis					
		and sales expenses .	<del> </del>				
	C	Gain or (loss)					
	ď	Net gain or (loss)	<u> &gt; </u>	<del> </del>			
Other Revenue	8a	Gross income from fundraising events (not including \$					
er Re		of contributions reported on line 1c). See Part IV, line 18 a					
듄		Less: direct expenses b					
		Net income or (loss) from fundralsing	events . >			<del></del>	
		Gross Income from gaming activities.  See Part IV, line 19 a					
	b	Less: direct expenses b					
		Net income or (loss) from gaming acti	vities ▶				<u> </u>
		Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b		-			
	C	Net income or (loss) from sales of inve	entory Dusiness Code	ļ		<del> </del>	<del> </del>
	44-		400099	84,602	\$4,602		
	11a b	Miscellaneous	4 700044	-71000	TIPOUT		
	c						
	d	All other revenue					
	Ð	Total. Add lines 11a-11d		4002			
	12	Total revenue. See instructions	<u> ▶</u>	151,045606	61,013,087		
	_	_			, ,		Form <b>990</b> (2016)

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									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	#759,198	6759,198							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1.1.4	7511110							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages	446,885		146,445						
9 10 11 a	Other employee benefits									
b c d e f g	Legal	84,500		64500						
12 13 14 15 16 17	Advertising and promotion	\$1.5,467 \$12,400 \$1.536		\$ 57467 \$ 2 400 \$ 536						
19 20 21 22 23 24	Conferences, conventions, and meetings Interest	# 4,480 \$1274 \$3,393		\$4,880 \$274 \$3,342						
<b>24</b>	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
a b c	Education, Promotion, Communication Missellaneous Payroll Coots	4 2,013	\$378,181	42,013 42,446						
d e 25 26	All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	\$1,210,22 <del>2</del>	81,131,319	673,343						
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)									

T2-1214909

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year \$333.719 6208.594 1 2 2 3 3 4 875.329 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 Assets 7 8 Inventories for sale or use . . . . . . 8 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 4419 5155 b Less: accumulated depreciation . . . . 10b 10c 11 Investments—publicly traded securitles . . . . . 11 12 Investments - other securities. See Part IV, line 11 . 12 13 Investments -- program-related. See Part IV, line 11 . . . . . . . . 13 14 14 15 15 16 \$398 477 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 16 Accounts payable and accrued expenses . . . . . . . 17 \$ 89,914 D 72, 880 17 18 18 \$ 47 966 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors. 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 6153,875 Total liabilities. Add lines 17 through 25 . . . 26 5120,846 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 6112, 515 6217,631 27 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 33 6217 631 33 \$ 266 Total liabilities and net assets/fund balances . . Form 990 (2016)

	990 (2016) / \( \lambda \)	aC>_	ylean	RY	52-16	214	<i>?</i> /} 9	P	age 12
Part	rt XI Reconciliation of Net Assets		7						
	Check if Schedule O contains a response or note	to any	line in this F	art XI					. 📮
1	Total revenue (must equal Part VIII, column (A), line 12) .					1	\$1.64	5.60	6
2	Total expenses (must equal Part IX, column (A), line 25)					2	\$1.21		
3	Revenue less expenses. Subtract line 2 from line 1					3	4-16	511	7
4	Net assets or fund balances at beginning of year (must ed	jual Pa	rt X, line 33, c	olumn (A)) .		4	\$27	1.63	<u> </u>
5	Net unrealized gains (losses) on investments					5			·
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 S					9			
10	Net assets or fund balances at end of year. Combine lin						6/1	1 51	4
	33, column (B))	• •	<u> </u>	<u> </u>	• •	10	-116	101	<u>U_</u>
Part	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note	to any	line in this F	art XII			• • •		<del>, U</del>
_	4			<b>7</b>			ا	Yes	No
1	Accounting method used to prepare the Form 990:  Ca			Other	Mh a 11	-1-1- 1	_	1	
	If the organization changed its method of accounting f Schedule O.	rom a	prior year of	cnecked "C	iner, ex	рівіп і	n	1	1
2a	<del></del>	zordon.	ad by an inda	nondont coo	numtant?		. 22		X
28	If "Yes," check a box below to Indicate whether the fin							<u>*</u>	<del>  `-</del>
	reviewed on a separate basis, consolidated basis, or both		Statements i	or the year v	vora comp	Jilou C	"	1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated Data ☐ Both consolidat		ted and sens	rate hasis				$\perp_{\alpha}$	
h	Were the organization's financial statements audited by a		•				. 21	,	
-	If "Yes," check a box below to indicate whether the final				ere audite	d on		<del>-   -  </del>	<del> </del>
	separate basis, consolidated basis, or both:			<b>,</b>				-	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated	nsolida	ted and sepa	rate basis			Ì	1.	
С	If "Yes" to line 2a or 2b, does the organization have a co				ility for ov	ersigh	nt	1X	,
	of the audit, review, or compilation of its financial stateme	nts and	d selection of	an independ	ent accou	ntant?	20	;   '	
	If the organization changed either its oversight process o	r selec	tion process	during the ta	x year, ex	plain i	n 🦳		
	Schedule O.						ļ	;	In
3a	As a result of a federal award, was the organization requ				its as set	forth i	n	, \	$\Pi\Pi$
							. 38		ЩĦ
b								'	
	required audit or audits, explain why in Schedule O and d	escribe	any steps ta	ken to under	go such a	udits.	31		
							F	orm <b>99</b> 0	2016)

## 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.

► Attach to Form 990.

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

2016
Open to Public Inspection

Name of the organization **Employer Identification number** 52-1214909 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) ...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 28 b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certifled historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part Vill, line 1 b Assets included in Form 990, Part X

Sche	edule D (Form 990) 2016	Marylan	1 Soul	)eau	Phare	- (1)	12149	1 Page 2
	rt III   Organizations Maintaining (	Collections of A	rt. Historical	reasures.	or Other	r Similar A	SSATS/conti	nued)
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	e following th	net ere e eic	inificant use o	of ite collectio	n itome
	(check all that apply):	,	20, 0.100K aziy 0. u	io ionoming u	iai ai o a oig	minomit dae t	or its conscit	At Items
а	Public exhibition	,	1 Digarore	kchange prog	ırame			
b	Scholarly research		Other	ko la ige prog	rains			
c	Preservation for future generations	•	- Cules		···			
4	Provide a description of the organization's c	ollections and evolu-	in how that further	the erapha	tlanta avam		David VIII	
5	During the year, did the organization solicit of	orreceive donations	of art historical tr	one organiza	har almilar	ipi purpose ir	Pan All.	
-	to be sold to raise funds rather than to be m	einteined as part of	the organization's	collection?	ner similar i	238613	Yes	□ No
Pa	t IV Escrow and Custodial Arran	gements, Compl	ete if the omanizat	ion answered	L"Voc" on F	orm 000 Por		
	reported an amount on Form 990, Pa	rt X, line 21,	oto ii u io organizat		1 163 0111	OIII 550, F&	t 14, 1111 <del>0</del> 5, 0	;
1a	Is the organization an agent, trustee, custod		diany for contributi	one or other o	ecate not i	acluded	·····	
								□ No
ь	on Form 990, Part X?	and complete the fe		• • • • • • • • • • • • • • • • • • • •			Yes L	NO
	1 100, explain the analigement in Part Alli	and complete the to	ollowing table:				·····	<del></del>
_	Paginalag balance					<del>                                     </del>	Amoun	<u>t</u>
ن م	Beginning balance					1c		
	Additions during the year			•		1d	<del></del>	
-	Distributions during the year			• • • • • • •		10		
f	Ending balance					11	<del></del>	<del></del>
	Did the organization include an amount on F					y?	· L Yes	├  No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanation has bee	n provided o	n Part XIII	<del></del>	<del></del>	
Par	t V Endowment Funds. Complete							
		(a) Current year	(b) Prior year	(c) Two year	ars back (c	) Three years t	oack (e) Fou	r years back
18	Beginning of year balance							
b	Contributions	<del></del> -				<del></del>		
C	Net investment earnings, gains, and losses							
d	Grants or scholarships			_				
θ	Other expenditures for facilities			1				
	and programs					• •		
f	Administrative expenses			_				
g	End of year balance							
2	Provide the estimated percentage of the cur	ent year end balanc	e (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%	<del></del>					
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3а	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administ	ered for the	organization	1	
	by:					_		Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(II), are the related organiza	tions listed as requir	ed on Schedule R	?			3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.				•••	
	t VI Land, Buildings, and Equipm					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Complete if the organization answered	d "Yes' on Form 990	), Part IV, line 11a.	See Form 99	0, Part X, lii	ne 10,		
	Description of property	(a) Cost or o		st or other		umulated	(d) Boo	k value
	· · · ·	basis (investr	,-, · · ·	s (other)	1 ''	eciation	1	•
1a	Land		<del></del>	·				<del></del>
	Bulldings	***************************************			1	<del>-</del>	<b>-</b>	
	Leasehold improvements	*************************			<b>1</b>	~	<b></b>	
	Equipment	•		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>			
	Other		<del></del>		<del>                                     </del>			
	Add lines 1a through 1e (Column (d) must e	guel Form 990 Port	Y column (R) line	10c l	1			0.

Schedule D (Form 990) 2016

Part VII	(Form 990) 2016 Investments - Other Secu	rition	pland of	dictarcan		21490.4
	Complete if the organization answ		r n Form 900 Part il	/ line 11h See Form	m GQN Part V line 12	
(a) Descrip	tion of security or category (including nam	e of security)	(b) Book value		od of valuation: Cost or	and-of-year market value
	al derivatives					
	held equity interests	" '  -				
Other	,	· · · · · ·	·			
(A)			<del></del>	·	<del></del>	<del></del>
(B)					<del></del>	
(C)						
(D)						
(E)						
(F)						
(G)	<del></del>		······································			
<u>(H)</u>	<del></del>					
	o) must equal Form 990, Part X, col. (B)					
art VIII	Investments - Program Re					
<del></del>	Complete If the organization answ	ered "Yes" or				
	(a) Description of investment		(b) Book value	(c) Metho	od of valuation: Cost or e	nd-or-year market value
(1)		<del></del>	<del></del> -			
(2)	<del></del>		<del></del>			<del></del>
(3)	<del></del>					
<u>(4)</u>						
(5)						
(6) (7)			<del></del>			
(8)	<del></del>		<del></del>	<del>-  </del>	<del></del>	
(9)			<del></del>			
~	) must equal Form 990, Part X, col (B)	line 13.)	·			
~	o) must equal Form 990, Part X, col. (B) I Other Assets.	line 13.)				
al. (Col. (t			n Form 990, Part IV	/, line 11d. See Form	n 990, Part X, line 15.	
al. (Col. (t	Other Assets.	ered "Yes" or	n Form 990, Part IV	/, line 11d. See Form	n 990, Part X, line 15.	(b) Book value
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,	March 1 6 1 Route	6 10101010
	edule D (Form 990) 2016 Navy land System Doord 5.	1-1214404 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1 \$1,045,606
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1 ' '
a	Net unrealized gains (losses) on investments	
ь	Donated services and use of facilities	
¢	Recoveries of prior year grants	
đ	Other (Describe In Part XIII.)	
•	Add lines 2a through 2d	28
3	Subtract line 2e from line 1	3 \$1.045,60b
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
ь	Other (Describe in Part XIII.)	<del></del>
C	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	6 51,045,606
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Keturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 . 1 4 ( 0 . 4 ( 0 1 0
1	Total expenses and losses per audited financial statements	. 1 \$1,210,722
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
8	Donated services and use of facilities 2a	
b	Prior year adjustments	<del> </del>
C.	Other losses 2c	
a	Other (Describe in Part XIII.)	
	Add lines 2a through 2d	3 1,210,722
3	Subtract line 2e from line 1	3 1, 210, 722
*	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  4a	
	Other (Describe in Part XIII.)	
	Add has do and dis	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 1.NO. 127
	rt XIII Supplemental Information.	·· 1 4 1 11/10 1000
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	line 4; Part X, line 2; Part XI,
<del></del>		

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No. 1645-0047

> ▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. ► Attach to Form 990.

Employer identification number 52-12149/9 Inspection 1214909

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Name of the organization Mosy y Louna

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

% |▼ N N

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. Part II

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (fi applicable) cash grant	(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 noncash assistance	(h) Purpose of grant or assistance
United Soybean Board 43-1592277 16305 Swingley Rigge Bd. Switch 50 Chesterfield, Missowi 63017	43 - 1593IJ		£504,302				
University of Moryland 3119 Lee Building College Park, Md. 20142	5a-600108		€136,33E				
Schillinger Genetics #401 Westown Phuy Junk 305   43-1496453 West Dei Moines, IA 50366	еўнэы-еф		· Q00)1919				
University of Delaware Research Office 310 Hallinen Hall Newark, Departe 19716	C1-6668397		£60°1€9				
US Geological Society 12-99 MZD Drive Dover, Delaware 19901	83-0146488		\$ pool .				
University of Md Esstern Shore 11968 College Boekhove Ad Princess Anne, Md 21853	E0609-15		631, bod				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	anizations listed in th	e line 1 table	:	: : : : : : : : : : : : : : : : : : : :	: : : : : : : : : : : : : : : : : : : :	<b>A</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

Page 1	(h) Purpose of grant or assistance						Schedule I (Form 990)
1-1314909	(g) Description of non-cash assistance						
srd 56	(f) Method of valuation (book, FMV, appraisal, other)						
Sch Ba	(e) Amount of non-cash assistance						
1 Jack	(d) Amount of cash grant	\$3,700					
Maryland	(c) IRC section if applicable						
	Assistance to Gov	5-9382834 5-9385834					
Schedule (Form 990) Mary land Joy board 52-1214909	(a) Name and address of organization or government	Carl Wise-UASPecision Agrech. U.C. 482 St. Brides Court 51-93563	~				

) 9 Page 2	(f) Description of non-cash assistance					Schedule I (Form 990)
1 52-12148	(e) Method of valuation (book, FMV, appraisal, other)					
W. Both	(d) Amount of non- cash assistance					
States (Schedule	(c) Amount of cash grant					
4 OWA	(b) Number of recipients					
Schedule I (Form 990) Maxy and Other Assistance to Individuals in the United States (Schedule I Form 990) Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I Form 990) Part III)	(a) Type of grant or assistance					

Schedule I (Form 990)  Part IV   Supplemental Information		³ age <b>2</b>
Cartiv   Supplemental information	<del>*</del>	
Part I dive 1 - United Soybean Board (USB)  - by disderal your to send Y2 of our collect  - assessments to USB. They are audited es  closely monitored by USDA.	wears is tions of the year	ezuirod L
Rosearch-grants, - lele houre, a rosearch a	edit proc	oduc
in place consisting of a Research dudit (Admenders) and a formal written po choosing & mediting a sample of re lead fiscal year.	· Committee	jou _
- choosing & rediting a sample of is	wourkg	idita
632291 04-01-16	Sche	dule I (Form 990)

## **SCHEDULE 0** (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.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 16

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

**Employer Identification number** 

_	
	Form 990, Part I, Itam K, Gunes Organisation Types QSSB
	Qualified State Soybean Board
	Form 990, Part I. Line 1, Description of Organization Mission:
	N .
	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 Meati
	(befor the beginning of the new fiscal year), each Director signs a
	new Conflict of Interest Policy Sheet. IF a vote is required where
	conflict of interest occurs, the Director(s) recuse themselves from
_	the vote. This is noted in Minutes of meetings. If a new Conflict
	of Interest arises during the year, the Director informs the Board
	and signs a new Conflict of Interest statement.
_	
_	
E	of 990, Part VI. Section C. Line 1949 Governing documents. Conflict
	of Interest Statements & Financial Statements are made available
	ppon request. Annual fiscal year financial statement is provided as
_	a part of our Annual Report which is mailed to our farmer mailing lis:
	and is available at various meetings & events:
_	Mand 12 dvaltante at vartyser mosterit
_	
5	m 990, Part XI, Line 2c: This profess has not chnaged from Prior
	years