Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150 2017

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

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service			► Go to www.irs.gov/Form990EZ for instructions and the lat	Inspection				
A For the 2017 calendar year, or tax year beginning , 2017, and ending						, 20		
B c	heck if ap	pplicable	C Name of organization ?!		D Employ	er identification number 2		
	Address c	change	Maryland Forestry Boards Foundation, Inc. aka Maryland Forestry For	undation		52-1694086		
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telepho	ne number		
	nıtıal retui		124 South Street	#3		410-326-4852		
=		m/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption		
=	Amended Applicatio		Annapolis, MD 21401	03		er ▶ ?2		
		ting Method.	Cash Accrual Other (specify) ▶	Н	Check ▶	If the organization is not		
	Vebsite	J	marylandforestryboards.org	(attach Schedule B		
J Ta	ax-exen	npt status (che	ck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or	□ 527	Form 990)	, 990-EZ, or 990-PF)		
KF	orm of	organization	☑ Corporation ☐ Trust ☐ Association ☐ Other					
LA	dd line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or re	nore, or if total	assets			
(Par	t II, colı	umn (B) below	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		. ▶	\$ 186,822		
Pa	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balance	es (see the	instructi	ons for Part I) 🔞		
		Check if	the organization used Schedule O to respond to any question in	n this Part I				
?:	1		ns, gifts, grants, and similar amounts received			1 164,863		
?;	2	Program se	ervice revenue including government fees and contracts		🗀	2 21,375		
?1	3	Membersh	D dues and assessments		🗀	3		
?:	4	Investment	income Q. Q.		[4 584		
	5a	Gross amo	uniforom sale of assets other transinventory 5a					
	b	Less: cost	or other basis and sales expenses					
	С	Gain or (los	s) trom sale of assets other than inventory (Subtract line 5b from III	5	ic			
	6		d fundraising events 1					
_	а	Gross inco	ome from gaming (attach Schedule G if greater than	- 1				
Revenue		\$15,000) .			}			
Ķ	b	Gross incor	s					
æ		from fundra		İ				
		sum of sucl	h gross income and contributions exceeds \$15,000) 6b					
	С	Less: direct	t expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and	6b and sub	otract			
		line 6c) .	6	id				
	7a	Gross sales	s of inventory, less returns and allowances					
	b		of goods sold					
	С		t or (loss) from sales of inventory (Subtract line 7b from line 7a) .		7	'c		
	8		nue (describe in Schedule O)		· · <u> </u>	8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>		9 186,822		
	10		similar amounts paid (list in Schedule O)			57,632		
	11		d to or for members		-	1		
SeS	12		her compensation, and employee benefits 22			15,899		
Ë	13		al fees and other payments to independent contractors 😰		69,818			
Expens	14		r, rent, utilities, and maintenance		18,947			
ш	15		<u> </u>	1,789				
	16		nses (describe in Schedule O) 2			35,422		
	17	otal expe	nses. Add lines 10 through 16	<u></u>	<u>. ▶ 1</u>	199,507		
\$	18		deficit) for the year (Subtract line 17 from line 9)			-12,685		
SSE	19	end-of year	or fund balances at beginning of year (from line 27, column (A))	-	ľ			
Net Assets	00		r figure reported on pnor year's return)			75,496		
Ž	20		ges in net assets or fund balances (explain in Schedule O)		_	20		
	21				. 🕨 🛮 2	21 62,811		
For	raperv	work Heaucti	on Act Notice, see the separate instructions.	No. 10642I		Form 990-EZ (2017)		

Part II	Balance Sheets (see the instructions	•	av question in this !	Don't II		
		O to recognite as	w augotion in this [7a-4 II		
	Check if the organization used Schedule					
				(A) Beginning of year	l	(B) End of year
22 C	Cash, savings, and investments			75,496	22	62,811
23 L	and and buildings				23	
24 C	Other assets (describe in Schedule O)				24	
25 T	Total assets			75,496	25	62,811
26 T	Total liabilities (describe in Schedule O)			0	26	0
27 N	let assets or fund balances (line 27 of column	(B) must agree with	n line 21)	75,496	27	62,811
Part III				art III)		
	Check if the organization used Schedule	•			ļ	Expenses
What is t	the organization's primary exempt purpose?				,	juired for section
	. , , , , ,		f do thron lossest as			c)(3) and 501(c)(4) Inizations, optional for
	e the organization's program service accompli sured by expenses. In a clear and concise m				othe	
	benefited, and other relevant information for ea		s services provided	, the number of		·
	althy Forests/Healthy Waters - Funded by MD DNI		vate land in priority w	vaterched areas		
					1	1
	e contract to plant/maintain trees, manage interfac				[[
	d report on nutrient reduction successes. Grants	·				07.700
		includes foreign gra			28a	67,720
	tural Resources Careers Camp - 1 week camp hel	·			1	
	idents to learn about careers and college pathway			rces fields. Led	}]
by	volunteers. Industry professionals and college p	rofessors visit for ha	nds-on work.			
<u>(G</u> r	rants \$) If this amount	includes foreign gra	nts, check here .	🕨 📙	29a	28,347
	RCC Fellowship program - Funded by Rural Maryla				1	
ent	ter the field of Natural Resources. Over the last 2	years, we have award	led 2 fellowships to c	ollege students	(i
wh	o help us promote the Natural Resources Careers	Camp in the mid-Atl	antic.		}	j
(Gr	rants \$ 16,875) If this amount	includes foreign gra	nts check here	🕨 🗌	30a	23,036
31 Oth	her program services (describe in Schedule O)			· · · · ·		
	her program services (describe in Schedule O)				31a	53,392
(Gr	her program services (describe in Schedule O) rants \$ 40,757) If this amount	includes foreign gra	nts, check here .	> 🗆	31a	
(Gr	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a	includes foreign gra through 31a)	nts, check here		32	172,495
32 To	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke	includes foreign gra through 31a) y Employees (list eacl	nts, check here .	▶ □ ▶ Densated—see the in	32	172,495
32 To	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a	includes foreign gra through 31a) y Employees (list each o O to respond to a	nts, check here .	▶ □ ▶ Densated—see the in	32	172,495
32 To	ther program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	includes foreign gra through 31a) y Employees (list eacl	nts, check here none even if not composition in this (c) Reportable compensation	Densated—see the in Part IV (d) Health benefits, contributions to employ	32 nstruc	172,495 ctions for Part IV)
32 To	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke	includes foreign gra through 31a) y Employees (list eacl O to respond to at (b) Average	none even if not comp ny question in this (c) Reportable 23 compensation (Forms W-2/1099-MISC)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	172,495 ctions for Part IV)
(Gr 32 To Part IV	ther program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	includes foreign gra through 31a) . y Employees (list each to respond to all (b) Average hours per week	nts, check here none even if not composition in this (c) Reportable compensation	Densated—see the in Part IV (d) Health benefits, contributions to employ	32 nstruc	172,495 ctions for Part IV)
(Gr 32 To Part IV	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen	includes foreign gra through 31a) . y Employees (list each to respond to all (b) Average hours per week	none even if not compount question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,495 ctions for Part IV)
32 To Part IV Gary G.	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent	includes foreign gra through 31a) y Employees (list eacl to to respond to an to) Average hours per week devoted to position	none even if not comp ny question in this (c) Reportable 23 compensation (Forms W-2/1099-MISC)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,495 ctions for Part IV)
Gary G Preside	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague	includes foreign gra through 31a) y Employees (list eacl to to respond to an to) Average hours per week devoted to position	none even if not compount question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,495 ctions for Part IV)
Gary G. Preside Frie Spre Vice Pr	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development	includes foreign grathrough 31a)	none even if not compount question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,495 ctions for Part IV)
Gary G. Preside Eric Spru Vice Presider Sandra S	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks	includes foreign grathrough 31a). y Employees (list eacl to to respond to all to to respond to all to	none even if not compount question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,495 ctions for Part IV)
Gary G. Preside Eric Spru Vice Presider Sandra S	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development	includes foreign grathrough 31a)	none even if not compount question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,495 ctions for Part IV)
Gary G. Preside Eric Spre Vice Pr Sandra S	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks resident, Communications	includes foreign grathrough 31a) y Employees (list eacl O to respond to al (b) Average hours per week devoted to position 10-12 1-2	none even if not compount question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,495 ctions for Part IV)
Gary G. Preside Eric Spre Vice Pr Sandra S	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks resident, Communications alinski	includes foreign grathrough 31a). y Employees (list eacl to to respond to all to to respond to all to	none even if not compount question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,495 ctions for Part IV)
Gary G. Preside Fric Spre Vice Program Bandra S Treasu	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks resident, Communications allinski urer	includes foreign grathrough 31a) y Employees (list eacle O to respond to all (b) Average hours per week devoted to position 10-12 1-2 1-2 10-15	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,499 ctions for Part IV)
Gary G. Preside Eric Spre Vice Pr Sandra S Vice Pr Dawn Ba Treasu	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks resident, Communications allinski urer dsley	includes foreign grathrough 31a) y Employees (list eacl O to respond to al (b) Average hours per week devoted to position 10-12 1-2	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,499 ctions for Part IV)
Gary G. Preside Fric Spre Vice Pr Sandra S Vice Pr Dawn Ba Treasu Jim Barc Directe	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks resident, Communications alinski urer dsley or	includes foreign grathrough 31a) y Employees (list eacl to to respond to all to to to to respond to all to to to to respond to all to	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,495 ctions for Part IV)
Gary G. Preside Fric Spre Vice Pr Sandra S Vice Pr Dawn Ba Treasu Jim Barc Directe Peter Be	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks resident, Communications alinski urer dsley or	includes foreign grathrough 31a) y Employees (list eacle O to respond to all (b) Average hours per week devoted to position 10-12 1-2 1-2 10-15	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,495 ctions for Part IV)
Gary G. Preside Fric Spre Vice Preside Fric Spre Vice Preside Gary G. Preside Fric Spre Vice Preside Fric Spre Fric Spre Vice Preside Fri	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks resident, Communications allinski arer dsley or acker	includes foreign grathrough 31a) y Employees (list eacl to to respond to all to to to to respond to all to to to to respond to all to	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,499 ctions for Part IV)
Gary G. Perside Fric Spric Vice Pr Sandra S Vice Pr Dawn Ba Treasu Jim Barc Directo Peter Be Directo David Ke	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks resident, Communications alinski urer disley or eacker or eane	includes foreign grathrough 31a) y Employees (list eacl to to respond to all to to to to respond to all to to to to respond to all to	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,499 ctions for Part IV)
Gary G. Preside Fric Spra Vice Preside Fric Spra Vice Preside Gary G. Vice Preside Fric Spra Vice Preside Fric Spr	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks resident, Communications allinski urer disley or eacker or eane	includes foreign grathrough 31a) y Employees (list eacle O to respond to all (b) Average hours per week devoted to position 10-12 1-2 1-2 10-15 1-2 1-2	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,499 ctions for Part IV)
Gary G. Preside Fric Spra Vice Preside Fric Spra Vice Preside Gary G. Vice Preside Fric Spra Vice Preside Fric Spr	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks resident, Communications allinski urer disley or eacker or eane orcas	includes foreign grathrough 31a) y Employees (list eacle O to respond to all (b) Average hours per week devoted to position 10-12 1-2 1-2 10-15 1-2 1-2	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,499 ctions for Part IV)
Gary G. Preside Fric Spra Vice Pr Sandra S Vice Pr Dawn Bar Treasu Jim Barc Directo David Ke Directo David Ke Directo Wayne L Directo	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks resident, Communications allinski urer disley or eacker or eane orcas	includes foreign grathrough 31a) y Employees (list eacle O to respond to all (b) Average hours per week devoted to position 10-12 1-2 1-2 1-2 1-2 1-2 1-2 1	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,499 ctions for Part IV)
Gary G. Part IV Gary G. Preside Fric Spric Vice Presi	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks resident, Communications alinski urer disley or ecker or eane or eucas or erenschak	includes foreign grathrough 31a) y Employees (list eacle O to respond to all (b) Average hours per week devoted to position 10-12 1-2 1-2 1-2 1-2 1-2 1-2 1	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,499 ctions for Part IV)
Gary G. Part IV Gary G. Preside Fric Spric Vice Pi Sandra S Vice Pi Dawn Bar Treasu Jim Barc Directo Peter Be Directo David Ke Directo Wayne L Directo Glenn Fe Directo	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks resident, Communications alinski arrer disley or ecker or eane or eucas or erenschak	includes foreign grathrough 31a) y Employees (list eacle O to respond to all (b) Average hours per week devoted to position 10-12 1-2 1-2 1-2 1-2 1-2 1-2 1	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,499 ctions for Part IV)
Gary G Part IV Gary G Preside Eric Spra Vice Preside Sandra S. Vice Preside Dawn Barc Directo Directo David Ke Directo Wayne L Directo Glenn Fe Directo Joli A. M	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks resident, Communications alinski arrer disley or cocker or ceane or cucas or erenschak or locCathran	includes foreign grathrough 31a)	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,495 ctions for Part IV)
Gary G. Preside Freside Fresid Freside Freside Freside Freside Freside Freside Freside Freside	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks resident, Communications alinski arrer daley or cacker or cerenschak or cicCathran or	includes foreign grathrough 31a) y Employees (list eacle O to respond to all (b) Average hours per week devoted to position 10-12 1-2 1-2 1-2 1-2 1-2 1-2 1	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,495 ctions for Part IV)
Gary G. Preside Freside Fresid Freside Freside Freside Freside Freside Freside Freside Freside	her program services (describe in Schedule O) rants \$ 40,757) If this amount tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Allen ent ague resident, Development Sparks resident, Communications alinski arrer disley or cocker or ceane or cucas or erenschak or locCathran	includes foreign grathrough 31a)	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the repart IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc	172,495 ctions for Part IV)

Page 3

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instituctions for fact v.) Check if the organization used Schedule O to respond to any question in this	з гал	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		V
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		•
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	37b 38a		~
39	If "Yes," complete Schedule L, Part II and enter the total amount involved	368		
a b 40a	Initiation fees and capital contributions included on line 9			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		v
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶			
42a		110-32		2
b	Located at ▶ 10310 Breeden Road, Lusby, MD ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	20657 42b	-2840 Yes	No 🗸
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		V
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. Yes	► □
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	res	NO
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	-	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 99	90-EZ (2	017)							- P	age_4	
			·						Yes	No	
46	Did t	he organization engage, directly or in	ndirectly, in political c	ampaign activities o	n behalf of o	r in opposi	tion 🏻 🕆	121	-	-	
		ndidates for public office? If "Yes," of		, Part I	· · · ·		· 4	16			?
Part	VI	Section 501(c)(3) organizations									
		All section 501(c)(3) organization	s must answer que	estions 47–49b and	52, and co	omplete th	e table	s fo	r line	es	
		50 and 51.									
		Check if the organization used Sci	hedule O to respond	to any question in	this Part VI		<u> </u>				
								\neg	Yes	No	
47 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							47	ŀ	1	?	
48	is the	organization a school as described ii	ii)? If "Yes." complete	Schedule E		. 4	18		V	?	
49a Did the organization make any transfers to an exempt non-charitable rela							· -	9a	\neg	~	_
b		es," was the related organization a se					_	9b		J	
50		plete this table for the organization's							s and	1 kev	
-		oyees) who each received more than								. y	
	Citipi	oyees) who eash received more than		T		benefits.	io, eritor				
	(0)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		to employee	(e) Estin	nated	l amou	nt of	
	(4)	name and time of each employee	devoted to position	(Forms W-2/1099-MISC	benefit plans, and deferred		other compensation				
				ļ	compe	nsation					
			 		1						
							L				
]						
					i						
					Į.						
					+						
					Ì						
f	Total	number of other employees paid ov	er \$100,000	. ▶							
51		plete this table for the organization			t contractor	s who eacl	receiv	ed i	more	than	
		,000 of compensation from the orga									
	(-)	Name and business address of each independ		(h) Timo ef eo			Compos				
	(d)	Maine and business address of each independ	Jent Contractor	(b) Type of se	VICE	") Compen	isauu	"		
No	ME				·						
						ļ					
		······································									
				-		}					
											
				4							
			····	ļ — · · · · · · · · · · · · · · · · · ·		ļ					
		***************************************				}					
				ļ		 -					
				.]		}					
				<u> </u>		L					
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶						
52	Did '	the organization complete Schedu	ile A? Note: All se	ection 501(c)(3) org	anızatıons r	nust attacl	h a				
	comp	oleted Schedule A		<u> </u>			.▶☑ \	res :		lo	
Under p	enalties	of perjury, I declare that I have examined this i				e best of my ki	nowledge	and	belief,	it ıs	
		d complete Declaration of preparer fether than					-				
	1	1 12 /2x 1/3/ (10)			Ι,	3)211	2				
Sign	- 1	Signature of officer			Da	te to					
Here	_	Dawn Balinski, Treasurer									
	?:	Type or print name and title									
			Drengrer's signature		ate		ı PT	IN			
Paid		Print/Type preparer's name	Preparer's signature] •	rait	Check L	inf				
Prep	arer		1			self-emplo	уеа				
Use (Only	Firm's name ▶			Fin	m's EIN ▶					
		Firm's address ▶			Ph	one no					
May ti	ne IRS	discuss this return with the prepare	r shown above? See	instructions	· · · · · ·	· · · ·	<u>▶ 🛛 </u> \	es_		10	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

	ne organization					Employer identification			
Maryland	Forestry Boards Foundation, In					<u> </u>	94086		
Part I	Reason for Public Cha						ns.		
	nization is not a private founda								
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
_									
	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
_	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
	A federal, state, or local govern An organization that normally						the general public		
	described in section 170(b)(1)			port non	i a govei	innental unit of hon	The general public		
_	A community trust described in			•					
	An agricultural research organi or university or a non-land-gra university:								
	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fut income and unifiter June 30, 197	nctions—subject to c related business taxa 75. See section 509(a	ertain exc ble incom a)(2). (Cor	ceptions, ne (less so mplete Pa	and (2) no more that ection 511 tax) from art III.)	n 331/3% of its		
	An organization organized and	•		•		•			
	An organization organized and	•				•	• •		
	of one or more publicly support Check the box in lines 12a thro								
a	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	elect a ma	jority of t				
b	Type II. A supporting organization(s). You must	the supporting o	rganization vested ın	the same		• • -			
c l	Type III functionally integ its supported organization(ally integrated with,		
d 1	Type III non-functionally integrated that is not functionally integrated requirement (see instruction)	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an			
e i	Check this box if the organ functionally integrated, or 1						e II, Type III		
f E	nter the number of supported of						[
	rovide the following information			•			L		
						(vi) Amount of other support (see instructions)			
	į			Yes	No				
(A)	;								
(B)	:			 					
(C)				 					
(D)				 					
(E)	·								
						i	•		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	it the organization take to quality	41144		***			
	on A. Public Support			·			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	[[1		{	
_	received. (Do not include any "unusual grants.")	92,378	215,139	228,574	115,211	164,863	816,165
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13,055	17,200	16,075	17,050	21,375	84,755
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	105,433	232,339	244,649	132,261	186,238	900,920
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					_	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						900,920
Section	on B. Total Support	ا <u> </u>	}			<u></u>	300,320
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	105,433	232,339	244,649	132,261	186,238	900,920
10a		103,433	102,003	244,043	102,201	100,200	300,320
IVa	payments received on securities loans, rents, royalties, and income from similar sources.	107	136	135	230	584	1,192
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	105,540	232,475	244,784	132,491	186,822	902,112
14	First five years. If the Form 990 is for the organization, check this box and stop he	-				ear as a section	_
Secti	on C. Computation of Public Suppor	t Percentage	9				
15	Public support percentage for 2017 (line 8			3, column (f))		15	99.9 %
16	Public support percentage from 2016 Sch					16	99.9 %
	on D. Computation of Investment In						
17	Investment income percentage for 2017 (y line 13. colun	nn (f))	17	0.1 %
18	Investment income percentage from 2016					18	0.1 %
19a	331/3% support tests—2017. If the organ 17 is not more than 331/3%, check this box	zation did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	6, and line
b	331/3% support tests—2016. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 331/3%.	ation did not cl	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation If the organization di	d not chook a l	nov on line 14	10a or 10h o	hock this hox	and see instruc	tions > M

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2017 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
Maryland Forestry Boards Foundation, Inc. aka Maryland Forestry Foundation	52-1694086
, 	
Expenses, Line 10 : Fellowship payments made to 2 college students for our Natural Resources Care	ers Camo Fellowshin program
Expenses, Line 10. 1 chewomp paymone made to 2 conego disacrito for our ratigal recognices ourse	Joseph Communication of the Co
(\$11,250 for the 2016-2017 student and \$5,625 to the 2017-2018 student); Fellowship payments made to	a PhD student at the Univ of MD for
our new Urban Forestry Fellowship program (\$14,000); Scholarship payments made to 2 college stude	ents (\$2,000); 12 Urban Forestry grants
made to community organizations (\$12,118); 3 Challenge grants made to Forestry Boards (\$4,145);	2 distributions of corporate/individual
donations to local Forestry Boards (\$8,494).	
deliations to local 1 olocal 5 source (40,10-1).	
,	
Expenses, Line 16: Operational expenses of the Natural Resources Careers Camp (\$21,457); Across	all of our programs: advertising
(00.004) (10.004) (10.004) (10.004) (10.004) (10.004)	4 400) -11 -15 (40 000)
(\$3,264), travel and meals (\$2,702), conferences (\$2,571), insurance (\$1,059), office supplies & equip (\$	1,460), all other (\$2,909).
Part III, Line 31: Urban Forestry Fellowship - \$14,968 (Grants \$14.000) - new Fellowship program to en	courage matriculation of student in
field of natural reources and to help organize Maryland's first Urban Forestry Summit; Forestry Board	Training workshop - \$8,350 - new
grant from Rural Maryland Council to fund training workshops for all 24 Maryland Forestry Boards; Ur	han Foroothy grante made to community
grant from ration maryland council to fond training workshops for all 24 maryland rolestry boards, or	ball Forestry grants made to community
organizations - \$14,070 (Grants \$14,070); College Scholarships - \$2,000 (Grants \$2,000); Big Tree Prog	ram - \$1,365 (Grants \$0) - measures
Big & Champion trees and maintains largest Big Tree database in the US; Forestry Board corporate/in	dividual donation program - \$8,494
(0	
(Grants \$8,494) - Foundation accepts grant, bequeaths, donations on behalf of the 24 Forestry Boards	and distributes them to the boards;
Challenge Grants - \$4,145 (Grants \$4,145) - awarded 3 grants to Forestry Boards for innovative program	ms at the local county level.