

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For the	the 2018 calendar year, or tax year beginning , 2018, and ending , 20											
В	Check if a	applicable	C Name of organization Maryland Forestry Boards Foundation, Inc.		D Employe	er identification number							
	Address of	change	Doing business as Maryland Forestry Foundation			52-1694086							
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephor	ne number							
	Initial retu	-	124 South Street #3	3	410-326-4852								
	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code										
百	Amended		Annapolis, MD 21401		G Gross receipts \$ \$494,8								
\Box		4	F Name and address of principal officer.	H(a) Is this a q	roup return for s	subordinates? Yes No							
			Gary G. Allen, President, 124 South Street #3, Annapolis, MD 21401	al ''	-	included? Yes No							
$\overline{}$	Tax-exem	not status	✓ 501(c)(3)	4 ''		list (see instructions)							
J	Website:		w.marylandforestryboards.org	H(c) Group	exemption	number >							
K			✓ Corporation ☐ Trust ☐ Association ☐ Other ►			of legal domicile MD							
_	art I	Summ											
				land Fore	stry Found	dation supports the							
ě			activities of the MD Assn of Forest Conservancy District Bds & of the 24 coun										
Governance			raising mgr for their pgms. We also administer statewide tree planting initiativ										
e.r			is box ▶ ☐ if the organization discontinued its operations or disposed of										
Š	1		of voting members of the governing body (Part VI, line 1a)		3	11							
ಘ			of independent voting members of the governing body (Part VI, line 1b)		4	9							
es	1		nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	0							
Ž	1		nber of volunteers (estimate if necessary)		6	42							
Activities &	1		elated business revenue from Part VIII, column (C), line-12		7a	<u></u>							
•	1		ated business taxable income from Form 990-11/11me38		7b	·							
		Tot union		Pnor Ye		Current Year							
	8 (Contribut			164,863	467,585							
Revenue	1		service revenue (Part VIII, line 29) FEB 1 2 2019 0		21,375	26,967							
ķ	1	-	nt income (Part VIII, column (A), lines 3, 4, and 7d)		584	324							
æ			venue (Part VIII, column (A), lines 5, 60, 30, 55, Noclard 11e)		0								
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		186,822	494,876							
			nd similar amounts paid (Part IX, column (A), lines 1–3)		57,632	41,697							
			paid to or for members (Part IX, column (A), line 4)		0 0	0							
			other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0							
Expenses			onal fundraising fees (Part IX, column (A), line 11e)		0								
ĕ	1		draising expenses (Part IX, column (D), line 25) ▶			· · · · · · · · · · · · · · · · · · ·							
X	1		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		141,875	436,547							
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		199,507	478,244							
		-	less expenses. Subtract line 18 from line 12		-12,685	16,632							
		nevenue		ginning of Cu	-	End of Year							
sets or	20	Total acc	ets (Part X, line 16)		62811	79,443							
Pak S	21		alities (Part X, line 26)		02011	0							
Net Ass Fund Ba	22		ts or fund balances. Subtract line 21 from line 20		62811	79,443							
	art II		ture Block		02011								
			ry, I declare that I have examined this return, including accompanying schedules and stateme	ents, and to t	he best of m	ny knowledge, and belief, it is							
Y tru	e, correct,	and compl	ete Declaration of preparer (other than officer) is based on all information of which preparer ha	as any knowl	edge	,, monego and rone, me							
<u> </u>		1	pan III Xe	T									
Sic	ın	Solo	ature of officer	Da	te 1	1.0							
He	re		Dawn C Balins Ri Treasnren		2/8	5/ (9)							
Ž		Type	or print name and title		L.	<u> </u>							
HZ Pa	<u> </u>		pe preparer's signature Date		T ₀ , , ,	PTIN							
Κá	Íα				Check L self-emp	iī							
Rr	èparer	Francis -	ame •		n's EIN ▶								
Uŝ	è Only	/ Firm's n			-								
Ma	v the IPS		ddress >	I Pho	ne no	. Yes No							
ivia	y trie int	o discuss	s this return with the preparer shown above? (see instructions)		<u> </u>								

Form 990 (2018)

Oilli 33	1 age =
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Maryland Forestry Foundation's mission is to act as the fiduciary agent and fundraising manager for specific projects of the
	Maryland Assn of Forest Conservancy District Boards. In it's role of support for the 24 local forestry boards, our Fdn provides
	important tax deductibility to corporate and private donors interested in the stewardship, conservation & sustainable use of MD's
	forest resources. We also administer statewide initiatives of tree planting on private land using state grant agreements.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$352,167 including grants of \$) (Revenue \$)
	\$332,624 of this program exps. are vendor payments for the Healthy Forests / Healthy Waters Initiative as part of a MD Dept of Natural Resources grant agreement. The Fdn contracts with natural resources consultants and vendors, in conjunction with MD Forest Service staff, to implement tree planting projects on private land for the purposes of delivering quantifiable nutrient & sediment reductions thru forestry Best Management Practices. The Fdn engages the local volunteer Forestry Boards by providing training and technical assistance that allows them to document the projects' implementation and to monitor their success. We sent \$332,624 in payments to 11 separate vendors. The remaining \$18,757 was to pay for the management and accounting support for the program A total of \$786 was reimbursed for mileage assoc'd with the pgm. Maryland DNR requires quarterly reporting and full documentation of all expenses. The program works off of a reimbursement process but advances are permitted when necessary.
46	(Code) (Expenses \$ 28,508 including grants of \$) (Revenue \$ 23,300)
4b	(Code) (Expenses \$ 28,508 including grants of \$) (Revenue \$ 23,300) These expenses are the lodging, meals, supplies and operational costs incurred in the running of the Natural Resources Careers
	Camp, a one-week co-ed camp for high school students. NRCC offers mid-Atlantic students the opportunity to explore careers &
	college studies in the fields of forestry, wildlife, ecology, fisheries, watershed and natural resources management. The camp is held
	at the Hickory Environmental Center in the mountains of Garrett County, MD where students learn to use GIS, GPS and other field
	tools related to careers in natural resources. Throughout the week, students work with industry professionals and gain valuable
	contact information. At College Night, they meet professors from the Univ. of Maryland, Penn State, Virginia Tech, West Virginia Univ,
	Allegany College, Frostburg College and Garrett College to hear about the type of majors that best suit their interests. Note, the
	above expenses include \$5,500 stipends (@ \$500 ea) paid to 7 Allegany college students who act as counselors for the week as well a
	to the Camp Director, Logistic Director and 2 Night Counselors. Oth exps are advertising, buses, insurance, office supps, website.
	The revenue is from Tuition of \$450/student paid for by the local Forestry Boards and an Activity Fee of \$125 paid for by the students.
	The above revenue does not include corporate/organizational/individual donations of \$5,810 to help cover camp operational expenses
4c	(Code:) (Expenses \$ 38,652 including grants of \$ 23,247) (Revenue \$ \$3,667)
	The Maryland Dept. of Natural Resources funds several grant programs through our Foundation:
	1. \$10,333 - to fund the Maryland Urban & Community Forest Committee program (MUCFC) where a group of volunteer professionals
	and citizens promote the planting and care of trees by administering grants to community groups and schools. The max grant award is \$1,500. We distributed \$9,247 in grants to 11 groups & spent \$1,086 for PLANT awards given to 40-50 communities.
	2. \$28,319 - to fund the 2nd Mel Fellowship in Urban & Community Forestry program. We sent \$1,000 in Fellowship payments to a
	Univ. of MD PhD student for work on promoting urban forestry throughout the state. She managed the creation & hosting of the
	first Urban Forestry Summit in MD, with an attendance of 174 industry professionals from MD, DC, VA and NY (dir cost of \$7,635).
	Some of the topics were invasive species, new technological tools, the integration of science and forest management,
	environmental justice and long-term forest stewardship. Attendees were able to claim CEU industry credits. Gary Allen rec'd
	\$3,000 for add'l outreach and mgt duties. Dawn Balinski rec'd \$1,000 for accounting/reporting support for our grant. Advertising
	was \$1,170, travel for speakers \$428, all other \$1,086. The revenue of \$3,667 was the proceeds from ticket sales to the Summit.
4d	Other program services (Describe in Schedule O.)
-	(Expenses \$ 26,127 including grants of \$ 18,450) (Revenue \$)
40	Total program service expenses 445 454

Part	Checklist of Required Schedules			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		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	•	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		•
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		•
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		•
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		•
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		4
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		•
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	11c		•
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		•
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		•
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		•
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	_	•
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		•
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		•
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		•
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
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		,

Form 99	· · ·			Page 4				
Part	Checklist of Required Schedules (continued)		г					
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	Yes	No				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		•				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		•				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
c	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 year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		•				
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		•				
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.							
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,							
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			_				
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		•				
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	~				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		•				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	*				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		•				
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		•				
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		1				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1				
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b						
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		•				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		•				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	•					
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							
_			Yes	No				
_	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 10	-		,				
b c	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1						
~	sia and organization dempty with backup withholding falls for reportable payments to vehicles and							

reportable gaming (gambling) winnings to prize winners? . . .

15

	0 (2018)				Page
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			,	
	Fata' the number of ampleuse was ded as Fame W.O. Tarress Wall of West and T	1	44118 to 182	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0	334 <u>4</u>	2	100
b	If at least one is reported on line 2a, did the organization file all required federal employment to		2b	95/1/2 1	1
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru	•		Willia.	22/
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a_		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sch		_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	a financial account in a foreign country (such as a bank account, securities account, or other financial	al account)?	4a	42° 100000 3	1. k./9w3
Ь	If "Yes," enter the name of the foreign country.				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y		5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,00	•			١.
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such of	contributions or			
_	gifts were not tax deductible?		6b	130% GA 4	er 2 1
7	Organizations that may receive deductible contributions under section 170(c).				
_, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	artly for goods		///y,? ////www.ra	Buch
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for required to file Form 8282?	r which it was	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			. 14//
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be	enefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	t contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund ma	intained by the		<i>896:</i>	200
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		Willia.	27.17.10 1111.111	12/10
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related perso	n? .	9b		
10	Section 501(c)(7) organizations. Enter:			\$5.7% 25.65 d. 2	
а	hand the control of t	10a			
		10b			
11	Section 501(c)(12) organizations. Enter:	1			
	-	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources		2/00/2	900	14.1
		11b	Selfin.		499
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		- /
		12b			Miri.
	Section 501(c)(29) qualified nonprofit health insurance issuers.		William	Bell to	United
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		/// :
	Note. See the instructions for additional information the organization must report on Schedule	O.			799
	Enter the amount of reserves the organization is required to maintain by the states in which	_ , _		2 111h	
	The state of the s	13b			14/1
		13c	发展 的	16.76	14/1
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sc	hedule O	14b		

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N

If "Yes," complete Form 4720, Schedule O.

15

16

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response or note to any line in this Part VI				<u> </u>
<u>Secti</u>	on A. Governing Body and Management				
		ı		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 11			
	If there are material differences in voting rights among members of the governing body, or	•		11. 12	
	if the governing body delegated broad authority to an executive committee or similar		124		
	committee, explain in Schedule O.			1.745.3 2.110.	16/10
b	Enter the number of voting members included in line 1a, above, who are independent	1b 9		11 /2	
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2		√
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		•
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?	5		/
6	Did the organization have members or stockholders?		6_	,	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a		•
b	Are any governance decisions of the organization reserved to (or subject to approva	by) members,			
	stockholders, or persons other than the governing body?		7b		✓
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			
а	The governing body?		8a	1	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	.,	
Secti	on B. Policies (This Section B requests information about policies not required by the			ode.)	
	,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities o affiliates, and branches to ensure their operations are consistent with the organization's exemption.		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided as complete copy of this Form 990 to all members of its governing body before the organization provided as complete copy of this Form 990 to all members of its governing body before the organization provided as complete copy of this Form 990 to all members of its governing body before the organization provided as complete copy of this Form 990 to all members of its governing body before the organization provided as complete copy of this Form 990 to all members of its governing body before the organization provided as complete copy of this Form 990 to all members of its governing body before the organization provided as complete copy of this Form 990 to all members of its governing body before the organization provided as complete copy of the organization provided as copy or the organization provided as copy or the organization provi		11a	1	\vdash
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	g	11/6:	12%	16000
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	**************************************	, melecularity
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	4	
C	Did the organization regularly and consistently monitor and enforce compliance with the				
•	describe in Schedule O how this was done		12c	✔	
` 13	Did the organization have a written whistleblower policy?		13		✓
14	Did the organization have a written document retention and destruction policy?		14		4
15	Did the process for determining compensation of the following persons include a review. a independent persons, comparability data, and contemporaneous substantiation of the deliberation				3"" A
а	The organization's CEO, Executive Director, or top management official		15a		
b	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			110 14	130
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simulation at taxable entity during the year?	lar arrangement	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its	W 38	11/1/11	11/2/3
	participation in joint venture arrangements under applicable federal tax law, and take steps	o safeguard the	// // // // // // // // // // // // //		
Seati	organization's exempt status with respect to such arrangements?		16b	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed ► Maryland				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable		(800	tion !	501/0\
18	(3)s only) available for public inspection Indicate how you made these available. Check all that	it apply.	(Sec	aon i	50 I(C)
	Own website Another's website Upon request Other (explain in Sci	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year	,			, and
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	>	
	Dawn Balinski, 10310 Breeden Road, Lusby, MD 20657 (410) 326-4852				

Form*990 (20	18	١
--------------	----	---

Form 990 (2018)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

Check if Schedule O contains a response or note to any line in this Part VII .							

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	anız	atic	n ç	ompe	nsa	ted any currer	t officer, directo	r, or trustee
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe	rson Irect	e than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Gary G. Allen, President	15-20	•		•				\$20,638		
(2) Eric Sprague, Vice Pres Development	1	•		•				so		
(3) Sandra Sparks, Vice Pres Communications	1	~		~				\$0		
(4) Dawn Balinski, Treasurer	15-20	•		~				\$7,957		
(5) Jim Bardsley, Director	1	,				·		\$0		
(6) Peter Becker, Director	1	1						\$0		
(7) Glenn Ferenschak, Chair Scholarship Committee & Director	2-3	•						\$0		
(8) David Keane, Director	1	1						\$0		
(9) Wayne Lucas, Chair MUCFC & Director	2-3	1						\$0		
(10) Joli McCathran, Director	1	<						\$0		
(11) Donald Van Hassent, Director	1	1						\$0		
(12)										
(13)										
(14)										-

Part	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do x, of box of director	ot ch	Pos leck is pe	ition more	n oth structure Highest compensated	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensation related organizatic (W-2/1099-N	table Estion from ar ted cartions com 9-MISC) for an		(F) Estimated amount of other compensation from the organization and related organizations		
(15)				ee			ated	_		-			-		
													_		
(17)		li													
(18)									-						
(19)													_		
(20)											-+		_	-	
(21)															
(22)															
(23)															
(24)			_	_									_		
(25)															
1b c	Sub-total		n A	•			•	>	\$28,595 \$28,595						
2	Total (add lines 1b and 1c)						above) w		ore than \$1	00,000	of	_		
	reportable compensation from the organi	zation >							0				Yes	No	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							mp	oloyee, or high	est compe	nsated	3		/	
4	For any individual listed on line 1a, is the organization and related organizations individual													_	
5	Did any person listed on line 1a receive of for services rendered to the organization								•	ation or inc	lıvıdua ·			V	
	on B. Independent Contractors		. است	1		•					- 0101	000 =			
1	Complete this table for your five highest compensation from the organization Repyear.													ax	
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens		_	
						_									
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who					

	,								
Form	90 (201	<u> </u>			_				Page 9
Par	VIII	Statement of Revo	4		•		_		
		Check if Schedule C	ontains contains	a res	ponse or note t	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Grants	1a	Federated campaign	S	1a			9444165454		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b					
S, C	С	Fundraising events .		1c	\$6,675				
Giff lar	d	Related organizations		1d					
S E	е	Government grants (cor	•	1e	\$426,475				
er S	f	All other contributions, g							
혈		and similar amounts not inc		1f	\$34,435				
o or the	g	Noncash contributions include		-1f \$		To della trace della diamenta della diamenta della diamenta della diamenta della diamenta della diamenta della			
	h	Total. Add lines 1a-1	<u>f</u>		<u> ▶</u>	\$467,585	Territoria de la companya della companya della companya de la companya della comp		Stort Metallich State Serbert Sec.
ğ		ND00 0	A		Business Code	**************************************	Film VIII I William St. 14	Miss All all fall this fall and fine	ST Star During Chia Will Chitics
ě	2a	NRCC Summer Camp			110000	\$23,300 \$3,667	\$23,300		<u> </u>
8	b	Ticket proceeds from	Ordan Sumi		110000	\$3,007	\$3,667		
Program Service Revenue	d						<u> </u>		
Š	e								
gra	f	All other program ser		e .					
P	g	Total. Add lines 2a-2			•	\$26,967			
	3	Investment income	(including	dıvıd	ends, interest,				
		and other similar amo	ounts) .			\$324			
	4	Income from investmen	t of tax-exer	npt b	ond proceeds ►				
	5	Royalties			. •	(062. (/////////////////////////////////			
	_		(i) Real		(ii) Personal				
	6a	Gross rents							
	. b	Less. rental expenses	-		 				
	C	Rental income or (loss) Net rental income or	(1000)			Marchaeller 1991 Million	BINT TIME THINKE THE	<u> </u>	<u> </u>
	d	Gross amount from sales of	(i) Securiti	es	(ii) Other	<i>##</i>	1465 S. C. SAN, 1181 / 111/1981)	%/////////////////////////////////////	
	7a	assets other than inventory	(7		(4)				
	ь	Less cost or other basis							
		and sales expenses							
	С	Gain or (loss) .							
	d	Net gain or (loss)			•				***************************************
A \									
Ž	8a	Gross income from fu	ındraisıng						
Other Revenue		events (not including \$		- <u>-</u> -	;				
Ğ.		of contributions report	ed on line 10	c).					
je i		See Part IV, line 18 .		a					
5	b	Less: direct expenses		. b		MATTER STATES	\$1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1.00 \ 1	Meritaerikar 54.84 2.35	
	с 9а	Net income or (loss) to Gross income from ga			events . P	A Piller Kirks Stories Miles	Marie Marie Saland Sala	3 38 (111 (284) 7 27 (1) (26)	\$\$100.000 (\$2000 \\$2000)\$
	Ja	See Part IV, line 19	aning activi	 , a					
	b	Less: direct expenses		b					
	C	Net income or (loss) f		-	vities •	Mice 288 STORY (SEE CHA)	(4) (4) (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	168 (T. S. L. 22 C. 2004 (C. 4004 (Millio)	SAMO TAUR ESPRIMINAS
	10a	Gross sales of in		ess	, , , , , , , , , , , , , , , , , , , ,				
		returns and allowance	•	а					
	b	Less. cost of goods s	old	. b		and the second s			
	С	Net income or (loss) f		of inv	entory .				
		Miscellaneous F	Revenue		Business Code	Gallerina 2000 Aris			K. C. S. C. Burker Str. J. C. S. C.

Total revenue. See instructions \$494,876

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must cor			ns must complete c	olumn (A).
	Check if Schedule O contains a respor	ise or note to any l			
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 ·	and domestic governments See Part IV, line 21	13,822	13,822		
. 2	Grants and other assistance to domestic individuals. See Part IV, line 22	27,875	27,875		
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				MAN MANAGES, IS THE
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 . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				
11 a b	Fees for services (non-employees) Management Legal	20,638	17,638	3,000	,
c d	Accounting	7,957	7,957		
e f	Professional fundraising services See Part IV, line 17 Investment management fees			E THE CONTRACTOR	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	2,149	1,754	395	
13	Office expenses	3,532	1,949	1,583	
14	Information technology	7,021	3,600	3,421	
15	Royalties				
16	Occupancy	18,568		18,568	
17	Travel	3,276	2,338	938	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			,	
19	Conferences, conventions, and meetings	2,724	911	1,813	
20	Interest			n	~
21	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			
22	Depreciation, depletion, and amortization .	1,055	324	731	
23	Insurance	1,033	324 89825725785786886	131	
24	Other expenses. Itemize expenses not covered 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.)				
а	Tree planting & maintenance programs	332,624	332,624	Ser Sering around the till tell	7.7.2.7.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
b	Camp expenses (NRCC)	25,741	25,741		
c	Urban Forestry Summit expenses	7,635	7,635		
d	PLANT awards & Project Learning Tree	1,286	1,286		
е	All other expenses	2,341		2,341	
25	Total functional expenses. Add lines 1 through 24e	478,244	445,454	32,790	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If the organization is line only if the organization reported in the organization is line only if the organization reported in column (B) joint costs from a combined educational campaign and fundamental in the organization reported in column (B) joint costs from a combined educational campaign and fundamental in the organization reported in column (B) joint costs from a combined educational campaign and fundamental in the organization is likely in the organization in the				

Form 990 (201	8)		Page
Part X	Balance Sheet	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Pa	rt X	
		(A) Beginning of year	(B) End of year

				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		\$414	1	\$591
	2	Savings and temporary cash investments		\$62,397	2	\$78,852
	3	Pledges and grants receivable, net			3	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	4	Accounts receivable, net			4	,
	5	Loans and other receivables from current and trustees, key employees, and highest complete Part II of Schedule L			5	
ţs	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ai sponsoring organizations of section 501(c)(9) volur organizations (see instructions) Complete Part II of Sche	nd contributing employers and ntary employees' beneficiary		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or			9	
		other basis Complete Part VI of Schedule D	10a		<i>338111</i>	
	b	Less: accumulated depreciation	10b		10c	
	11				11	
	12	Investments—other securities. See Part IV, line			12	
	13	Investments—program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15 16	Other assets. See Part IV, line 11		200.044	15	
	17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses .	ai iirie 34)	\$62,811	16 17	\$79,443
	18	Grants payable			18	<u> </u>
	19				19	
	20			-	20	
	21	Escrow or custodial account liability. Complete			21	-
ç	22	Loans and other payables to current and for		1. (1881) SH. (1881) 33 11 (1881) 1881	1/11/16/2	ENNY TOUR OF SHIP WAY
Liabilities	22	trustees, key employees, highest compendisqualified persons. Complete Part II of Schedu	sated employees, and		22	
Ľ	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	-		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D	payables to related third		25	
	26	Total liabilities. Add lines 17 through 25		\$0	26	\$0
es		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and				
n n	27	Unrestricted net assets		<u> Katalin Karana kan kan Katalin Katalin</u>	<u>/////////////////////////////////////</u>	Sille Library Control of the Control
als	28	Temporarily restricted net assets			28	
9	29	Permanently restricted net assets			29	<u> </u>
S		Organizations that do not follow SFAS 117 (ASC 95		Uni Marin Marin Marin Allanda	73863	Ni oho Tuki Chille ing sig 25 "Tihia ciki Suki SiA
7		complete lines 30 through 34.	,, und		:7,997,14 -7,16,17	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		<u> </u>	<i>3</i> 0	<u> </u>
Set	31	Paid-in or capital surplus, or land, building, or ed	<u> </u>		31	
As	32	Retained earnings, endowment, accumulated inc	· ·		32	
j	33	Total net assets or fund balances		\$62,811	33	\$79,443
_	34	Total liabilities and net assets/fund balances .		\$62,811	34	\$79,443

٠,

Part	XI Reconciliation of Net Assets				31
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		\$49	4,876
2	Total expenses (must equal Part IX, column (A), line 25)	2		\$47	8,244
3	Revenue less expenses. Subtract line 2 from line 1	3		\$10	6,632
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		\$6:	2,811
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 Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		\$79	9,443
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
4			8 G.3	Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		- 4/19/19	1611	1/1/3
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain ir	1 1	7. B	14/11
0-			2a	<u> Histori</u>	20116B
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	د اداد	44.4.4	14 1.	79.74
`	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	ollea o		14/1/3	19/19
	Separate basis Consolidated basis Both consolidated and separate basis			19/1/19	
h	Were the organization's financial statements audited by an independent accountant?		<u>شستش</u> 2b		<i></i>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited.	nd on s		11/1 11/2	120000
	separate basis, consolidated basis, or both.	o on a	· Wally	1/48	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<i>476</i>	1 11/4	2012
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	/ersiah	t		4444
	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ır	1 1/1/2/2	1/1/15	1/13
	Schedule O	•		1900	1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ir	۱ 🗀		
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the	,		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		
			Forr	ո 990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Mary	yland Forestry Boards Foundation, Inc	c. aka Marylan	d Forestry Foundation			52-16	94086
Pa	rt I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The 1 2 3 4	organization is not a private founda A church, convention of church A school described in section A hospital or a cooperative hos A medical research organizatio	nes, or associati 170(b)(1)(A)(ii). spital service orç	on of churches descri (Attach Schedule E (F ganization described i	ibed in se orm 990 n sectior	ection 17 or 990-E n 170(b)(1	O(b)(1)(A)(i). Z).) I) (A)(iii).	(iii). Enter the
5	hospital's name, city, and state An organization operated for t section 170(b)(1)(A)(iv). (Comp	e: he benefit of a					•
6 7	☐ A federal, state, or local govern☐ An organization that normally described in section 170(b)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	nment or govern receives a subs	tantial part of its sup				n the general public
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organi or university or a non-land-gran university.	nt college of agr	culture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fu income and un	nctions—subject to c related business taxal	ertaın exc ble incom	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its
11	An organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
12	An organization organized and of one or more publicly suppo Check the box in lines 12a throi	rted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а	the supported organization supporting organization. You	(s) the power to ou must comple	regularly appoint or e ete Part IV, Sections	lect a ma	ijority of t	he directors or trust	ees of the
b	Type II. A supporting organ control or management of t organization(s). You must or	he supporting o	rganızation vested ın	the same			
c	Type III functionally integrits supported organization(s						ally integrated with,
d	that is not functionally in the transfer of the transfer of th	rated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
e	Check this box if the organifunctionally integrated, or T						e II, Type III
f							· L
g			r				
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)					,	_	
(B)							
(C)							
(D)							
(E)							

Schedu	le A (Form 990 or 990-EZ) 2018		•				´ Page 2
Part	II Support Schedule for Organiz	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
$\overline{}$	(Complete only if you checked to						alify under
\	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and			-			
	membership fees received (Do not						
	include any "unusual grants")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf			_			
3	The value of services or facilities						
	furnished by a governmental unit to the	:					
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
_	each person (other than a				35.25 v-634.65		
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			Maria Paris Company			
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support					-	<u>.</u>
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,			1			
	payments received on securities loans,						
	rents, royalties, and income from		\				
	sımılar sources	L					
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income Do not include gain or		\ \	_			
	loss from the sale of capital assets						
	(Explain in Part VI.)	(1077) (1.18-70)	. 1953(18) 3		11A A110 - 711 - 11	2.00 (1000)	
11	Total support. Add lines 7 through 10	The second line of the Contract	24 3 Mills (1872 12 52		Alle Section 1985	16 1 1 2 2 3 Million 16	
12	Gross receipts from related activities, etc	-	•	: : :		12	
13	First five years. If the Form 990 is for the	-	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
<u> </u>	organization, check this box and stop he			<u> </u>	<u>· · · · · · </u>	· · ·	🕨 📙
	on C. Computation of Public Suppo				$\overline{}$		
14	Public support percentage for 2018 (line		•		/	14	<u>%</u>
15	Public support percentage from 2017 Sci 33 ¹ / ₃ % support test—2018. If the organ				od lino 14 o 21	15	shook this
16a	box and stop here . The organization qua				id line 14 is 3.	5'/3% Or ITIOTE;	
_	· · · · · · · · · · · · · · · · · · ·	=	• • •	-	· · · · · · · · · · · · · · · · · · ·	221,06 05 m	. ► ∐
b	33 ¹ / ₃ % support test—2017. If the organ this box and stop here. The organization					18/33/370 OF 111	bre, check
	· ·	•		_			
1/a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me Part VI how the organization meets the						
	-	iacis-and-circ	umstances te	st. The organi	zation qualille:	s as a publicly	supported -
-	organization					/	· · • 🗀
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization r	neets the "tac	ts-and-circum	siances" test.	me organizati	on qualifies as	
40	supported organization			160 165 17-		le shen have and	. \ ▶ ⊔
18	Private foundation. If the organization di instructions	и пот спеск а	DOX OU IIVE 13	, 10a, 10D, 1/8	i, or 17b, cnec	k this dox and :	Pee / _
		<u> </u>	<u> </u>			• •	· -3 🗆

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.)

Secti	on A. Public Support	,		, <u>P.</u>	ompioto i ait		
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	045.400	200 574	445.044	404.000	407.505	4 404 070
•	received (Do not include any "unusual grants.")	215,139	228,574	115,211	164,863	467,585	1,191,372
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.	17,200	16,075	17,050	21,375	26,967	98,667
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 .	232,339	244,649	132,261	186,238	494,552	1,290,039
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						
_	Add lines 7a and 7b						
8 8	Public support. (Subtract line 7c from line 6)						1,290,039
Secti	on B. Total Support	Looke All a thingshould be desired	be the control of the	() manufactor () () () () () () () () () (All the second to the second s	Section 2 and Communication (1) (1) communication (1)	
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	232,339	244,649	132,261	186,238	494,552	1,290,039
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources :	136	135	230	584	324	1,409
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					,	
С	Add lines 10a and 10b	136	135	230	584	324	1,409
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.)	232,475	244,784	132,491	186,822	494,876	1,291,448
14	First five years. If the Form 990 is for the		<u> </u>	•			
	organization, check this box and stop he	-			,		. ▶ □
Section	on C. Computation of Public Support		e	<u>-</u>	· · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 2018 (line	8, column (f), d	ivided by line	13, column (f))		15	99.9 %
16	Public support percentage from 2017 Sci		•	· · · · · ·		16	99.9 %
Section	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2018 (17	0.1 %
18	Investment income percentage from 2017					18	0.1 %
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2017. If the organize line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization de		_		· · · · · · ·	•	=

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

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

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

▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

∞	ublic
	to Pi
$\widetilde{\mathbb{N}}$	Open

OMB No 1545-0047

Employer identification number

%□ **✓** Yes 52-1694086 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Maryland Forestry Foundation Name of the organization Part

Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Dor	mestic Organiza eceived more th	ations and Dom an \$5,000. Part	l estic Governm Il can be duplica	ents. Complete inted if additional	f the organization answe space is needed.	ganizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, nore than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(2)								
(9)								
(J)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Ente	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov rganizations listed	ernment organizat I in the line 1 table	tions listed in the l	ine 1 table			A A
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2018)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-	1 Pmts for Fellowship in Urban & Comm Forestry	1	14,000			
8	2 Pmts for Fellowship in Natural Resources	1	9.375			
ო					,	
4	-					
3						
9						
7						
Part IV	W Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	required in Part I, line	e 2; Part III, column	(b); and any other addition	onal information.

a competitive application process and the selected college student received monthly Fellowship payments totalling \$14,000. DNR requires strict reporting of all payments using grant funds Part 1, line 2: 1. We applied for and were awarded a grant from the Maryland Dept. of Natural Resources to support the funding for a Fellowship in Urban & Community Forestry. There was which we followed. 2. We also applied for and were awarded a grant the Rural Council of Maryland to support the funding for a Fellowship in Natural Resources. We followed the same procedure as before with competitive application process and monthly payments to the selected college student (\$9,375). RMC required an Interim Report & a Final Report of all expenses and a discussion of the success of the program. Schedule I (Form 990) (2018)

SCHÈDULE 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.

2018

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

Maryland Forestry Boards Foundation, Inc.

aka Maryland Forestry Foundation

Employer identification number 52-1694086

Part III, line 4d: \$26,127 in Oth pgm services: 1. \$9,375 (grant) was sent to a college student for work as part of the NRCC Fellowship pgm
2. \$4,575 (grant) were corporate/individual donations that were sent out to the Forestry Boards 3. \$4,500 (grant) were scholarship awards
sent to 5 students attending 5 different universities 4. \$2,838 was accounting/reporting support payment to the Treasurer for the NRCC
Fellowship program, a Forestry Board Training workshop and the Mel Noland Challenge grant program. 5. \$2,388 travel across all programs
6. \$1,754 advertising & promotion for all programs 7. \$697 other expenses across all programs
Part VI, line 9: Name and addresses of board members not reachable at the Foundation address: 1. Eric Sprague, Alliance for the Chesa-
peake Bay, 501 6th St, Annapolis, MD 21403 2. Sandra Sparks, 2942 Guilford Ave, Baltimore, MD 21218 3. Dawn Balinski, 10310
Breeden Rd, Lusby, MD 20657 4. Jim Bardsley, 9020 Double Hills Rd, Denton, MD 21629
5. Peter Becker, 2144 Stringtown Rd, Sparks, MD 21152 6. David Keane, Howard County Recreation and Parks, 7120
Oakland Mills Rd, Columbia, MD 21046 7. Wayne Lucas, PG County Special Svcs Div, 8400 D'Arcy Rd, Forestville, MD 20747
8. Joli McCathran, General Delivery, Washington Grove, MD 20880 9. Glenn Ferenschak, 9300 Perglen Rd, Nottingham, MD 21236
10. Don Van Hassent, MD Dept of Natural Resources-Forest Service, 580 Taylor Ave, E-1, Annapolis, MD 21401
Part VI, line 11b: All tax forms are emailed to members of our Board of Directors and not sent out until approved.
Part VI, lince 12c: Conflict of Interest forms are due annually in April from all Board of Director members. The Treasurer reviews and keeps
submissions on file. All new Foundation Board members are presented with the Articles of Incorporation, the By-laws and the Conflict of
Interest forms.
Part VI, line 19: The Foundation presents its financial statements at a bi-annual meeting of the Assn of Forest Conservancy District Boards.
Financial statements and tax forms are available to corporate and other donors upon request as stated on our website.