All Copy

COHNREZNICK LLP 7501 WISCONSIN AVENUE, SUITE 400E BETHESDA, MD 20814-6583

BETHESDA GREEN, INC. 4825 CORDELL AVENUE, SUITE 200 BETHESDA, MD 20814

DEAR VERONIQUE:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS FOR THE PERIOD ENDED DECEMBER 31, 2016 FOR:

BETHESDA GREEN, INC. AS FOLLOWS...

2016 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX 2016 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT 2016 SCHEDULE B - SCHEDULE OF CONTRIBUTORS 2016 SCHEDULE G - SUPPLEMENTAL INFO. REGARDING FUNDRAISING/GAMING 2016 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ 2016 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

THE ENCLOSED RETURNS WERE PREPARED PRIMARILY FROM DATA AND INFORMATION WHICH YOU SUBMITTED. YOU SHOULD REVIEW THE RETURNS TO ENSURE THAT THERE ARE NO OMISSIONS OR MISSTATEMENTS.

UPON AN AUDIT OF THE RETURN(S), REQUESTS MAY BE MADE FOR SUPPORTING DOCUMENTATION. THEREFORE, WE RECOMMEND THAT YOU RETAIN ALL PERTINENT RECORDS.

FORM 990 MUST BE MADE AVAILABLE FOR PUBLIC INSPECTION FOR A PERIOD OF THREE YEARS, BEGINNING WITH THE DATE THE RETURN IS FILED. THE AVAILABLE DOCUMENT MUST BE AN EXACT COPY OF THE RETURN AND SCHEDULES (INCLUDING SCHEDULE B), AS FILED WITH THE IRS, EXCEPT THAT THE NAMES AND THE ADDRESSES OF THE CONTRIBUTORS MAY BE EXCLUDED. ANY ORGANIZATION THAT FAILS TO COMPLY WITH THIS PROVISION IS SUBJECT TO A PENALTY OF \$20 FOR EACH DAY THAT INSPECTION IS NOT PERMITTED, UP TO A MAXIMUM OF \$10,000. ANY ORGANIZATION THAT WILLFULLY FAILS TO COMPLY SHALL BE SUBJECT TO AN ADDITIONAL PENALTY OF \$5,000. YOU ARE ALSO REQUIRED TO PROVIDE COPIES OF THE RETURN IF YOU RECEIVE SUCH A REQUEST. SHOULD YOU RECEIVE A REQUEST FOR INSPECTION OR FOR COPIES OF YOUR RETURN, YOU MAY WANT TO CONTACT US FOR FURTHER DETAILS.

THESE RETURNS WERE PREPARED FROM INFORMATION PROVIDED BY YOU OR YOUR REPRESENTATIVE. THE PREPARATION OF TAX RETURNS DOES NOT INCLUDE THE INDEPENDENT VERIFICATION OF INFORMATION USED. THEREFORE, WE RECOMMEND YOU REVIEW THE RETURNS BEFORE SIGNING TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS. IF YOU NOTE ANYTHING WHICH MAY REQUIRE A CHANGE TO THE RETURNS, PLEASE CONTACT US BEFORE FILING THEM.

WE SINCERELY APPRECIATE THIS OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE QUESTIONS CONCERNING THE RETURNS OR IF WE MAY BE OF FURTHER ASSISTANCE.

VERY TRULY YOURS,

JAMES MARTINKO, CPA PARTNER

COHNREZNICK LLP 7501 WISCONSIN AVENUE, SUITE 400E BETHESDA, MD 20814-6583

INSTRUCTIONS FOR FILING BETHESDA GREEN, INC. FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION FOR THE PERIOD ENDED DECEMBER 31, 2016

SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

COHNREZNICK LLP 7501 WISCONSIN AVENUE 400E BETHESDA MD 20814-6583

PAYMENT OF TAX... NO PAYMENT OF TAX IS REQUIRED.

PLEASE REVIEW THE TAX RETURN FOR THE CORRECT INCLUSION OF ANY FOREIGN TRANSACTIONS OR INFORMATION. FOR EXAMPLE, FBAR FORM 114 IS REQUIRED TO BE FILED FOR ANY FOREIGN FINANCIAL ACCOUNTS IN WHICH A TAXPAYER HAS A FINANCIAL INTEREST OR SIGNATURE OR OTHER AUTHORITY. FAILURE TO FILE THIS FORM, ALONG WITH OTHER FORMS RELATED TO OVERSEAS ACTIVITIES SUCH AS OWNERSHIP IN FOREIGN ENTITY, GIFTS FROM OVERSEAS OR A RELATIONSHIP WITH A FOREIGN TRUST, WILL POTENTIALLY SUBJECT YOU TO SUBSTANTIAL PENALTIES. PLEASE ADVISE US IMMEDIATELY IF YOU BELIEVE YOU MAY HAVE ANY FOREIGN ACTIVITY OR INVESTMENT AND/OR FOREIGN BANK OR SECURITIES ACCOUNT WHICH CARRIES A FILING REQUIREMENT AND IT IS NOT INCLUDED IN THE TAX RETURNS.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN. PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN WHICH IS DUE ON NOVEMBER 15, 2017. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization		OMB No. 1545-1878
	For calendar year 2016, or fiscal year beginning, 2016, and ending	_ , 20	
Department of the Treasury	Do not send to the IRS. Keep for your records.		2016
Internal Revenue Service	Information about Form 8879-EO and its instructions is at www.irs.gov/form88		
Name of exempt organization			tification number
BETHESDA GREE	EN, INC.	26-182	25747
Name and title of officer			
	RIER, EXECUTIVE DIRECTOR		
	eturn and Return Information (Whole Dollars Only)		
check the box on line 1 leave line 1b, 2b, 3b, 4	return for which you are using this Form 8879-EO and enter the applicable amou 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being file b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0 w. Do not complete more than 1 line in Part I.	ed with this f	orm was blank, then
1a Form 990 check h	ere b X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	335,804.
2a Form 990-EZ chec			
3a Form 1120-POL ch	neck here ▶ b Total tax (Form 1120-POL, line 22)	3b _	
4a Form 990-PF chec			
5a Form 8868 check	here 🕨 🗌 b Balance Due (Form 8868, line 3c)		
Part II Declaration	on and Signature Authorization of Officer		
organization's 2016 efe are true, correct, and corganization's electron to send the organizatio the transmission, (b) the authorize the U.S. Treat financial institution accorreturn, and the financia Agent at 1-888-353-45 involved in the process resolve issues related	ury, I declare that I am an officer of the above organization and that I have exami actronic return and accompanying schedules and statements and to the best of r complete. I further declare that the amount in Part I above is the amount shown of c return. I consent to allow my intermediate service provider, transmitter, or elect n's return to the IRS and to receive from the IRS (a) an acknowledgement of receive reason for any delay in processing the return or refund, and (c) the date of any asury and its designated Financial Agent to initiate an electronic funds withdrawa bount indicated in the tax preparation software for payment of the organization's f I institution to debit the entry to this account. To revoke a payment, I must conta 37 no later than 2 business days prior to the payment (settlement) date. I also a ing of the electronic payment of taxes to receive confidential information necess to the payment. I have selected a personal identification number (PIN) as my sign applicable, the organization's consent to electronic funds withdrawal.	ny knowledg n the copy of ctronic return ipt or reasor refund. If app I (direct debit ederal taxes ct the U.S. Th uthorize the ary to answe	e and belief, they the originator (ERO) of for rejection of blicable, I t) entry to the owed on this reasury Financial financial institutions er inquiries and
Officer's PIN: check of		3274	as my signature
	ERO firm name Enter f	ive numbers, bu enter all zeros	
being filed with	ation's tax year 2016 electronically filed return. If I have indicated within this retur a state agency(ies) regulating charities as part of the IRS Fed/State program, I ny PIN on the return's disclosure consent screen.		
	f the organization, I will enter my PIN as my signature on the organization's tax y ted within this return that a copy of the return is being filed with a state agency(ie		

the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature	Date ▶ 11/14/2017
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	2 7 3 2 4 3 2 2 1 4 7 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on th indicated above. I confirm that I am submitting this return in accordance with Information for Authorized IRS <i>e-file</i> Providers for Business Returns.	e 2016 electronically filed return for the organization
ERO's signature	Date ► <u>11/14/2017</u>
ERO Must Retain This Form - Do Not Submit This Form To the IRS U	
For Paperwork Reduction Act Notice, see back of form.	Form 8879-EO (2016)
JSA 6E1676 1.000	

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Form	9	9	0	
Departn				1
Internal	Reven	ue S	ervice	

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

6

Inspection		
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6

12

A For	the 2	016 calendar year, or tax year begir	nning	, 2016	6, and endi	ng		, 2	0	
_		C Name of organization				D	Employer ide	entification nui	nber	
B Check	k if applicab	^e BETHESDA GREEN, INC.								
	Address change	Doing Business As					26-1825	747		
1	Name chan	Number and street (or P.O. box if mail is	not delivered to street address	5)	Room/suite	E	Telephone nu	ımber		
1	Initial return	4825 CORDELL AVENUE, S	SUITE 200			(240) 390	5-2440		
1	Terminated	City or town, state or province, country, a	and ZIP or foreign postal code							
	Amended return	BETHESDA, MD 20814				G	Gross receipt	s \$	356	,082.
	Application pending	F Name and address of principal officer:	VERONIQUE MAR	IER		H(a) Is this a grou subordinates? 		Yes	X No
	-	4825 CORDELL AVENUE, S	SUITE 200 BETHES	SDA, ME	20814	H(b) Are all subordi 		Yes	No
I Ta	x-exemp	status: X 501(c)(3) 501(c) () ┥ (insert no.)	4947(a)(1)	or 52	27	If "No," attac	h a list. (see instru	uctions)	
J We	ebsite:	► WWW.BETHESDAGREEN.ORG				H(c) Group exemp	otion number 🕨		
K Fo	rm of or	ganization: X Corporation Trust	Association Other ►		L Year of	of formation	: 2008 M :	State of legal d	omicile:	MD
Part		Summary								
	1 Brie	fly describe the organization's mission o	r most significant activities	: BETHE	SDA GREE	EN WORK	CS TO LOO	CALLY		
e		CELERATE THE SUSTAINABLE								
Jano	AN	D COMMUNITY.								
/er	2 Ch	eck this box ▶if the organization d	iscontinued its operation:	s or dispos	ed of more th	an 25% of	its net assets			
Governance	3 Nui	nber of voting members of the governing	body (Part VI, line 1a)					3		18.
×۵ ۱		nber of independent voting members of t						4		18.
Activities &		al number of individuals employed in cale						5		б.
ž		al number of volunteers (estimate if necess						6		
¥	7a Tot	al unrelated business revenue from Part V						7a		0
		unrelated business taxable income from						7b		0
						F	Prior Year	Cu	rrent Ye	ar
6	8 Co	tributions and grants (Part VIII, line 1h)					313,70	3.	294	,058
Revenue	9 Pro	gram service revenue (Part VIII, line 2g)		COP	PY FOR		66,89	6.	47	,091
	0 Inv	estment income (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC I	NSPECTION			0.		0
[∞] 1 [·]		er revenue (Part VIII, column (A), lines 5,					-8,09	0.	-5	,345
1:		al revenue - add lines 8 through 11 (must					372,50	9.	335	,804
1	3 Gra	nts and similar amounts paid (Part IX, colu	umn (A), lines 1-3)					0.		0
1		efits paid to or for members (Part IX, colu						0.		0
y 1		aries, other compensation, employee bene					230,29	0.	273	,237
Expenses		fessional fundraising fees (Part IX, column						0.		0
xpe		al fundraising expenses (Part IX, column (I			Ο					
1	7 Oth	er expenses (Part IX, column (A), lines 11					58,10	2.	80	,967
1		al expenses. Add lines 13-17 (must equal					288,39	2.	354	,204
1		enue less expenses. Subtract line 18 from					84,11	7.	-18	,400
ces						Beginnin	g of Current Y	ear En	d of Yea	r
Net Assets or Fund Balances	0 Tot	al assets (Part X, line 16)					160,07	0.	150	,615
S B A		al liabilities (Part X, line 26)					16,90	4.	25	,303
		assets or fund balances. Subtract line 21					143,16	б.	125	,312
Part		Signature Block								
Under	penaltie	s of perjury, I declare that I have examined this	is return, including accompa	nying sched	lules and state	ments, and	to the best of	my knowledge	e and be	lief, it is
true, c	orrect, a	nd complete. Declaration of preparer (other than	i onicer) is based on all inform	nation of wh	ich preparer h	as any know	ledge.			
<u>.</u>							11/14	1/2017		
Sign		Signature of officer					Date			
Here		VERONIQUE MARIER		EXECU	TIVE DIF	RECTOR				
		Type or print name and title								
Date	Pr	nt/Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Paid Propar	JÆ	MES MARTINKO CPA	JAMES MARTINKC	CPA	11/14	4/2017	self-employe	ed P0044	4318	
Prepar Use O	Fir	m's name 🕨 COHNREZNICK LLP				Fi	rm's EIN 🕨	22-14780	99	
		m's address 🕨 7501 WISCONSIN AVENUE 4	00E BETHESDA, MD 20814	-6583		Pł	none no.	301-652-	9100	
May th	ne IRS	discuss this return with the preparer show	n above? (see instructions)	<u></u> .	<u></u> .	<u></u> .	X	/es	No
For Pa	aperwo	k Reduction Act Notice, see the separat	e instructions.					Fo	rm 990	(2016)

BETHESDA	GREEN,	INC.

Forr	rm 990 (2016)	Page 2
Pa	art III Statement of Program Service Accomplishments	
4	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: ATTACHMENT 1	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
3		Yes X No
	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 expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
4a	a (Code:) (Expenses \$including grants of \$) (Revenue \$	296.)
	THE BETHESDA GREEN INCUBATOR SERVES TO ACCELERATE GREEN BUSINESS	
	STARTUPS INTO VIABLE COMPANIES WITH TRIPLE BOTTOM-LINE IMPACT (PEOPLE, PLANET, PROFIT). THE INCUBATOR DISTINGUISHES ITSELF BY	
	ITS GREEN MISSION, WHEREBY MEMBERS ARE EXPECTED TO PERFORM ON	
	SOCIAL AND ENVIRONMENTAL MEASURES IN ADDITION TO FINANCIAL ONES.	
	b (Code:) (Expenses \$including grants of \$) (Revenue \$ COMMUNITY ENGAGEMENT)
	BETHESDA GREEN SEEKS TO ENGAGE THE LOCAL COMMUNITY THROUGH	
	SUSTAINABILITY EDUCATION AND OUTREACH ACTIVITIES THAT THAT CREATES	
	OPPORTUNITIES FOR INNOVATION AND IMPLEMENTATION OF GREEN	
	SOLUTIONS. FLAGSHIP PROGRAMS INCLUDE: GREEN NEIGHBORS GROUP,	
	(YOUTH) LEADERSHIP ACADEMY AND OUR SUSTAINABILITY SERIES.	
4c	c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
		/
4d	d Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
	e Total program service expenses ► 349,398.	
JSA 6E10	1020 1.000	orm 990 (2016)
	2370AS 2337 12/12/2017 4:22:58 PM V 16-7.6F 68-20662-20662	PAGE 3

Form 990 (2016)

Page 3

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	-		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		-		
~	Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
120				
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12-		v
ь.	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		X
a		4.01		v
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
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	Х	
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		Х

Form 990 (2016)

Page **4**

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1 1		
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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?			
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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			37
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		37
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1 1		37
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1		v
	or IV, and Part V, line 1.	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
	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	0		v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>	07		v
	Part VI			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		Х

Form 990 (2016)

Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	
1.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Tes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
Ū	reportable gaming (gambling) winnings to prize winners?	1c		Х
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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
-	(FBAR).	5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		
	0 1.000 2370AS 2337 12/12/2017 4:22:58 PM V 16-7.6F 68-20662-20662	Form		(2016) AGE

Form 9	990 (2016)	BETHESDA GREEN, INC.	26-1825	747	F	Page 6
Part		Governance, Management, and Disclosure For each "Yes" response to lines 2 three				
		esponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
		Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	ion A.	Governing Body and Management			Yes	No
			1a 18		163	NO
1a		ne number of voting members of the governing body at the end of the tax year	1a 18			
		are material differences in voting rights among members of the governing body, or if the governing				
	,	egated broad authority to an executive committee or similar committee, explain in Schedule O.	1b 18			
b		ne number of voting members included in line 1a, above, who are independent y officer, director, trustee, or key employee have a family relationship or a business relationship or a business				
2		er officer, director, trustee, or key employee?		2		Х
3	-	organization delegate control over management duties customarily performed by or un				
3		sion of officers, directors, or trustees, or key employees to a management company or othe		3		Х
4		organization make any significant changes to its governing documents since the prior Form 990 was file		4		Х
5		organization become aware during the year of a significant diversion of the organization's a		5		Х
6		organization have members or stockholders?		6		Х
7a		organization have members, stockholders, or other persons who had the power to ele				
		more members of the governing body?		7a		Х
b	Are ar	y governance decisions of the organization reserved to (or subject to approval b	oy) members,			
	stockh	olders, or persons other than the governing body?		7b		Х
8		organization contemporaneously document the meetings held or written actions unde				
	the yea	r by the following:				
а	The go	verning body?		8a		X
b		ommittee with authority to act on behalf of the governing body?		8b		
9		any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				37
Cast		anization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sect	ION B. F	olicies (This Section B requests information about policies not required by the Inte	ernai Revenue	Coae	<i>).)</i> Yes	No
	D : 1 /1			10a	100	x
		organization have local chapters, branches, or affiliates?		TVa		
b		" did the organization have written policies and procedures governing the activities of s	-	10b		
110		s, and branches to ensure their operations are consistent with the organization's exempt pu		11a	Х	
-		organization provided a complete copy of this Form 990 to all members of its governing body before fili be in Schedule O the process, if any, used by the organization to review this Form 990.	ing the form?	1 iu		
b 12a		organization have a written conflict of interest policy? If "No," go to line 13		12a		Х
		fficers, directors, or trustees, and key employees required to disclose annually interests th				
		conflicts?	lat could give	12b		
с		e organization regularly and consistently monitor and enforce compliance with the po	licv? If "Yes"			
•		e in Schedule O how this was done		12c		
13		organization have a written whistleblower policy?		13		Х
14		organization have a written document retention and destruction policy?		14		Х
15		process for determining compensation of the following persons include a review and				
		ndent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The or	anization's CEO, Executive Director, or top management official		15a	Х	
b		fficers or key employees of the organization		15b		
	If "Yes	to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the	e organization invest in, contribute assets to, or participate in a joint venture or similar	arrangement			
		axable entity during the year?		16a		X
b		did the organization follow a written policy or procedure requiring the organization t				
		ation in joint venture arrangements under applicable federal tax law, and take steps to		4.01		
Sacti		ation's exempt status with respect to such arrangements?		16b		
		visclosure				
17		states with which a copy of this Form 990 is required to be filed \blacktriangleright MD,		F04 (-		
18		6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and le for public inspection. Indicate how you made these available. Check all that apply.	San-1 (Section	501(0	;)(3)S	oniy)
		wn website Another's website X Upon request Other (explain in Sch	edule O)			
19		in Schedule O whether (and if so, how) the organization made its governing documents	,	areet	oolios	, and
13		I statements available to the public during the tax year.	s, connict of fille		Joney	, anu
20			ooks and records	s: 🕨		
	V	ne name, address, and telephone number of the person who possesses the organization's b ERONIQUE MARIER 4825 CORDELL AVENUE, SUITE 200 BETHESDA, MD 20814 240-396-2440				
JSA 6E1042	1.000			Form	990	(2016)

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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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	(C) Position eck more than one person is both an a director/trustee) Or Key employee e entry employee		an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)GEORGE LEVENTHAL	1.00									
DIRECTOR	0.	x						0.	0.	0.
(2)SETH GOLDMAN	1.00							0.	0.	
DIRECTOR	0.	x						0.	0.	0.
(3)AMITA SHUKLA	1.00									
DIRECTOR	0.	x						0.	0.	0.
(4)KENNETH HARTMAN	1.00									
DIRECTOR	0.	x						0.	0.	0.
(5)FULYA KOCAK	1.00									
DIRECTOR	0.	x						0.	0.	0.
(6)SARAH MILLER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)KENNETH HARTMAN	1.00									
DIRECTOR	0.	x						0.	0.	0.
(8)JAMES MARTINKO	1.00									
DIRECTOR	0.	x						0.	0.	0.
(9)ANTHONY MILLIN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10)GREG ROONEY	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11)MITCH BERLINER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(12)SRI VELAMATI	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13)JON WEINTRAUB	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14)KEVIN LOWDES	1.00									
DIRECTOR	0.	Х						0.	0.	0.

-	n 990 (2016) I rt VII Section A. Officers, Directors, Tr i	ustees, Ke	y En	nplo	yee	es,	and I	lig	hest Compensat	ed Employe	es (co	ontinued	Pag)
	(A) Name and title	(B) Average hours per week (list any hours for	(do r box, office	not cl unles	Pos heck ss pe	C) ition more	e than c is both or/trust	one an	(D) Reportable compensation from the	(E) Reportabl compensation related organizatio	e from	(I Estin amou otl	F) nated unt of ner nsation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M		organ and r	n the ization elated zations
15	JOSEPH CHIRICO TREASURER	1.00			x				0.		0.		
16	PETER GRAZZINI CHAIRMAN	1.00			x				0.		0.		
17	STU DALHEIM SECRETARY	1.00			x				0.		0.		
18		1.00			x				0.		0.		
L9	VERONIQUE MARIER EXECUTIVE DIRECTOR	40.00			X				82,500.		0.		
(Sub-total Total from continuation sheets to Part VII, S	-	 		 	 	 		0.		0.		
2	Total (add lines 1b and 1c)	limited to tl		liste				o re	82,500. eceived more than	\$100,000 of	0.		
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	cer, directo	or, or	tru								3	es N
4	For any individual listed on line 1a, is the organization and related organizations gr individual	sum of rep eater than	ortab \$15	ole c 50,0	com 00?	per ' <i>If</i>	satio	n a s <i>,"</i>	nd other compen complete Schedu	sation from t Ile J for su	he <i>ıch</i>	4	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue con	mpen	sati	on f	fron	n any	un	related organizati	on or individu	Jal	5	
	ction B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year.												
	(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompensa	tion
												-	
								+					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512-514
1a	Federated campaigns	1a					
1a b c d f g	Membership dues						
c	Fundraising events		57,633.				
d	Related organizations						
е	Government grants (contribu		56,000.				
f	All other contributions, gifts,	grants,					
	and similar amounts not included	above 1 f	180,425.				
g	Noncash contributions included i						
h	Total. Add lines 1a-1f			294,058.			
			Business Code				
2a			900099	22,457.	22,457.		
b	EVENT INCOME		900099	1,355.	1,355.		
C	MARKETING PARTNERS		900099	28.	28.		
d	OTHER OFFICE REVENUES		900099	751.	751.		
е	MISCELLANEOUS		900099	22,500.	22,500.		
f	All other program service rev			47.001			
g	Total. Add lines 2a-2f Investment income (inc			47,091.			
3	and other similar amounts).			0.			
4	Income from investment of			0.			
5	Royalties	•		0.			
		(i) Real	(ii) Personal				
6a	Gross rents	14,933.					
b	Less: rental expenses						
c	Rental income or (loss)	14,933.					
d	Net rental income or (loss)			14,933.			14,
7a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory						
b	Less: cost or other basis						
	and sales expenses						
c	Gain or (loss)						
d	Net gain or (loss)			0.			
8a	Gross income from fundra	iising					
	events (not including \$	57,633.	ATCH 2				
	of contributions reported on	line 1c).					
	See Part IV, line 18						
b	Less: direct expenses						
C	Net income or (loss) from fu		AICH S 🕨	-20,278.			-20,2
9a	Gross income from gaming						
	See Part IV, line 19						
b	Less: direct expenses						
C	Net income or (loss) from g	-		0.			
 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of invento 		a					
		les of inventory	0.				
Ť	Miscellaneous Revenu		Business Code	0.			
14-							
11a							
b							+
c d	All other revenue						+
e	Total. Add lines 11a-11d			0.			
			· · · · · · · · · ·	÷.			

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Form 990 (2016)

Form **990** (2016)

26-1825747

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Form 990 (2016) BETHESDA G Part IX Statement of Functional Expenses	· · · · · · · · · · · · · · · · · · ·		20-10	825747 Pa
Section 501(c)(3) and 501(c)(4) organizations must		All other organization	ns must complete colui	mn (A)
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	82,500.	82,500.		
	0275001	0275001		
6 Compensation not included above, to disqualified				
persons (as defined under section $4958(f)(1)$) and	0.			
persons described in section 4958(c)(3)(B)	190,737.	190,737.		
7 Other salaries and wages	190,/3/.	190,131.		
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	345.	345.		
c Accounting	5,650.	1,500.	4,150.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17,	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.) ATCH 4	61,516.	60,860.	656.	
12 Advertising and promotion	0.			
13 Office expenses	4,525.	4,525.		
14 Information technology	132.	132.		
15 Royalties	0.			
16 Occupancy	0.			
I7 Travel	0.			
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
	0.			
	0.			
	0.			
22 Depreciation, depletion, and amortization	2,576.	2,576.		
23 Insurance	2,570.	2,570.		
4 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.)	2 220	2 220		
a OFFICE EXPENSES	3,330.	3,330.		
bOTHER	2,893.	2,893.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	354,204.	349,398.	4,806.	
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				
TOHOW/IDD SCIP 48-2 (ASC 958-720)	\sim 1	1		

0.

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following SOP 98-2 (ASC 958-720)

art X				
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	119,414.	1	128,801
2	Savings and temporary cash investments	0.	2	(
3	Pledges and grants receivable, net	0.	3	(
4	Accounts receivable, net	39,320.	4	20,693
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L	0.	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.	6	
-	organizations (see instructions). Complete Part II of Schedule L	0.	0 7	
7 8	Notes and loans receivable, net	0.		
	Inventories for sale or use	1,336.	-	1,12
9	Prepaid expenses and deferred charges	1,330.	9	1,12
10a	Land, buildings, and equipment: cost or			
l .	other basis. Complete Part VI of Schedule D10a1,250.Less: accumulated depreciation1,250.	0	4.0	
b			10c	
11	Investments - publicly traded securities		11 12	
12	Investments - other securities. See Part IV, line 11			
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	150 61
16	Total assets. Add lines 1 through 15 (must equal line 34)	160,070. 16,904.		150,61 25,30
17	Accounts payable and accrued expenses			25,30
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and	0		
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	0	0.5	
00	of Schedule D	0. 16,904.		25,30
26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	10,904.	26	25,30
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	121,375.	27	56,47
28	Temporarily restricted net assets	21,791.	28	68,83
29	Permanently restricted net assets	0.	29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	143,166.	33	125,31
34	Total liabilities and net assets/fund balances	160,070.	34	150,61

Form 9	00 (2016)		F	Page 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		335	,804.
2	Total expenses (must equal Part IX, column (A), line 25)			,204.
3	Revenue less expenses. Subtract line 2 from line 1			,400.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		143	,166.
5	Net unrealized gains (losses) on investments			0.
6	Donated services and use of facilities			0.
7	Investment expenses			0.
8	Prior period adjustments			546.
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		125	,312.
Part				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>	<u></u>	
			Yes	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain	in 📔		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 28	a 📃	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	or		
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	. 21	b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant	t? 20	c	
	If the organization changed either its oversight process or selection process during the tax year, explain	in		
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in		
	the Single Audit Act and OMB Circular A-133?	. 3	a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ne		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3	b	

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. Attach to Form 990 or Form 990-EZ. Department of the Treasury

OMB No. 1545-0047 Open to Public

Inspection

Department of the neasury	
Internal Revenue Service	

► Information about Schedule	(Form 990 or 990-EZ)	and its instructions is at	www.irs.gov/form990.
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Name of the organization					Employer identifi	cation number				
BETHESDA GREEN, INC.					26-18257	47				
Part I Reason for Public Ch	arity Status (All o	organizations must o	complete	e this pa	rt.) See instructions					
The organization is not a private fo	undation because if	is: (For lines 1 throu	gh 12, ch	eck only o	one box.)					
1 A church, convention of cl	nurches, or associa	tion of churches desc	ribed in s	ection 17	70(b)(1)(A)(i).					
2 A school described in sec	tion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990-	-EZ).)					
3 A hospital or a cooperativ	e hospital service o	rganization described	in sectio	n 170(b)((1)(A)(iii).					
4 A medical research organ	ization operated in	conjunction with a ho	spital des	scribed in	section 170(b)(1)(A)	(iii). Enter the				
hospital's name, city, and										
5 An organization operated		a college or universi	ty owned	d or oper	rated by a governme	ntal unit described in				
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6 A federal, state, or local g	0			•						
7 X An organization that norm	-		pport fro	om a gov	vernmental unit or fro	om the general public				
described in section 170(I		-								
8 A community trust describ										
9 An agricultural research o	-			-						
or university or a non-land	-grant college of ag	griculture (see instruc	tions). Er	nter the n	ame, city, and state of	f the college or				
university:		(L. 00 . 0/ / //		,						
10 An organization that norm receipts from activities rel	ally receives: (1) m ated to its exempt f	ore than 331/3 % of its functions - subject to	support certain e	trom cor xceptions	tributions, membersh	np fees, and gross				
support from aross invest	ment income and u	nrelated business tax	able inco	me (less	section 511 tax) from	businesses				
acquired by the organizati										
11An organization organized12An organization organization		•	-			arry out the nurneses				
of one or more publicly s			-							
Check the box in lines 12a										
	-					-				
a Type I . A supporting or the supported organizat		•	•		• • • •					
supporting organization.	., .	• • • • •		ajonty of						
b Type II . A supporting or				with its	supported organizatio	on(s) by having				
control or management										
organization(s). You mus						-9				
c Type III functionally inte	•		ated in co	onnectior	with, and functional	ly integrated with,				
its supported organization	•									
d Type III non-functionall	/ integrated. A sup	porting organization of	perated	in conne	ction with its support	ted organization(s)				
that is not functionally in	tegrated. The organ	nization generally mus	st satisfy	a distribu	ution requirement and	d an attentiveness				
requirement (see instruc	ctions). You must co	omplete Part IV, Sect	ions A a	nd D, and	l Part V.					
e Check this box if the org	anization received	a written determinatio	on from th	ne IRS th	at it is a Type I, Type I	I, Type III				
functionally integrated, o			porting o	organizati	on.					
f Enter the number of supporte	0									
g Provide the following information		orted organization(s).	1							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
		above (see instructions))	docur	nent?	instructions)	instructions)				
			Yes	No						
(A)										
(B)										
(C)										
(6)										
(D)										
				\vdash						
(E)										
Total										
For Paperwork Reduction Act Notice, see	he Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2016				

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	124,606.	191,560.	255,101.	245,281.	198,100.	1,014,648.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	124,606.	191,560.	255,101.	245,281.	198,100.	1,014,648.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
e	shown on line 11, column (f)						144,766.
$\frac{6}{8}$	Public support. Subtract line 5 from line 4.						869,882.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	124,606.	191,560.	255,101.	245,281.	198,100.	1,014,648.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	124,000.	191,380.	255,101.	243,201.	198,100.	0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						1,014,648.
12	Gross receipts from related activities, etc. (s	see instructions)				12	513,242.
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2016 (li	ne 6, column (f)) divided by line	11, column (f))		14	85.73%
15	Public support percentage from 2015					15	79.25%
	331/3% support test - 2016. If the o this box and stop here. The organization	on qualifies as a	publicly suppor	rted organizatio	n		► X
	331/3% support test - 2015. If the c check this box and stop here. The organization of the check the stop here is the organization of the stop here is the stop	anization qualifi	es as a publicly :	supported orga	nization		▶ 🗌
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets t	meets the "facts-and-c	cts-and-circumst ircumstances" te	tances" test, ch est. The organi	eck this box ar zation qualifies	nd stop here. E as a publicly su	xplain in
b	organization 10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization Explain in Part VI how the organization	2015. If the org anization meets on meets the "	ganization did n the "facts-and facts-and-circum	ot check a box d-circumstances nstances" test.	on line 13, 16 " test, check th The organizatio	a, 16b, or 17a, nis box and sto n qualifies as a	and line pp here. publicly
18	supported organization Private foundation. If the organization instructions	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	
	instructions						

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

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

(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.)

Sec	tion A. Public Support								-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e)	2016	(f) Total	
1	Gifts, grants, contributions, and membership fees								_
	received. (Do not include any "unusual grants.")								
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								
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								-
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								
c	Add lines 7a and 7b								-
8	Public support. (Subtract line 7c from								-
	line 6.)								
Sec	tion B. Total Support								-
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e)	2016	(f) Total	_
9	Amounts from line 6								_
	Gross income from interest, dividends,								_
	payments received on securities loans,								
	rents, royalties and income from similar sources								
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.)								
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax ye	ear as	a section	501(c)(3)	_
	organization, check this box and stop here							►	
Sec	tion C. Computation of Public Sup	port Percenta	age						_
15	Public support percentage for 2016 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15		%	_
16	Public support percentage from 2015 Sche	edule A, Part III, lir	ne 15			16		%	
Sec	tion D. Computation of Investme	nt Income Per	centage						_
17	Investment income percentage for 2016 (li	ne 10c, column (f) divided by line	13, column (f))		17		%	
18	Investment income percentage from 2015	Schedule A, Part	III, line 17			18		%	_
19 a	331/3% support tests - 2016. If the or					e than	331/3 %, a	and line	-
	17 is not more than 331/3%, check th	-							j
b	331/3% support tests - 2015. If the orga	-	· •				-		
	line 18 is not more than 331/3%, check								ĺ
20	Private foundation. If the organization		•	•		••	0		ĺ
JSA	21 1.000							90 or 990-EZ) 201	6
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26-1825747

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

26-1825747

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2016

Schedu	BETHESDA GREEN, INC. 26-1825 le A (Form 990 or 990-EZ) 2016	5747	ſ	Page 5
Part				ugo 🗸
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
-	organization (s) that operated, supervised, or controlled the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Section	on C. Type II Supporting Organizations	2		
0000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Section	on D. All Type III Supporting Organizations	1		
Jech			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		-	
			<u> </u>	No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <i>Part VI identify</i> <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	000 5	
JSA	Schedule A (Form	990 or	990-E2	2016 (

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	g trust on	Nov. 20, 1970 (explai	'
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 	6		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

Sect	V Type III Non-Functionally Integrated 509(a)(3) s ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen		ed	
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
-	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
•	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
0	-			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	F (0010			
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

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Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 99	0-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-	PF) and its instructions is at www.irs.gov/form990.

2016

Name of the	organization
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BETHESDA GREEN, INC.

26-1825747

Employer identification number

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Solution For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization BETHESDA GREEN, INC.

Part I Contri	butors (See instructions). Use duplicate cop	pies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 6 </u>		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization BETHESDA GREEN, INC.

art I Contril	butors (See instructions). Use duplicate cop	Dies of Part I if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$9,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u>		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule E	3 (Form	990,	990-EZ,	or	990-PF	-)	(2016)	

Name of organization BETHESDA GREEN, INC.

Employer identification number 26-1825747

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

JSA 6E1254 1.000

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)		Page 4
Name of organization BETHESDA GREEN,	INC.	Employer identification number
		26-1825747

				20-1825/4/					
Part III	<i>Exclusively</i> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and								
				of <i>exclusively</i> religious, charitable, etc.,					
	contributions of \$1,000 or less for the								
	Use duplicate copies of Part III if addit								
(a) No. from		(a) Ilaa	of with						
Part I	(b) Purpose of gift (c) Use		of gift	(d) Description of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held					
Part I	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		or gift	(a) bescription of now girt is held					
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
				I					
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held					
Part I	(=, - = = = = = = = = = = = = = = = = = =	(1)	3	()					
	(e) Transfer of gift								
	- /								
	Transferee's name, address, ar	10 ZIP + 4	Relationship of transferor to transferee						
(a) No.									
from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
Part I									
	(e) Transfer of gift								
	Transferee's name, address, ar	d 7IP + 4	Relationship of transferor to transferee						
			Neidin						
	1		1	Schedule B (Form 990, 990-EZ, or 990-PF) (2016)					

JSA 6E1255 1.000

	OMB No. 1545-0047								
SCHEDULE G (Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the								
(FOIL 390 OF 990-LZ)	O OF 990-EZ) organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.								
Department of the Treasury Internal Revenue Service	ury								
Name of the organization						Employer identificati	Inspection on number		
BETHESDA GREEN,	INC.					26-1825747			
Part I Fundraisi	ng Activities. Con	plete if the orga	nization a	answered	"Yes" on Form	990, Part IV, line	e 17.		
Form 990	-EZ filers are not	required to comp	lete this p	oart.					
1 Indicate whether	the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.			
a 📃 Mail solicitat	ions	е	Solid	citation of	non-government g	rants			
b Internet and	email solicitations	f	Solid	citation of	government grants	3			
c Phone solicit	ations	g	Spe	cial fundra	ising events				
d 🔄 In-person so	licitations								
	s listed in Form 990	, Part VII) or entity	in connec	tion with p	professional fundra	ising services?	Yes No		
b If "Yes," list the 1 compensated at I	0 highest paid indi east \$5,000 by the		(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be		
(i) Name and addre or entity (fur		(ii) Activity	custody of	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
3 List all states in	which the organiza	tion is registered c	or licensed	to solicit	contributions or	has been notified	l it is exempt from		
registration or lice	ensing.								

Schedule G (Form 990 or 990-EZ) 2016

68-20662-20662

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PAGE 27

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA			(add col. (a) through col. (c))
ð		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	57,633.			57,633
œ	2 Less: Contributions				
	3 Gross income (line 1 minus				
	line 2)	57,633.			57,633
	4 Cash prizes				
Direct Expenses	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,278.			20,278

10 Direct expense summary. Add lines 4 through 9 in column (d)	. ►	20,278.
 11 Net income summary. Subtract line 10 from line 3, column (d)	. ►	37,355.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Reve	1 Gross revenue						
es	2 Cash prizes						
kpense	3 Noncash prizes						
Direct Expenses	4 Rent/facility costs						
D	5 Other direct expenses						
	6 Volunteer labor	Yes%	Yes%	Yes%			
7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
9							
	 a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 						

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2016

BETHESDA	GREEN,	INC.
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	BEIHESDA GREEN, INC.	70-107	5/4/	
Sched	lule G (Form 990 or 990-EZ) 2016			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book			/0
14	records:	5 8110		
	Now a N			
	Name			
	Address			
45 -	Deer the exercited basis a contract with a third work, from where the exercited in reaction	!		
15 a	Does the organization have a contract with a third party from whom the organization receives g			
		l	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$	and the		
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Marca N			
	Name			
	Address			
40				
16	Gaming manager information:			
	News N			
	Name			
	Gaming manager compensation ► \$			
	Descriptions of even to a new block N			
	Description of services provided			
	Director/officer Employee Independent contractor			
47				
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro	r		
_	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	anizations		
	or spent in the organization's own exempt activities during the tax year > \$	(111)		
Part				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio	nal inforn	nation	
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2016

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. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PART

A COPY OF THE FORM 990 WAS GIVEN TO EACH BOARD MEMBER PRIOR TO FILING.

THE BOARD MEMBERS WERE INVITED TO COMMENT ON THE THE FORM.

PART

THESE ITEMS ARE AVAILABLE UPON REQUEST

PART

THE BOARD REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION.

INCUBATOR PROGRAM

THE INCUBATOR SERVES AS AN ENTREPRENEURIAL NETWORKING HUB, PROVIDES MEMBERS WITH MENTORSHIP, OFFERS ACCESS TO QUALITY, AFFORDABLE PROFESSIONAL SERVICES, SERVES TO FACILITATE INVESTMENT OPPORTUNITIES, CONNECTS MEMBERS WITH POTENTIAL CLIENTS AND CUSTOMERS, AND PROVIDES A FEATURE-RICH WORKING SPACE. IN 2016,12 UNIQUE INCUBATOR COMPANIES GENERATED FULL-TIME AND PART-TIME JOBS AND INTERNSHIPS FOR OVER 80 PEOPLE (SOME FOR PARTIAL YEAR), EARNED \$770,000 IN REVENUE, AND RAISED OVER \$2.5 MILLION (VC AND EQUITY, TECHNOLOGY DEVELOPMENT GRANTS, AWARDS).

COMMUNITY ENGAGEMENT

OUR IDENTITY IS ROOTED IN LOCAL COMMUNITY PROGRAMS. OUR FOCUS AUDIENCES ARE LOCAL LEADERS AND YOUTH. OUR KEY PROGRAMS: GREEN NEIGHBORS GROUP, A SUSTAINABILITY SERIES, YOUTH ENGAGEMENT PROGRAMS INCLUDING OUR LEADERSHIP ACADEMY FOR HIGH SCHOOLERS AND OUR FIELDS OF GREEN INTERNSHIP FAIR, AND OUR ANNUAL GALA THAT ENGAGES AND CELEBRATES LOCAL GREEN CHAMPIONS.

WE ALSO CONTINUED TO MANAGE A MULTI-YEAR CHESAPEAKE BAY TRUST GRANT IN PARTNERSHIP WITH A MULTI-FAMILY, MULTI-BUILDING CONDOMINIUM COMPLEX THAT AIMS TO REDUCE DAMAGING STORM WATER RUNOFF, AS ALSO EDUCATE AND ENGAGE THE LOCAL COMMUNITY OF CONDO RESIDENTS AND BUILDING OWNERS ABOUT THIS TYPE OF EFFORTS. IN 2016, BETHESDA GREEN HOSTED 40 EVENTS, OF WHICH WERE 17 COMMUNITY EVENTS. OUR SOCIAL MEDIA REACH IS GREATER THAN 5,000 AND OUR NETWORK GREATER THAN 10,000.

ADDITIONAL FINANCIAL REPORTING INFORMATION

A. IN-KIND CONTRIBUTIONS BETHESDA GREEN TRACKS KEY IN-KIND CONTRIBUTIONS. COMBINED PROFESSIONAL SERVICES CONTRIBUTED, ATTORNEYS AND ACCOUNTANTS, TOTALED \$92,080. WE BENEFIT FROM OVER 4000 SQ FOOT OF FREE SPACE FROM A CORPORATE DONOR VALUED AT \$112,000 AND EVENT RENTAL SERVICES FOR OUR LARGEST ANNUAL FUNDRAISER (ANNUAL GALA) VALUED AT \$9,000. BETHESDA GREEN TRACKS BOTH TIME AND PURPOSE RESTRICTED FUNDS. AT THE END OF 2016,\$68,832.78 WAS PURPOSE-RESTRICTED.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

BETHESDA GREEN WORKS TO LOCALLY ACCELERATE THE SUSTAINABLE ECONOMY WITH A FOCUS ON INNOVATION, IMPACT, AND COMMUNITY. WE ARE AN INCUBATOR, A CONNECTOR, AND A COMMUNITY PARTNER. WE ACCELERATE GREEN BUSINESS STARTUPS INTO VIABLE COMPANIES WITH TRIPLE BOTTOM-LINE IMPACT (PEOPLE, PLANET, PROFIT). WE FOSTER CONNECTIONS THROUGH THE

68-20662-20662

ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2016				Page 2
Name of the organization			Employer identifie	
BETHESDA GREEN, INC.			26-1825	747
<u>FORM 990, PART III, LINE 1 - ORGANIZA</u>	TION'S MISSION		ATTACHMENT 1	(CONT'D)
PILOTING AND TESTING OF INNOVATIVE PRO	OGRAMS. WE ENGA	AGE THE LOCAL		
COMMUNITY THROUGH OPPORTUNITIES THAT :	INSPIRE IMPLEM	ENTATION OF GE	REEN	
SOLUTIONS.				
			ATTACHMENT	2
FORM 990, PART VIII - EXCLUDED CONTRI	BUTIONS			
DESCRIPTION	AMOUNT			
ANNUAL GALA	57,633.			
TOTAL	57,633.			
FORM 990, PART VIII - FUNDRAISING EVE	NT S		ATTACHMENT	3
		DIREC	T	NET
DESCRIPTION		EXPENS	ES	INCOME
ANNUAL GALA		:	20,278.	-20,278.
TOTALS			20,278.	-20,278.
			ATTACHMENT	4
FORM 990, PART IX - OTHER FEES				
	(A)	(B)	(C)	(D)
DESCRIPTION	TOTAL FEES	PROGRAM SERVICE EXP.	MANAGEMENT AND GENERAL	FUNDRAISING EXPENSES
PAYROLL	656.		656.	
MARKETING	2,049.	2,049.		

CONSULTING

COMMUNICATIONS

JSA 6E1228 1.000 Schedule O (Form 990 or 990-EZ) 2016

23,182. 23,182.

5,027. 5,027.

Schedule O (Form 990 or 990-EZ) 2016				Page 2
Name of the organization	Employer identification number			
BETHESDA GREEN, INC.			26-1825	747
			ATTACHMENT	4 (CONT'D)
FORM 990, PART IX - OTHER FEES				
	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	-	EXPENSES
OTHER PROFESSIONAL SERVICES	30,602.	30,602.		
TOTALS	61,516.	60,860.	656.	