# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047 9M21

Department of the Treasury Internal Revenue Service

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.

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

<u> </u>
Open to Public
Inspection

A	or th	e 2020	calendar year, or tax year beginning , 2020, and	ending		, 20	
ь.			C Name of organization		D Employer iden	ntification numb	er
В (	_	applicable:	BETTER BUSINESS BUREAU OF GREATER MARYLAND		52-0246	5500	
	Addr chan		Doing business as				
	Nam	e change	Number and street (or P.O. box if mail is not delivered to street address)	m/suite	E Telephone nur	nber	
	Initia	ıl return	502 SOUTH SHARP STREET, SUITE 1200		(410) 34	7-3990	
		return/ inated	City or town, state or province, country, and ZIP or foreign postal code				
		nded	BALTIMORE, MD 21201		<b>G</b> Gross receipts	\$ 2,	039,100.
		ication	F Name and address of principal officer: ANGIE BARNETT		H(a) Is this a grou subordinates?	p return for	Yes X No
		5	502 SOUTH SHARP ST, STE 1200, BALTIMORE, MD 21	201	H(b) Are all subordi		Yes No
ī	Tax-e	xempt st	tatus: 501(c)(3) X 501(c) ( 6 ) <b>◄</b> (insert no.) 4947(a)(1) or	527	If "No," att	tach a list. See instr	ructions
J	Webs	ite: 🕨	WWW.GREATERMD.BBB.ORG		H(c) Group exemp	otion number	
K	Form	of organ	nization: X Corporation Trust Association Other	L Year of format	ion: 1917 <b>M</b> s	State of legal dor	micile: MD
Р	art I	Su	ımmary		•		
	1	Briefly	y describe the organization's mission or most significant activities: THE PROMO	OTION OF	ETHICAL PI	RACTICES	AMONG
ė			INESSES				
au							
/err	2	Check	k this box if the organization discontinued its operations or disposed of	more than 25%	of its net assets	S.	
Governance	3	Numb	per of voting members of the governing body (Part VI, line 1a)			3	28.
∞ თ	4		per of independent voting members of the governing body (Part VI, line 1b)			4	28.
ţį	5		number of individuals employed in calendar year 2020 (Part V, line 2a)		T T	5	30.
Activities &	6		number of volunteers (estimate if necessary)			6	29.
Ac	7a	Total	unrelated business revenue from Part VIII, column (C), line 12			7a	166,912.
			nrelated business taxable income from Form 990-T, Part I, line 11			7b	55,280.
			, , ,		Prior Year	Curr	rent Year
•	8	Contri	ibutions and grants (Part VIII, line 1h)		90,44	4.	75,222.
ue	9		am service revenue (Part VIII, line 2g)		1,966,07	3. 1,	796,780.
Revenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		24	7.	186.
œ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		158,37	2.	166,912.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,215,13	6. 2,	039,100.
_	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14		fits paid to or for members (Part IX, column (A), line 4)			0.	0.
s	4.5		les, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,274,15	6. 1,	255,393.
Expenses	16 a		ssional fundraising fees (Part IX, column (A), line 11e)			0.	0.
<u>be</u>	b		fundraising expenses (Part IX, column (D), line 25) ▶0 .				
û	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		792,10	1.	616,361.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,066,25	7. 1,	871,754.
	19		nue less expenses. Subtract line 18 from line 12		148,87		167,346.
o s					ning of Current Y		of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)		334,76	7.	656,272.
Ass J Ba	21		liabilities (Part X, line 26)			0.	154,159.
E Set	22		ssets or fund balances. Subtract line 21 from line 20.		334,76		502,113.
	art II		gnature Block			1	
Un	der pe	nalties o	of perjury, I declare that I have examined this return, including accompanying schedules a	nd statements, a	and to the best of	my knowledge	and belief, it is
tru	e, corr	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer has any ki	nowledge.		
Siç		<b>7</b> 5	Signature of officer		Date		
He	re		ANGIE BARNETT PRESIDENT				
		Ī	Type or print name and title				
		Print/	Type preparer's name Preparer's signature C	Date	Check	if PTIN	
Pai		MAR	Y JANE PIERONI CPA	09/07/202		1	38772
	parer	Firm's	s name BDO USA, LLP		Firm's EIN ▶ 1	3-5381590	)
Use	Only		saddress >101 S. HANLEY RD STE 800 ST LOUIS, MO 6310	)5		14-889-11	
Ма	y the		liscuss this return with the preparer shown above? (see instructions)			Х үе	
_			Reduction Act Notice, see the separate instructions.				n <b>990</b> (2020)

Page 2 Form 990 (2020)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE PROMOTION OF ETHICAL PRACTICES AMONG BUSINESSES
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  Yes
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)  NEW AND RENEWAL ACCREDITATION DUES
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$) SIGNATURE VIRTUAL EVENT
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$) INQUIRY SERVICE WHERE CONSUMERS CAN CALL AND FIND OUT ABOUT THE
	ETHICAL BUSINESS PRACTICES OF A PARTICULAR COMPANY. IN ADDITION  CONSUMER EDUCATION PROGRAMS ARE OFFERED.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ►

JSA
0E1020 1.000
9687RX 049P 8/27/2021

Form 990 (2020)

Page 3

Page 19

Chacklist of Paguired Schodules

Part	Checklist of Required Schedules		V	N.
4	In the organization described in section $EO((a)/2)$ or $AO(A/(a)/4)$ (other than a private foundation)? If "Vec"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	,		Х
2	complete Schedule A	2	Х	- 21
2 3	Did the organization required to complete <i>Scriedule bi</i> , <i>Scriedule of Contributors</i> see instructions?		21	
3	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)	-		
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	-		
·	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
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		Х
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		Х
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 donor-restricted endowments			
	or in 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			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		- 21
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12 a	Schedule D, Parts XI and XII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
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		X
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		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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	21		Х
	domestic government on Part IX, column (Δ), line 12 If "Ves." complete Schedule I, Parts Land II	- 71		~~

Form 990 (2020) Page 4

Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.55	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	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			v
<b>L</b>	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	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?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Х
31	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		- 21
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
0.7	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		- 21
30	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X	
Part		100		
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> 7			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10 ^	reportable gaming (gambling) winnings to prize winners?	1c	X	
JSA 0E1030		Form	990	
	9687RX O49P 8/27/2021 1:00:42 PM V 20-6.5F 0397439		PI	AGE

Page 5 Form 990 (2020)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 30			
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 e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
		7f		
_	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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Section 501(c)(7) organizations. Enter:	0.0		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	_		7.7
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	10		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		Λ

BETTER BUSINESS BUREAU OF GREATER MARYLAND 52-0246500 Page 6 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 2.8 1a Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 2.8 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . Χ 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body?...... 8b Х Each committee with authority to act on behalf of the governing body?................ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . . . . . . .

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	
	rise to conflicts?	120		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	х	
	describe in Schedule O how this was done	12c		-
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

### Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed  $\triangleright$  MD, 17
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - X Another's website X Upon request Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records ►
  THE ORGANIZATION 502 SOUTH SHARP STREET, SUITE 1200 BALTIMORE, MD 21201 410-347-3990 20

Form **990** (2020)

No Yes

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

### 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. See instructions for the order in which to list the persons above.

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	neck ss pe	ition more	e than cois both tor/trust 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) ANGIE BARNETT	40.00									
PRESIDENT	1.00			Х				160,971.	0.	8,508.
(2) SAMUEL SCAIFE III	40.00									
VICE PRESIDENT	0.			Х				73,913.	0.	0.
(3) ARLENE THAYER	1.00									
CHAIR	0.	Х		Х				0.	0.	0.
(4) GREGORY TALBOTT	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(5) ANDREW ALTMAN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(6) KEITH ARMINGTON	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7) KATHERINE ARMSTRONG	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8) CHRIS BARBER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9) JEFFREY BAXTER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(10) MATTHEW BLAKE	1.00									
DIRECTOR	0.	X						0.	0.	0.
(11) KATHLEEN BRIDGEMAN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(12) RONALD CARSTENS, JR.	1.00									
DIRECTOR	0.	X						0.	0.	0.
(13) CLARK CARTER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14) KEVIN CRYSLER	1.00									
DIRECTOR	0.	X						0.	0.	0.

Form 990 (2020) Page **8** 

Name and title	Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	yee	s, a	and H	ligh	nest Compensat	ed Employees (c	ontinue	ed)	
Control checkmore than one box, unless proson is both an object more than 50 box, unless proson is both an object more of the control of th	(A)	(B)			(C	;)			(D)	(E)		(F)	
Section   Properties   Prope	Name and title	Average							•	· '			
Compensation   Trom the organization   Trom Trom The organization   Trom Trom The organization   Trom Trom Trom Trom Trom Trom Trom Trom			,					- 1	•				ŕ
Tolerand and applications   Tolerand and related organization   Tolerand   Tolerand and related organization   Tolerand   Toleran		, ,	1										on
15   CARL DELMONT			or a	Ins	읔	₹ E	Hig	For					
15   CARL DELMONT		-	vid	titut	icer	/ em	hes	mer			_		
1.00			tor	iona		plo	t co	•					
1.00			rust	= E		/ee	npe				3-		
1.00			e	stee			nsa						
DIRECTOR							ted						
161   PEGGY FEENEY	15) CARL DELMONT	1.00											
DIRECTOR	DIRECTOR	0.	X						0	0.			0
1.00	16) PEGGY FEENEY	1.00											
DIRECTOR	DIRECTOR	0.	Х						0	0.			0
18   EDWARD HERNANDEZ	17) EVELYN GAINES	1.00											
DIRECTOR   0.	DIRECTOR	0.	X						0	0.			0
1.00	18) EDWARD HERNANDEZ	1.00											
DIRECTOR   0.	DIRECTOR	0.	Х						0	0.			0
20) BRENDA MCCHRISTON	19) RYAN HOWARD	1.00											
DIRECTOR	DIRECTOR	0.	Х						0	0.			0
21) MELISSA MCGUIRE	20) BRENDA MCCHRISTON	1.00											
DIRECTOR    DIRECTOR	DIRECTOR	0.	Х						0	0.			0
22) KELLY MITCHELL	21) MELISSA MCGUIRE	1.00											
DIRECTOR    O	DIRECTOR	0.	Х						0	0.			0
23) ALLISON MULFORD   1.00   0.24) ANGELA MURPHY   1.00   0.25) GREG PIERCE   1.00   0.24, and a piece properties of the properties of	22) KELLY MITCHELL	1.00											
DIRECTOR  24) ANGELA MURPHY  DIRECTOR  0. X  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	DIRECTOR	0.	Х						0	0.			0
24) ANGELA MURPHY 1.00 DIRECTOR 0. X 0.0  25) GREG PIERCE 1.00 DIRECTOR 0. X 0.0  1b Sub-total	23) ALLISON MULFORD	1.00											
DIRECTOR  5.) GREG PIERCE DIRECTOR  0. X  0. 0. 0  1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	DIRECTOR	0.	Х						0	. 0.			0
DIRECTOR  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	24) ANGELA MURPHY	1.00											
DIRECTOR    DIRECTOR	DIRECTOR	0.	Х						0	. 0.			0
1b Sub-total  C Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	25) GREG PIERCE	1.00											
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  234,884.  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	DIRECTOR	0.	Х						0	. 0.			0
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  234,884.  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	1h Sub-total								234,884.	0.		8,!	508.
d Total (add lines 1b and 1c)		Section A		• • •		•				0.		•	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1  Yes No  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		-							234,884.	0.		8,!	508.
reportable compensation from the organization ▶ 1  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								re	· ·	\$100,000 of		•	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					u u	,,,,	,			Ψ100,000 0.			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												Yes	No
employee on line 1a? If "Yes," complete Schedule J for such individual	2 Did the organization list any former of	ficar directo	or or	tru	ıctoo	, I	.0	mn	lovoo or highes	t componented		100	
<ul> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.</li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual</li> </ul>											3		Х
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											3		
individual													
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual											1	x	
											-		
											5		Х

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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.

Part VII Section A. Officers, Directors, Tru		y EII	ihio			anu F	ng				
(A) Name and title	(B) Average hours per week (list any	,			ition more	e than o		(D) Reportable compensation from	(E)  Reportable compensation from related	Esti amo	( <b>F)</b> mated ount of ther
	hours for related organizations below dotted line)	of or director	nstitutional trustee	d di Officer	rect Key employee	Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compo fror organ and	ensation in the nization related nizations
26) BRUCE QUACKENBUSH	1.00										
DIRECTOR	0.	X						0	0.		
27) JARON RICE	1.00										
DIRECTOR	0.	X						0	0.		
28) JIM RIES	1.00										
DIRECTOR	0.	Х						0	0.		
29) WILLIAM THRUSH	1.00										
DIRECTOR	0.	X						0	0.		
30) ROY WHITE	1.00										
DIRECTOR	0.	X						0	0.		
1b Sub-total							<b>&gt;</b>	0.	0.		(
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>&gt;</b>				
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					o re	eceived more than	\$100,000 of		
										,	Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	If	"Yes	3, "	complete Schedu	le J for such	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5	X
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>											

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

Page 9

### Statement of Revenue Part VIII

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues c Fundraising events 1c 529 d Related organizations Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above ... 74,693 1f g Noncash contributions included in lines 1a-1f. 1g \$ 75,222 Total. Add lines 1a-1f **Business Code** Program Service Revenue MEMBERSHIP DUES 813910 1,730,338 1,730,338 813910 OTHER PROGRAM SERVICE 41,462 41,462 h SERVICES PROVIDED TO AFFILIATE 813910 21,000. 21,000. 3,980. 813910 DISPUTE RESOLUTION 3,980 d е All other program service revenue 1,796,780. Investment income (including dividends, interest, and 186 186 0. 4 Income from investment of tax-exempt bond proceeds . 5 0. (i) Real (ii) Personal Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c d Net rental income or (loss) . . (ii) Other Gross amount from (i) Securities sales of assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses . . c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ \_ of contributions reported on line 1c). See Part IV, line 18 8a 0. 8b **b** Less: direct expenses 0. c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 0. 9b **b** Less: direct expenses 0. c Net income or (loss) from gaming activities.  $\triangleright$ 10a Gross sales of inventory, returns and allowances 0. 0. b Less: cost of goods sold . . . . . . . . . 10b Net income or (loss) from sales of inventory 0. **Business Code** Miscellaneous Revenue ADVERTISING 541800 166,912 166,912 11a b All other revenue 166,912 Total, Add lines 11a-11d Total revenue. See instructions 1,796,780. 166,912. 186. 2,039,100.

Form 990 (2020)

0E1051 1.000 9687RX 049P 8/27/2021 1:00:42 PM V 20-6.5F

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)		

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 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	243,392.						
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages	897,470.						
	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	37.						
9	Other employee benefits	68,445.						
10	Payroll taxes	46,049.						
11	Fees for services (nonemployees):	_						
а	Management	0.						
b	Legal	2,114.						
C	Accounting	12,250.						
d	Lobbying	0.						
	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	125 676						
	(A) amount, list line 11g expenses on Schedule O.)	135,676. 46,219.						
	Advertising and promotion	109,492.						
13	Office expenses	109,492.						
14	Information technology	0.						
15	Royalties	76,251.						
16	Occupancy	9,509.						
17	Travel	5,505.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.						
40		13,995.						
	Conferences, conventions, and meetings	0.						
20 21	Interest Payments to affiliates	0.						
22	Depreciation, depletion, and amortization	8,795.						
23		12,762.						
24		,						
	above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
а	DUES	108,739.						
b	TAXES AND LICENSES	29,996.						
c	MISCELLANEOUS	25,772.						
d	EQUIPMENT RENTAL	24,791.						
е	All other expenses							
	Total functional expenses. Add lines 1 through 24e	1,871,754.						
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 following SOP 98-2 (ASC 958-720)	0.						
					<u> </u>			

Form 990 (2020) Page **11** 

# Part X Balance Sheet

ıaıı	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		<b>(B)</b> End of year
-	Cash - non-interest-bearing	315,808.	1	631,965.
2		0.	2	0.
		0.	3	0.
4		0.	4	0.
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	0.
(				
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts -		0.	7	0.
Assets		0.	8	0.
.   که		0.	9	0.
	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 129, 295.			
	<b>b</b> Less: accumulated depreciation	18,959.	10c	24,307.
11	Investments - publicly traded securities	0.	11	0.
12		0.	12	0.
13	· · · · · · · · · · · · · · · · · · ·	0.	13	0.
14		0.	14	0.
15	5	0.	15	0.
16	Total assets. Add lines 1 through 15 (must equal line 33)	334,767.	16	656,272.
17		0.	17	4,259.
18	Grants payable	0.	18	0.
19	Deferred revenue.	0.	19	0.
20	Tax-exempt bond liabilities	0.	20	0.
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
iii	controlled entity or family member of any of these persons	0.	22	0.
멸  <sub>23</sub>		0.	23	0.
24		0.	24	149,900.
25	· · · · · · · · · · · · · · · · · · ·	<u> </u>	24	212773001
2.	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	0.
26		0.	26	154,159.
	Organizations that follow FASB ASC 958, check here ► X	<u> </u>	20	131/137.
Ses	and complete lines 27, 28, 32, and 33.			
<u>u</u> 27		334,767.	27	502,113.
Fund Balances	<del>-</del>	0.	28	0.
힏	Organizations that do not follow FASB ASC 958, check here ▶	<u> </u>	20	<u> </u>
	and complete lines 29 through 33.			
ō 29			29	
Assets	F		30	
31			31	
		334,767.	31	502,113.
ğ 32		334,767.	32	656,272.
	Total habilities aliu het assets/fullu baldhes, , , , , , , , , , , , , , , , , ,	JJ4, /U/.	33	Form <b>990</b> (2020)

Form 990 (2020) Page **12** 

Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			39,1 71,7			
2								
3	Revenue less expenses. Subtract line 2 from line 1	3			67,3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3	34,7	767.		
5	Net unrealized gains (losses) on investments	5				0.		
6	Donated services and use of facilities	6				0.		
7	Investment expenses	7				0.		
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10		5	02,1	L13.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual X Other MODIF	ED (	CASH					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı in					
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n 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 over	ersigh	t of					
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, e							
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the					
	Single Audit Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b				

# Schedule B

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

Department of the Treasury
Internal Revenue Service
Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

**Employer identification number** 

BETTER BUSINESS BUREAU OF GREATER MARYLAND 52-0246500 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(6 ) (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**  $\lfloor exttt{X} 
floor$  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 (entering "N/A" in column (b) instead of the contributor name and address), 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 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) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization BETTER BUSINESS BUREAU OF GREATER MARYLAND

Employer identification number 52-0246500

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1_		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization BETTER BUSINESS BUREAU OF GREATER MARYLAND

Employer identification number 52-0246500

Part II	Noncash Property	(see instructions)	Use duplicate copie	s of Part II if additiona	I space is needed
	140110a3111 1 Opcity	( JOCO II IOLI GOLIOTIO).	. Obe auplicate copic	o oi i ait ii ii aaailioila	i opace is riceaca.

(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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization BETTER BUSINESS BUREAU OF GREATER MARYLAND **Employer identification number** 52-0246500 Part III Exclusively 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 the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. 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, and 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 (e) Transfer of gift Transferee's name, address, and 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, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501(h)	)): Complete Part II-B. Do no	t complete Part II-A.				
	the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy								
•	(See separate instructions), then Section 501(c)(4), (5), or (6) orga								
	e of organization	·		Employer ide	ntification number				
BET	TER BUSINESS BUREAU	OF GREATER MARYLAND		52-0246	5500				
Pa	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 orgar	nization.				
1	Provide a description of the	organization's direct and indirect p	political campaign ac	ctivities in Part IV. (See in	nstructions for				
	definition of "political campa	ign activities")		•					
2	Political campaign activity ex	xpenditures (See instructions)		▶ \$					
3		campaign activities (See instructio							
Par		organization is exempt under s							
1		cise tax incurred by the organizatio							
2		cise tax incurred by organization m							
3		a section 4955 tax, did it file Form							
					Yes No				
	If "Yes," describe in Part IV.								
Pai	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).				
1		xpended by the filing organization							
2		g organization's funds contributed							
		es							
3		enditures. Add lines 1 and 2. Ent							
		e <b>Form 1120-POL</b> for this year?							
4 5		and employer identification numb							
Ŭ		s. For each organization listed, en							
	the amount of political cont	ributions received that were prom	ptly and directly de	livered to a separate po	litical organization, such				
	as a separate segregated fur	nd or a political action committee (	PAC). If additional sp	pace is needed, provide i	nformation in Part IV.				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political				
				filing organization's	contributions received and				
				funds. If none, enter -0	promptly and directly delivered to a separate				
					political organization. If				
					none, enter -0				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

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

Pa	art II-A	Complete if the org	anizati	on is exen	npt under section	501(c)(3) and	filed Form 5768 (ele	ction under	
A	Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).								
В	Check ▶	· If the filing organiz	ation ch	ecked box A	A and "limited contro	ol" provisions app	y.		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)						(a) Filing organization's totals	(b) Affiliated group totals	
<ul> <li>1a Total lobbying expenditures to influence public opinion (grassroots lobbying b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b)</li></ul>						ng)			
	If the am	ount on line 1e, column (a	or (b) is:	The lobbyir	ng nontaxable amount	is:			
		\$500,000			amount on line 1e.				
		0,000 but not over \$1,000			us 15% of the excess				
		000,000 but not over \$1,5			us 10% of the excess				
	Over \$1,5	500,000 but not over \$17,0	000,000	\$225,000 pl	us 5% of the excess of	ver \$1,500,000.			
_	Subtract Subtract If there	ots nontaxable amount line 1g from line 1a. If line 1f from line 1c. If z is an amount other th g section 4911 tax for th	zero or le zero or le an zero	ess, enter -0 ss, enter -0- on either I	ine 1h or line 1i, c	did the organizat		Yes No	
		ome organizations tha	t made a	1-Year Aver section 50	aging Period Unde	r Section 501(h) t have to comple	te all of the five colun	nns below.	
			Lobb	ying Expe	nditures During 4-Yo	ear Averaging Per	iod		
_		ar year (or fiscal year peginning in)	(a)	2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) Total	
28	<b>L</b> obbying	g nontaxable amount							
k		g ceiling amount of line 2a, column (e))							
_	: Total lob	obying expenditures							
		ots nontaxable amount							
_		ots ceiling amount of line 2d, column (e))							
f	Grassro	ots lobbying expenditures							

Page 3 Schedule C (Form 990 or 990-EZ) 2020

Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	T file	d For	m 5768			
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)		
	cription of the lobbying activity.	Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?	1					
f	Grants to other organizations for lobbying purposes?	1					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	1					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	t III-A Complete if the organization is exempt under section 501(c)(4), section 50		. or s	ection			
	501(c)(6).	(-)(-)	,				
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			[	1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			L	2	X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		Х
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 50						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	OR (k	) Pai	t III-A, I	ine 3	3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo	unts	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	ies		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	n of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible	obbyir	ng				
_	and political expenditure next year?			5			
5 Par	Taxable amount of lobbying and political expenditures (See instructions)			3			
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	ed arou	ın list	)· Part II	-Δ lir	nes 1	and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	o gro	ap iist	<i>)</i> , 1 ait ii	, iii	103 1	ana
_ (0							

Schedule C (Form 990 or 990-EZ) 2020 Page 4

Part IV Supplemental Information (continued)

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name	of the organization	Employer identification number
BET	TER BUSINESS BUREAU OF GREATER MARYLAND	52-0246500
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
		(a): and and and and
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	nds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		for historically increased and area
		of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	
<b>J</b>	-	lated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sectio	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	•
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a		atatament and halance about works
ıa	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	or research in furtherance of public
	of art, historical treasures, or other similar assets held for public exhibition, education, of service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
	art, historical treasures, or other similar assets held for public exhibition, education, or rese	arch in furtherance of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶\$
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	<b>▶</b> \$
	Assets included in Form 990, Part X	
_		

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page **2** 

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply):  a Public exhibition b Scholarly research c Preservation for future generations d Other Preservation for future generations d Preservation for future generations collections and explain how they further the organization's collection? New Preservations d Preservation for future generations of generations or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. for escreve or custodial account liability? Yes No If Yes, generation during the year.  c Beginning balance d Additions during the year.  c Distributions during the year.  g Brown future	Pa	rt III Organizations Maintaini	ng Collection	ns of Art, F	listorical Tre	easures, c	r Other	Similar Assets (d	continued	d)
a Public exhibition during the year of the comparization of the comparization of the comparization of the preservation for future generations during the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrow and Custodial Arrangements.  Complete if the organization an aswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an again, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  4 Additions during the year 1e	3	Using the organization's acquisition	on, accession,	and other	ecords, check	k any of th	ne follow	ring that make sign	nificant us	se of its
b Scholarly research e Other    Provide a description of future generations		collection items (check all that app	ly):							
c	а	Public exhibition		d	Loan	or exchang	e prograi	m		
c	b	Scholarly research		е	Other					
XIII.   Survey   During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future gene	rations							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organ	nization's colle	ctions and	explain how	they furthe	r the or	ganization's exemp	t purpose	in Part
Section and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If 'Yes,' explain the arrangement in Part XIII and complete the following table:  c Beginning balance		XIII.								
Part V   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No	5	During the year, did the organization	on solicit or rec	eive donatio	ons of art, hist	orical treas	sures, or	other similar		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year,  d Additions during the year,  d Additions during the year,  d Beginning balance  1		assets to be sold to raise funds rath	ner than to be i	maintained	as part of the	organizatio	n's collec	ction?	Yes	No No
990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Seginning balance	Pa									
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X??  b if Yes, explain the arrangement in Part XIII and complete the following table:  c Beginning balance			ition answere	d "Yes" on	Form 990, F	Part IV, lin	e 9, or r	eported an amoui	nt on For	m
included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  C Beginning balance.  Id  Additions during the year.  Elanding balance.  Id  Distributions during the year.  Elanding balance.  Id  Distributions during the year.  Elanding balance.  Int  Beginning of graphization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No  If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance.  (a) Current year  (b) Prior year  (c) Two years back  (d) Three years back  (e) Four years back  (e) Four years back  (e) Four years back  (f) Two years back  (g) Gurrent year  (h) Prior years back  (h) Three years back  (h) Th		990, Part X, line 21.								
b If "Ves," explain the arrangement in Part XIII and complete the following table:    Complete   February   Fe	1 a	Is the organization an agent, trus	tee, custodian	or other in	ntermediary fo	or contribu	itions or	other assets not		
b If "Ves," explain the arrangement in Part XIII and complete the following table:    Complete   February   Fe		included on Form 990, Part X?						[	Yes	No
c Beginning balance d Additions during the year. d Distributions during the year. f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes   No   f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Four years back   (e) Four years back   (d) Three years back   (e) Four years back	b	If "Yes," explain the arrangement i	n Part XIII and	complete t	he following tal	ole:				
d Additions during the year.  Distributions during the year.  Distributions during the year.  Distributions during the year.  Distributions during the year.  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Describe in Part XIII. Check here if the explanation has been provided on Part XIII.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Contributions.  C Net investment earnings, gains, and losses.  d Grants or scholarships.  C Other expenditures for facilities and programs.  f Administrative expenses. g End of year balance.  Permit the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment   %  Term endowment   %  Term endowment   %  Term endowment trunds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations.  Discribed in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment funds.  Described in Part XIII the intended uses of the organization's endowment funds.  Described organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Described organization or organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Described organization or organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Described organization organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Described organization organization answered "Yes" on Form 990, Part V, line 11a. See Form 990, Part X, line 10.  Described organ								Amount		
e Distributions during the year	С	Beginning balance				10	;			
f Ending balance	d	Additions during the year				10	i			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year				1e	)			
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Contributions	f									
Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		9		•				_		No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    A Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Four years back   (d) Three years back   (e) Four			n Part XIII. Ch	eck here if t	he explanation	has been	provided	on Part XIII		
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Four years back   (d) Three years back   (e) Four years back   (e) F	Pa									
Beginning of year balance		Complete if the organiza	ation answere	d "Yes" on	Form 990, F					
b Contributions			(a) Current ye	ar (I	) Prior year	(c) Two ye	ars back	(d) Three years back	(e) Four ye	ears back
b Contributions	1a	Beginning of year balance								
and losses	b									
d Grants or scholarships	С	Net investment earnings, gains,								
e Other expenditures for facilities and programs		and losses								
and programs	d	Grants or scholarships								
g End of year balance	е	Other expenditures for facilities								
g End of year balance		and programs								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	f	Administrative expenses								
a Board designated or quasi-endowment ▶	g	End of year balance								
b Permanent endowment	2	Provide the estimated percentage	of the current	year end ba	alance (line 1g,	column (a)	) held as	:		
Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations				%						
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations.  (ii) Related organizations.  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land.  b Buildings  c Leasehold improvements.  d Equipment.  129,295. 104,988. 24,307.  e Other	b									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations.  (ii) Related organizations.  (ii) Related organizations.  (iii) Related organizations.  (iii) Related organizations.  (iii) Related organizations.  (iii) Related organizations listed as required on Schedule R?  (iv) Unrelated organizations.  (iv) Accumulated during and Equipment.  (iv) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  (iv) Cost or other basis (iv) Cost or other basis (iv) Cost or other basis (other)  (iv) Accumulated depreciation  (iv) Book value  (iv) Book value  (iv) Buildings.  (iv) Cast or other basis (other)  (iv) Accumulated depreciation  (iv) Book value	С		. * *							
organization by:  (i) Unrelated organizations.  (ii) Related organizations.  (iii) Related organ				•						
(i) Unrelated organizations (ii) Related organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  129,295  104,988  24,307  e Other	3a		the possessio	n of the org	anization that	are held a	nd admir	nistered for the	V	aa Na
(ii) Related organizations										es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?										
Describe in Part XIII the intended uses of the organization's endowment funds.  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (c) Accumulated depreciation  (d) Book value  (investment)  b Buildings  c Leasehold improvements.  d Equipment.  129,295.  104,988.  24,307.  e Other		`,								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Accumulated depreciation  (f) Accumulated depreciation  (g) Accumulated depreciation  (h) Book value  (g) Accumulated depreciation  (h) Book value  (g) Accumulated depreciation  (h) Book value	_	( ).	J		•				30	
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (e) Accumulated depreciation  (f) Accumulated depreciation  (g) Accumulated depreciation  (h) Cost or other basis (other)  (n) Accumulated depreciation  (n) Book value										
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (e) Accumulated depreciation  (f) Accumulated depreciation  (g) Accumulated depreciation  (h) Cost or other basis (other)  (n) Accumulated depreciation  (n) Book value	Pa	Complete if the organization	ation answere	ed "Yes" or	Form 990,	Part IV, lin	ne 11a. S	See Form 990, Pa	rt X, line	10.
1a Land		Description of property	(a)	Cost or other ba	asis (b) Cost	or other basis	(c) Acc	cumulated (c		
b Buildings	4 -	Lond		(investment)	(c	itner)	depr	eciation		
c       Leasehold improvements       129,295       104,988       24,307         e       Other       129,295       104,988       24,307	_									
<b>d</b> Equipment										
e Other						129 205	1	04 988	<u> </u>	4 307
					-	,,		01,000.		
				l Form 00∩	Part X colum	n (R) line 1	10c )		24	4.307

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.			
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuati Cost or end-of-year marke	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	l "Voo" on Form 000	Dort IV line 11a Coe Form 000	Dort V. line 12
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	<b>(a)</b> De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(1) (5 000 B (1) (6)	45)		
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u></u>	
Part X	Other Liabilities.  Complete if the organization answered line 25.	I "Yes" on Form 990	, Part IV, line 11e or 11f. See Forr	m 990, Part X,
1.		tion of liability		(b) Book value
	al income taxes	,		(0, 2000 1000
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	or uncertain tax positions. In Part XIII, provide the		·	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	e D (Form 990) 2020		Page 4
Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
_	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	-	
	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
	Other (Describe in Part XIII.)	4.	
_	Add lines 4a and 4b	4c 5	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V.	line 4: Part X. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
PART	X, LINE 2:		
	<u>'</u>		
BBB :	IS A NONPROFIT ORGANIZATION AND IS EXEMPT FROM THE PAYMENT OF TAXES		
ON II	NCOME OTHER THAN NET UNRELATED BUSINESS INCOME UNDER SECTION		
501(	C)(6) OF THE INTERNAL REVENUE CODE. NO PROVISION FOR INCOME TAXES IS		
REOU:	IRED FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019, AS THE FINANCIAL		
STATI	EMENTS ARE PREPARED ON THE MODIFIED CASH BASIS OF ACCOUNTING.		

Page 5

Part XIII Supplemental Information (continued)

## **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BETTER BUSINESS BUREAU OF GREATER MARYLAND

Employer identification number 52-0246500

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  Form 990 of other organizations  X Approval by the board or compensation committee			
4 a b c	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c		X
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
6	If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

52-0246500

Schedule J (Form 990) 2020 Page **2** 

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation			other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ANGIE BARNETT	(i)	160,971.	0.			8,508.	169,479.	
1PRESIDENT	(ii)	0.	0.	0.				
	(i)							
_ 2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							1 1 1/5 200) 2000

Schedule J (Form 990) 2020

# Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### **SCHEDULE L**

### **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2020

Open To Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

BETTER BUSINESS BUREAU OF GREATER MARYLAND

Employer identification number
52-0246500

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

4		(b) Relationship between disqualified person and		(d) C	orrected?
1	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified	persons during the year		
	under section 4958		<b>&gt;</b> \$		
3	Enter the amount of tax, if any, on lin	e 2, above, reimbursed by the organization			

### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		<b>(e)</b> Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

### Part | Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2020 Page 2

### **Business Transactions Involving Interested Persons.** Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharir organizati revenue	
				Yes	No
(1) JARON RICE	BOARD MEMBER	32,321.	CC PROCESSING		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

### Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

## **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 Inspection Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

BETTER BUSINESS BUREAU OF GREATER MARYLAND

52-0246500

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING BOARD MEMBERS HAVE A FAMILY RELATIONSHIP:

KELLY MITCHEL - HR SERVICES (BOARD MEMBER)

JARON RICE - CC PROCESSING SERVICES (BOARD MEMBER)

RYAN HOWARD - PNC BANK FEES (BOARD MEMBER)

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE RETURN IS GIVEN TO THE BOARD FOR THEIR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS MUST DISCLOSE ANY CONFLICTS OF INTEREST THEY HAVE. IT IS

REVIEWED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE REVIEWS AND SETS THE PRESIDENT'S SALARY ANNUALLY.

THE PRESIDENT REVIEWS AND SETS THE VICE PRESIDENT'S SALARY ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.