November 12, 2019

Better Business Bureau of Greater Maryland
502 South Sharp Street No. 1200
Baltimore, MD 21201

Better Business Bureau of Greater Maryland:

We have prepared the organization’s 2018 Exempt Organization returns and 2019 estimated tax payments information. The returns should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before November 15, 2019.

Mail to:
Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

FORM 990-T RETURN:

Form 990-T has a balance due of $14,452.

Payments should be made using the Electronic Federal Tax Payment System (EFTPS). Taxpayers can make deposits online at www.eftps.gov or by calling EFTPS Customer Service at 1-800-555-4477. For deposits made by EFTPS to be on time, the organization must initiate the transaction during business hours at least 1 business day before the date the deposit is due. The deposits must be made by the 15th day of the month in which the return is due. If you are using ACH Credit or Same-Day Fedwire methods, please check with the appropriate financial institution for the deadline to ensure timely transmission of funds.

The 990-T return includes a penalty for underpayment of estimated tax from Form 2220 of $584.

Mail to:
Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

ESTIMATED TAX PAYMENTS FOR FORM 990-T:

For your reference we have listed all estimated tax payments and their original due dates below.
Installment No. 1 by 04/15/19 ....... $3,470
Installment No. 2 by 06/17/19 ....... $3,470
Installment No. 3 by 09/16/19 ....... $3,470
Installment No. 4 by 12/16/19 ....... $3,470

Payments should be made using the Electronic Federal Tax Payment System (EFTPS). Taxpayers can make deposits online at www.eftps.gov or by calling EFTPS Customer Service at 1-800-555-4477. For deposits made by EFTPS to be on time, the organization must initiate the transaction during business hours at least 1 business day before the date the deposit is due. The deposits must be made by the 15th day of the month in which the return is due. If you are using ACH Credit or Same-Day Fedwire methods, please check with the appropriate financial institution for the deadline to ensure timely transmission of funds.

Please sign and mail as soon as possible.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Mark P. S. Edward
**Return of Organization Exempt From Income Tax**

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

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning and ending

B Name of organization

**BETTER BUSINESS BUREAU OF GREATER MARYLA**

Doing business as  

502 SOUTH SHARP STREET  

Baltimore, MD 21201

City or town, state or province, country, and ZIP or foreign postal code

C Employer identification number  

52-0246500

D Phone number

410-347-3990

E Telephone number

G Gross receipts

1,949,034.

H(a) Is this a group return for subordinates?

No

H(b) Are all subordinates included?

No

I Tax-exempt status:

501(c)(3)  

501(c) (6)

J Website:

WWW.GREATERMD.BBB.ORG

K Form of organization:

Corporation

Trust

Association

Other

Part I

Summary

1 Briefly describe the organization’s mission or most significant activities: THE PROMOTION OF ETHICAL PRACTICES AMONG BUSINESSES

2 Check this box □ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

□ 27

4 Number of independent voting members of the governing body (Part VI, line 1b)

□ 27

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

□ 41

6 Total number of volunteers (estimate if necessary)

□ 74

7a Total unrelated business revenue from Part VIII, column (C), line 12

□ 96,243.

7b Net unrelated business taxable income from Form 990-T, line 38

□ 66,036.

8 Contributions and grants (Part VIII, line 1h)

□ 7,605.

9 Program service revenue (Part VIII, line 2g)

□ 1,543,914.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

□ 670.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

□ 250,510.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

□ 1,802,699.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

□ 0.

14 Benefits paid to or for members (Part IX, column (A), line 4)

□ 0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

□ 1,219,382.

16a Professional fundraising fees (Part IX, column (A), line 11e)

□ 0.

16b Total fundraising expenses (Part IX, column (D), line 25)

□ 18,025.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

□ 719,632.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

□ 1,939,014.

19 Revenue less expenses. Subtract line 18 from line 12

□ -136,315.

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Name and address of principal officer: ANGIE BARNETT

SAME AS C ABOVE

Date

Signature of officer

Type or print name and title

MARK P. S. EDWARD

Preparer

HERTZBACH & COMPANY, P.A.

Firm's EIN

52-1158459

Use Only

Firm's address

1803 RESEARCH BLVD, #215

ROCKVILLE, MD 20850

Phone no. (301) 315-2150

May the IRS discuss this return with the preparer shown above? (see instructions)

[X] Yes  No
<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>1,715,046</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4d</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**THE PROMOTION OF ETHICAL PRACTICES AMONG BUSINESSES**

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☑ No

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☑ No

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**NEW AND RENEWAL ACCREDITATION DUES**

**PILLARS OF TRUST**

**Other program services (Describe in Schedule O.)**

---

**Total program service expenses** $1,715,046.
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8. Did the organization maintain collections of works of art, historical treasures, or other similar assets?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10. Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e. Did the organization report an amount for other liabilities in Part X, line 25?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f. Did the organization’s separate or consolidated financial statements for the tax year include a footnote that addresses the organization’s liability for uncertain tax positions under FIN 48 (ASC 740)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>g. If “Yes,” complete Schedule D, Parts XI and XII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Was the organization included in consolidated, independent audited financial statements for the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12. If “Yes,” and if the organization answered “No” to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13. Is the organization a school described in section 170(b)(1)(A)(ii)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14. Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Did the organization have aggregate revenues or expenses of more than $10,000 from granting, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>20. Did the organization operate one or more hospital facilities?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. If “Yes” to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>21. Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable .......................... 1a 9

b Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable ...................... 1b 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .............................. 1c X

Note. All Form 990 filers are required to complete Schedule O

22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .......................... 22 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

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a .................................................................................. 24a X

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .......................................................................................................................... 24b

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ........................................................................ 24c

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ............................................................................................................................................... 24d

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ........................................................................ 25a

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ........................................................................................................................................ 25b

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II .............................................................................................................. 26 X

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III ................................................................................................................................................ 27 X

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ........................................................................................................................................................................ 28a X

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ........................................................................................................................................................................ 28b X

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ........................................................................................................................................................................ 28c X

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M ........................................................................................................................................................................ 29 X

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ........................................................................................................................................................................ 30 X

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ........................................................................................................................................................................ 31 X

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II ........................................................................................................................................................................ 32 X

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I ........................................................................................................................................................................ 33 X

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 ........................................................................................................................................................................ 34 X

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 ........................................................................................................................................................................ 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 related organization? If "Yes," complete Schedule R, Part V, line 2 ........................................................................................................................................................................ 36

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ........................................................................................................................................................................ 37 X

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? ........................................................................................................................................................................ 38 X

Note. All Form 990 filers are required to complete Schedule O
Part V  Statements Regarding Other IRS Filings and Tax Compliance (continued)

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

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

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?

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

b If "Yes," enter the name of the foreign country:


5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

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?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year

7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12

10a

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders

11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

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

13b

c Enter the amount of reserves on hand

13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 excess parachute payment(s) during the year?

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

15

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.
**Part VI Governance, Management, and Disclosure**

**Section A. Governing Body and Management**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number of voting members of the governing body at the end of the tax year</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of voting members included in line 1a, above, who are independent</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5 Did the organization become aware during the year of a significant diversion of the organization’s assets?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6 Did the organization have members or stockholders?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a The governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Each committee with authority to act on behalf of the governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9 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?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Policies**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a Did the organization have local chapters, branches, or affiliates?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Describe in Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12a Did the organization have a written conflict of interest policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c Did the organization regularly and consistently monitor and enforce compliance with the policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If “Yes,” describe in Schedule O how this was done</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13 Did the organization have a written whistleblower policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14 Did the organization have a written document retention and destruction policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a The organization’s CEO, Executive Director, or top management official</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Other officers or key employees of the organization</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If “Yes” to line 15a or 15b, describe the process in Schedule O (see instructions).</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed MD

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- [ ] Own website
- [X] Another’s website
- [ ] Upon request
- [ ] Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization’s books and records:

ANGIE BARNETT - 410-347-3990

502 SOUTH SHARP STREET, SUITE 1200, BALTIMORE, MD 21201
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

- Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angie Barnett</td>
<td>40.00</td>
<td>X X</td>
<td>150,363.</td>
<td>0.</td>
<td>14,947.</td>
</tr>
<tr>
<td>Arlene Thayer</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Sean Walker</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Melissa McGuire</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Bruce Quackenbush, Jr.</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>William Thrush</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Chris Barber</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Jeffrey Baxter</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Kate Bridgeman</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Ronald Carstens, Jr.</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Kevin Crysler</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Diane Devaney</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Peggy Feeney</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Evelyn Gaines</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Edward Hernandez</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Brian Hubbard</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Danielle Lozano</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**Position**
- Individual trustee or director
- Officer
- Key employee
- Highest compensated employee
- Former

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) TIM LUCK</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(19) JOHN MARTINDALE</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(20) BRENDA MCCHRISTON</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(21) RANDY MCCLUSKEY</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(22) ALLISON MULFORD</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(23) ANGELA MURPHY</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(24) GREG PIERCE</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(25) JEFF PLUMMER</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(26) TOM RAYNER</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1b Sub-total</strong></td>
<td></td>
<td></td>
<td>150,363.00</td>
<td>0.00</td>
<td>14,947.00</td>
</tr>
<tr>
<td><strong>c Total from continuation sheets to Part VII, Section A</strong></td>
<td></td>
<td></td>
<td>74,912.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>d Total (add lines 1b and 1c)</strong></td>
<td></td>
<td></td>
<td>225,275.00</td>
<td>0.00</td>
<td>14,947.00</td>
</tr>
</tbody>
</table>

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 for services rendered to the organization? If "Yes," complete Schedule J for such person  

### 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SEE PART VII, SECTION A CONTINUATION SHEETS
<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) Jaron Rice</td>
<td>1.00</td>
<td></td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Director</td>
<td>X</td>
<td></td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(28) Blaine Shipler</td>
<td>1.00</td>
<td></td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Director</td>
<td>X</td>
<td></td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(29) Jody Thomas</td>
<td>40.00</td>
<td></td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Vice President</td>
<td>X</td>
<td></td>
<td></td>
<td>74,912.</td>
<td>0.</td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c ........................................ 74,912.
### Part VIII Statement of Revenue

#### Contributions, Gifts, Grants and Other Similar Amounts

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Business Code</th>
<th>Amount</th>
<th>Revenue Excluded from Tax Under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Federated campaigns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Membership dues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Fundraising events</td>
<td></td>
<td>5,924</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td>Related organizations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td>Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td>91,790</td>
<td></td>
</tr>
<tr>
<td>1g</td>
<td>Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h</td>
<td>Total. Add lines 1a-1f</td>
<td></td>
<td>97,714</td>
<td></td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Business Code</th>
<th>Amount</th>
<th>Revenue Excluded from Tax Under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>MEMBERSHIP DUES</td>
<td>900099</td>
<td>1,715,922</td>
<td>1,715,922</td>
</tr>
<tr>
<td>2b</td>
<td>SERVICES PROVIDED TO A</td>
<td>900099</td>
<td>24,223</td>
<td>24,223</td>
</tr>
<tr>
<td>2c</td>
<td>DISPUTE RESOLUTION</td>
<td>900099</td>
<td>8,055</td>
<td>8,055</td>
</tr>
<tr>
<td>2d</td>
<td>OTHER PROGRAM SERVICE</td>
<td>900099</td>
<td>6,482</td>
<td>6,482</td>
</tr>
<tr>
<td>2e</td>
<td>All other program service revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f</td>
<td>Total. Add lines 2a-2f</td>
<td></td>
<td>1,754,682</td>
<td></td>
</tr>
</tbody>
</table>

#### Other Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Business Code</th>
<th>Amount</th>
<th>Revenue Excluded from Tax Under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td>395</td>
<td>395</td>
</tr>
<tr>
<td>4</td>
<td>Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Gross rents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d</td>
<td>Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Less: cost or other basis and sales expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d</td>
<td>Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a</td>
<td>Gross income from fundraising events (not including $5,924 of contributions reported on line 1c). See Part IV, line 18</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>8b</td>
<td>Less: direct expenses</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>8c</td>
<td>Net income or (loss) from fundraising events</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c</td>
<td>Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c</td>
<td>Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Business Code</th>
<th>Amount</th>
<th>Revenue Excluded from Tax Under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td>ADVERTISING</td>
<td>541800</td>
<td>96,243</td>
<td>96,243</td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11e</td>
<td>Total. Add lines 11a-11d</td>
<td></td>
<td>96,243</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Total revenue. See instructions</td>
<td></td>
<td>1,949,034</td>
<td>1,754,682</td>
</tr>
<tr>
<td></td>
<td>(A) Total expenses</td>
<td>(B) Program service expenses</td>
<td>(C) Management and general expenses</td>
<td>(D) Fundraising expenses</td>
</tr>
<tr>
<td>---</td>
<td>------------------</td>
<td>-----------------------------</td>
<td>----------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>240,222</td>
<td>240,222</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>915,065</td>
<td>883,871</td>
<td>31,194</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>13,140</td>
<td>12,781</td>
<td>359</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>41,035</td>
<td>39,504</td>
<td>1,531</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>88,940</td>
<td>86,507</td>
<td>2,433</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>5,145</td>
<td>5,145</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>28,500</td>
<td>28,500</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 2b, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>139,681</td>
<td>24,756</td>
<td>114,925</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>103,440</td>
<td>103,440</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>19,128</td>
<td>19,128</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>135,408</td>
<td>135,408</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>14,066</td>
<td>14,066</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>579</td>
<td>579</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>404</td>
<td>404</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td>91,788</td>
<td>91,788</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>9,353</td>
<td>9,353</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>11,915</td>
<td>11,915</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 26, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>BANK AND CREDIT CARD FE</td>
<td>34,592</td>
<td>34,592</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>PRINTING AND POSTAGE</td>
<td>33,867</td>
<td>33,867</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>TELEPHONE</td>
<td>26,304</td>
<td>26,304</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>SUPPLIES</td>
<td>19,601</td>
<td>19,601</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>61,242</td>
<td>19,882</td>
<td>23,335</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>2,033,415</td>
<td>1,715,046</td>
<td>300,344</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Balance Sheet

#### Assets

1. Cash - non-interest-bearing: 252,114.00
2. Savings and temporary cash investments: 1
3. Pledges and grants receivable, net: 288,098.00
4. Accounts receivable, net: 5
5. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L: 6
6. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L: 7
7. Notes and loans receivable, net: 8
8. Inventories for sale or use: 9
9. Prepaid expenses and deferred charges: 10a
10. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D: 10b
11. Investments - publicly traded securities: 11
12. Investments - other securities. See Part IV, line 11: 12
13. Investments - program-related. See Part IV, line 11: 13
14. Intangible assets: 14
15. Other assets. See Part IV, line 11: 15
16. Total assets: 575,261.00

#### Liabilities

17. Accounts payable and accrued expenses: 6,205.00
18. Grants payable: 18
19. Deferred revenue: 19
20. Tax-exempt bond liabilities: 20
21. Escrow or custodial account liability. Complete Part IV of Schedule D: 21
22. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L: 22
23. Secured mortgages and notes payable to unrelated third parties: 23
24. Unsecured notes and loans payable to unrelated third parties: 24
25. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D: 25
26. Total liabilities: 316,536.00

#### Net Assets or Fund Balances

27. Unrestricted net assets: 258,725.00
28. Temporarily restricted net assets: 28
29. Permanently restricted net assets: 29
30. Capital stock or trust principal, or current funds: 30
31. Paid-in or capital surplus, or land, building, or equipment fund: 31
32. Retained earnings, endowment, accumulated income, or other funds: 32
33. Total net assets or fund balances: 258,725.00
34. Total liabilities and net assets/fund balances: 575,261.00

---

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

(A) Beginning of year | (B) End of year
--- | ---
1 | 252,114.00 | 166,231.00
10a | 107,210.00 | 17,657.00 | 19,657.00
10b | 87,553.00 | 4
11 | 17,392.00 | 15
16 | 575,261.00 | 16 | 185,888.00
25 | 310,331.00 | 25 | 0.00
26 | 316,536.00 | 26 | 0.00

### Part XI  Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1,949,034.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2,033,415.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>-84,381.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>258,725.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>0.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>0.</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>0.</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>11,544.</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>0.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>185,888.</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Accounting method</th>
<th>Audited by</th>
<th>Oversight Process</th>
<th>Required Audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>MODIFIED CASH</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>2a</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>Donated services and use of facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2018)
<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate) (See instructions.)</th>
<th>Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>
BETTER BUSINESS BUREAU OF GREATER MARYLA  

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 info. once.) $  

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Use duplicate copies of Part III if additional space is needed.
BETTER BUSINESS BUREAU OF GREATER MARYLA 52-0246500

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1. Provide a description of the organization’s direct and indirect political campaign activities in Part IV.
2. Political campaign activity expenditures
3. Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1. Enter the amount of any excise tax incurred by the organization under section 4955
2. Enter the amount of any excise tax incurred by organization managers under section 4955
3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4. Was a correction made?

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities
2. Enter the amount of the filing organization’s funds contributed to other organizations for section 527 exempt function activities
3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4. Did the filing organization file Form 1120-POL for this year?
5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization’s funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name
(b) Address
(c) EIN
(d) Amount paid from filing organization’s funds. If none, enter -0-.
(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
Part II-A  Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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).

B  Check ☐ if the filing organization checked box A and “limited control” provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th></th>
<th>(a) Filing organization’s totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td></td>
</tr>
</tbody>
</table>

If the amount on line 1e, column (a) or (b) is:

- Not over $500,000, 20% of the amount on line 1e.
- Over $500,000 but not over $1,000,000, $100,000 plus 15% of the excess over $500,000.
- Over $1,000,000 but not over $1,500,000, $175,000 plus 10% of the excess over $1,000,000.
- Over $1,500,000 but not over $17,000,000, $225,000 plus 5% of the excess over $1,500,000.
- Over $17,000,000, $1,000,000.

<table>
<thead>
<tr>
<th></th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1g</td>
<td>Grassroots nontaxable amount (enter 25% of line 1f)</td>
</tr>
<tr>
<td>1h</td>
<td>Subtract line 1g from line 1a. If zero or less, enter -0-</td>
</tr>
<tr>
<td>1i</td>
<td>Subtract line 1f from line 1c. If zero or less, enter -0-</td>
</tr>
<tr>
<td>1j</td>
<td>If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td>Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f</td>
<td>Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part II-B  Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Volunteers?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Media advertisements?</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Mailings to members, legislators, or the public?</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Publications, or published or broadcast statements?</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Grants to other organizations for lobbying purposes?</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Direct contact with legislators, their staffs, government officials, or a legislative body?</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Other activities?</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Total. Add lines 1c through 1i</td>
<td></td>
</tr>
</tbody>
</table>

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
2b If "Yes," enter the amount of any tax incurred under section 4912
2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912
2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were substantially all (90% or more) dues received nondeductible by members?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?</td>
<td></td>
</tr>
</tbody>
</table>

Part III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dues, assessments and similar amounts from members</td>
</tr>
<tr>
<td>2</td>
<td>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</td>
</tr>
<tr>
<td>a</td>
<td>Current year</td>
</tr>
<tr>
<td>b</td>
<td>Carryover from last year</td>
</tr>
<tr>
<td>c</td>
<td>Total</td>
</tr>
<tr>
<td>3</td>
<td>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</td>
</tr>
<tr>
<td>4</td>
<td>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?</td>
</tr>
<tr>
<td>5</td>
<td>Taxable amount of lobbying and political expenditures (see instructions)</td>
</tr>
</tbody>
</table>

Part IV  Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.
**Part I** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control? □ Yes □ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? □ Yes □ No

**Part 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).

- Preservation of land for public use (e.g., recreation or education)
- Protection of natural habitat
- Preservation of open space
- Preservation of a historically important land area
- Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, handling of violations, and enforcement of the conservation easements it holds? □ Yes □ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $ 

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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 expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.

**Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered “Yes” on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 $  
(ii) Assets included in Form 990, Part X $ 

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $  

b Assets included in Form 990, Part X $ 

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832051 10-20-18

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

2018.05000 BETTER BUSINESS BUREAU OF 14991.01
**Schedule D (Form 990) 2018**  
**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- [ ] Public exhibition
- [ ] Scholarly research
- [ ] Preservation for future generations
- [ ] Loan or exchange programs
- [ ] Other

4 Provide a description of 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 IV 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

b If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  
   - [ ] Yes  
   - [ ] No

b 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.

1a Beginning of year balance  
1b Contributions  
1c Net investment earnings, gains, and losses  
1d Grants or scholarships  
1e Other expenditures for facilities and programs  
1f Administrative expenses  
1g End of year balance

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- [ ] Board designated or quasi-endowment %  
- [ ] Permanent endowment %  
- [ ] Temporarily restricted 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:

   - [ ] unrelated organizations  
   - [ ] related organizations

b If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?  
   - [ ] Yes  
   - [ ] No

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

---

Schedule D (Form 990) 2018
### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. **(a) Description of liability**

<table>
<thead>
<tr>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
</tr>
<tr>
<td>(2)</td>
</tr>
<tr>
<td>(3)</td>
</tr>
<tr>
<td>(4)</td>
</tr>
<tr>
<td>(5)</td>
</tr>
<tr>
<td>(6)</td>
</tr>
<tr>
<td>(7)</td>
</tr>
<tr>
<td>(8)</td>
</tr>
<tr>
<td>(9)</td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. **X**
### Part XI
**Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered “Yes” on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>1,949,034</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>1,949,034</td>
</tr>
</tbody>
</table>

### Part XII
**Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered “Yes” on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>2,033,417</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>2,033,415</td>
</tr>
</tbody>
</table>

### Part XIII
**Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

---

**PART X, LINE 2:**

**BBB IS A NONPROFIT ORGANIZATION AND IS EXEMPT FROM THE PAYMENT OF TAXES ON INCOME OTHER THAN NET UNRELATED BUSINESS INCOME UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE. NO PROVISION FOR INCOME TAXES IS REQUIRED FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017, AS THE FINANCIAL STATEMENTS ARE PREPARED ON THE MODIFIED CASH BASIS OF ACCOUNTING.**
## Part I Questions Regarding Compensation

**BETTER BUSINESS BUREAU OF GREATER MARYLA**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing allowance or residence for personal use</td>
<td></td>
<td></td>
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<tr>
<td>Payments for business use of personal residence</td>
<td></td>
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<tr>
<td>Health or social club dues or initiation fees</td>
<td></td>
<td></td>
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<tr>
<td>Personal services (such as maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b 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 &quot;No,&quot; complete Part III to explain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
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</tr>
<tr>
<td>3 Indicate which, if any, of the following the filing 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.</td>
<td></td>
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<tr>
<td>Compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent compensation consultant</td>
<td></td>
<td></td>
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<tr>
<td>Form 990 of other organizations</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Written employment contract</td>
<td></td>
<td></td>
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<tr>
<td>Compensation survey or study</td>
<td></td>
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<tr>
<td>Approval by the board or compensation committee</td>
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</tr>
<tr>
<td>4 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:</td>
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<tr>
<td>a Receive a severance payment or change-of-control payment?</td>
<td></td>
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<tr>
<td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td></td>
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<tr>
<td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</td>
<td></td>
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<tr>
<td>5 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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The organization?</td>
<td></td>
<td></td>
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<tr>
<td>b Any related organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; on line 5a or 5b, describe in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 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:</td>
<td></td>
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<tr>
<td>a The organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Any related organization?</td>
<td></td>
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<tr>
<td>If &quot;Yes&quot; on line 6a or 6b, describe in Part III.</td>
<td></td>
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<tr>
<td>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 &quot;Yes,&quot; describe in Part III</td>
<td></td>
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<tr>
<td>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 &quot;Yes,&quot; describe in Part III</td>
<td></td>
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<tr>
<td>9 If &quot;Yes&quot; on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</td>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ANGIE BARNETT</td>
<td>(i) 150,363.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>14,947.</td>
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<tr>
<td>PRESIDENT</td>
<td>(i) 0.</td>
<td>0.</td>
<td>0.</td>
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</tbody>
</table>
PART I, LINE 3:

THEE PRESIDENT'S SALARY IS APPROVED ANNUALLY BY THE BOARD OF DIRECTORS.
## Part I  Excess Benefit Transactions

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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of disqualified person</th>
<th>(b) Relationship between disqualified person and organization</th>
<th>(c) Description of transaction</th>
<th>(d) Corrected?</th>
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<tbody>
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<td>2</td>
<td>Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958</td>
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<td>3</td>
<td>Enter the amount of tax, if any, on line 2, above, reimbursed by the organization</td>
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</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of interested person</th>
<th>(b) Relationship with organization</th>
<th>(c) Purpose of loan</th>
<th>(d) Loan to or from the organization? To From</th>
<th>(e) Original principal amount</th>
<th>(f) Balance due</th>
<th>(g) In default? Yes No</th>
<th>(h) Approved by board or committee? Yes No</th>
<th>(i) Written agreement? Yes No</th>
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</table>

Total $                             

## Part III  Grants or Assistance Benefiting Interested Persons.

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of assistance</th>
<th>(d) Type of assistance</th>
<th>(e) Purpose of assistance</th>
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<tbody>
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</table>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Part IV Business Transactions Involving Interested Persons.

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

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of transaction</th>
<th>(d) Description of transaction</th>
<th>(e) Sharing of organization’s revenues?</th>
</tr>
</thead>
<tbody>
<tr>
<td>JARON RICE</td>
<td>BOARD MEMBER</td>
<td>30,378.</td>
<td>CREDIT CARD</td>
<td>X</td>
</tr>
<tr>
<td>ARLENE THAYER</td>
<td>BOARD MEMBER</td>
<td>28,500.</td>
<td>PROVIDED OUTSOURCED ACCOUNTING SERVICES</td>
<td>X</td>
</tr>
</tbody>
</table>

### Part V Supplemental Information.

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

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: JARON RICE

(D) DESCRIPTION OF TRANSACTION: CREDIT CARD PROCESSING SERVICES

(A) NAME OF PERSON: ARLENE THAYER

(D) DESCRIPTION OF TRANSACTION: PROVIDED OUTSOURCED ACCOUNTING SERVICES
BETTER BUSINESS BUREAU OF GREATER MARYLAND

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 C, LINE 19:
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.
**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**: BETTER BUSINESS BUREAU OF GREATER MARYLA

**Employer identification number**: 52-0246500

### Part I: Identification of Disregarded Entities
Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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### Part II: Identification of Related Tax-Exempt Organizations
Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETTER BUSINESS BUREAU OF GREATER MARYLAND</td>
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</tr>
<tr>
<td>FOUNDATION - 52-1276325, 502 SOUTH SHARP STREET, BALTIMORE, MD 21201</td>
<td>EDUCATE CONSUMERS IN BUSINESS PRACTICES</td>
<td>MARYLAND</td>
<td>501(c)(3)</td>
<td>LINE 7</td>
<td>N/A</td>
<td>X</td>
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For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule R (Form 990) 2018
### Part III: Identification of Related Organizations Taxable as a Partnership
Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations? Yes No</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Yes No</th>
<th>(j) General or managing partner? Yes No</th>
<th>(k) Percentage ownership</th>
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### Part IV: Identification of Related Organizations Taxable as a Corporation or Trust
Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes No |
|---------------------------------------------------|----------------------|--------------------------------------------|-----------------------------|-----------------------------------------------------------------|------------------|-------------------------------|--------------------------------|--------------------------------|-----------------------------|
|                                                   |                      |                                            |                             |                                                                 |                  |                               |                                |                                |                             |
|                                                   |                      |                                            |                             |                                                                 |                  |                               |                                |                                |                             |
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|                                                   |                      |                                            |                             |                                                                 |                  |                               |                                |                                |                             |
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|                                                   |                      |                                            |                             |                                                                 |                  |                               |                                |                                |                             |
|                                                   |                      |                                            |                             |                                                                 |                  |                               |                                |                                |                             |
|                                                   |                      |                                            |                             |                                                                 |                  |                               |                                |                                |                             |
|                                                   |                      |                                            |                             |                                                                 |                  |                               |                                |                                |                             |
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|                                                   |                      |                                            |                             |                                                                 |                  |                               |                                |                                |                             |
|                                                   |                      |                                            |                             |                                                                 |                  |                               |                                |                                |                             |
|                                                   |                      |                                            |                             |                                                                 |                  |                               |                                |                                |                             |
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|                                                   |                      |                                            |                             |                                                                 |                  |                               |                                |                                |                             |
|                                                   |                      |                                            |                             |                                                                 |                  |                               |                                |                                |                             |
**Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

   - a. Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   - b. Gift, grant, or capital contribution to related organization(s)
   - c. Gift, grant, or capital contribution from related organization(s)
   - d. Loans or loan guarantees to or for related organization(s)
   - e. Loans or loan guarantees by related organization(s)
   - f. Dividends from related organization(s)
   - g. Sale of assets to related organization(s)
   - h. Purchase of assets from related organization(s)
   - i. Exchange of assets with related organization(s)
   - j. Lease of facilities, equipment, or other assets to related organization(s)
   - k. Lease of facilities, equipment, or other assets from related organization(s)
   - l. Performance of services or membership or fundraising solicitations for related organization(s)
   - m. Performance of services or membership or fundraising solicitations by related organization(s)
   - n. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   - o. Sharing of paid employees with related organization(s)
   - p. Reimbursement paid to related organization(s) for expenses
   - q. Reimbursement paid by related organization(s) for expenses
   - r. Other transfer of cash or property to related organization(s)
   - s. Other transfer of cash or property from related organization(s)

2. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-e)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
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</thead>
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<td>(6)</td>
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</tbody>
</table>
Part VI  Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
<th>(h)</th>
<th>(i)</th>
<th>(j)</th>
<th>(k)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN of entity</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Predominant income (related, unrelated, excluded from tax under sections 512-514)</td>
<td>Are all entities set 501(c)(3) entities?</td>
<td>Share of total income</td>
<td>Share of end-of-year assets</td>
<td>Disproportionate allocations?</td>
<td>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</td>
<td>General or managing partner?</td>
<td>Percentage ownership</td>
</tr>
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</tbody>
</table>
**Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations**

#### Form 990-W (Worksheet)

**Department of the Treasury**  
**Internal Revenue Service**  

**Form 990-W (2019)**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Unrelated business taxable income expected in the tax year</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Tax on the amount on line 1. See instructions for tax computation</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Alternative minimum tax for trusts. See instructions</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Total. Add lines 2 and 3</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Estimated tax credits. See instructions</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Subtract line 5 from line 4</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other taxes. See instructions</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Total. Add lines 6 and 7</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Credit for federal tax paid on fuels. See instructions</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>10a</td>
<td>Subtract line 9 from line 8. Note: If less than $500, the organization is not required to make estimated tax payments. Private foundations, see instructions</td>
<td></td>
<td>10a</td>
</tr>
<tr>
<td>b</td>
<td>Enter the tax shown on the 2018 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c</td>
<td></td>
<td>b</td>
</tr>
<tr>
<td>c</td>
<td>2019 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c</td>
<td></td>
<td>c</td>
</tr>
</tbody>
</table>

**Adj. To**  

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Installment due dates. See instructions</td>
<td>04/15/19</td>
<td>06/17/19</td>
<td>09/16/19</td>
</tr>
<tr>
<td>12</td>
<td>Required installments. Enter 25% of line 10c in columns (a) through (d), But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a &quot;large organization.&quot;</td>
<td>3,470.</td>
<td>3,470.</td>
<td>3,470.</td>
</tr>
<tr>
<td>13</td>
<td>2018 Overpayment. See instructions</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>14</td>
<td>Payment due (Subtract line 13 from line 12)</td>
<td>3,470.</td>
<td>3,470.</td>
<td>3,470.</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see instructions.
**Form 990-T**  
**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning ___________ and ending ___________.

- Go to www.irs.gov/Form990T for instructions and the latest information.
- Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**PART I Unrelated Trade or Business Income**

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Line 1a</th>
<th>Line 1b</th>
<th>Line 1c</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Gross receipts or sales</td>
<td>96,243.</td>
<td></td>
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</tr>
<tr>
<td>b</td>
<td>Less returns and allowances</td>
<td></td>
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<tr>
<td>2</td>
<td>Cost of goods sold (Schedule A, line 7)</td>
<td></td>
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<tr>
<td>3</td>
<td>Gross profit. Subtract line 2 from line 1c</td>
<td></td>
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<tr>
<td>4a</td>
<td>Capital gain net income (attach Schedule D)</td>
<td></td>
<td></td>
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<tr>
<td>b</td>
<td>Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
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<tr>
<td>c</td>
<td>Capital loss deduction for trusts</td>
<td></td>
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<tr>
<td>5</td>
<td>Income (loss) from a partnership or an S corporation (attach statement)</td>
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<td>6</td>
<td>Rent income (Schedule C)</td>
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<td>7</td>
<td>Unrelated debt-financed income (Schedule E)</td>
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<tr>
<td>8</td>
<td>Interest, annuities, royalties, and rents from a controlled organization (Schedule F)</td>
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<tr>
<td>9</td>
<td>Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
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<tr>
<td>10</td>
<td>Exploited exempt activity income (Schedule I)</td>
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<td>11</td>
<td>Advertising income (Schedule J)</td>
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<td>12</td>
<td>Other income (See instructions; attach schedule)</td>
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<tr>
<td>13</td>
<td><strong>Total. Combine lines 3 through 12</strong></td>
<td>96,243.</td>
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<td>96,243.</td>
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</table>

**PART II Deductions Not Taken Elsewhere**

(See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

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<td>14</td>
<td>Compensation of officers, directors, and trustees (Schedule K)</td>
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<td>15</td>
<td>Salaries and wages</td>
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<td>Repairs and maintenance</td>
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<td>17</td>
<td>Bad debts</td>
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<td>18</td>
<td>Interest (attach schedule) (see instructions)</td>
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<td>19</td>
<td>Taxes and licenses</td>
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<td>20</td>
<td>Charitable contributions (See instructions for limitation rules)</td>
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<td>21</td>
<td>Depreciation (attach Form 4562)</td>
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<td>22</td>
<td>Less depreciation claimed on Schedule A and elsewhere on return</td>
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<td>Depletion</td>
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<td>Contributions to deferred compensation plans</td>
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<td>Employee benefit programs</td>
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<td>26</td>
<td>Excess exempt expenses (Schedule I)</td>
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<td>27</td>
<td>Excess readership costs (Schedule J)</td>
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<tr>
<td>28</td>
<td>Other deductions (attach schedule)</td>
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<tr>
<td>29</td>
<td><strong>Total deductions. Add lines 14 through 28</strong></td>
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<tr>
<td>30</td>
<td>Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13</td>
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<tr>
<td>31</td>
<td>Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)</td>
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<tr>
<td>32</td>
<td>Unrelated business taxable income. Subtract line 31 from line 30</td>
<td></td>
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</tbody>
</table>
### Part III  Total Unrelated Business Taxable Income

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)</td>
<td>62,266</td>
</tr>
<tr>
<td>34</td>
<td>Amounts paid for disallowed fringes</td>
<td>4,770</td>
</tr>
<tr>
<td>35</td>
<td>Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)</td>
<td>67,036</td>
</tr>
<tr>
<td>36</td>
<td>Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34</td>
<td>1,000</td>
</tr>
<tr>
<td>37</td>
<td>Specific deduction (Generally $1,000, but see line 37 instructions for exceptions)</td>
<td>66,036</td>
</tr>
<tr>
<td>38</td>
<td>Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36</td>
<td>66,036</td>
</tr>
</tbody>
</table>

### Part IV  Tax Computation

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>Organizations Taxable as Corporations. Multiply line 38 by 2% (0.21)</td>
<td>13,868</td>
</tr>
<tr>
<td>40</td>
<td>Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Tax rate schedule or ☐ Schedule D (Form 1041)</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Proxy tax. See instructions</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Alternative minimum tax (trusts only)</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Tax on Noncompliant Facility Income. See instructions</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies</td>
<td>13,868</td>
</tr>
</tbody>
</table>

### Part V  Tax and Payments

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>45a</td>
<td>Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)</td>
<td></td>
</tr>
<tr>
<td>45b</td>
<td>Other credits (see instructions)</td>
<td></td>
</tr>
<tr>
<td>45c</td>
<td>General business credit. Attach Form 3800</td>
<td></td>
</tr>
<tr>
<td>45d</td>
<td>Credit for prior year minimum tax (attach Form 8801 or 8827)</td>
<td></td>
</tr>
<tr>
<td>45e</td>
<td>Total credits. Add lines 45a through 45d</td>
<td>13,868</td>
</tr>
<tr>
<td>46</td>
<td>Subtract line 45e from line 44</td>
<td>13,868</td>
</tr>
<tr>
<td>47</td>
<td>Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)</td>
<td>0.00</td>
</tr>
<tr>
<td>48</td>
<td>Total tax. Add lines 46 and 47 (see instructions)</td>
<td>13,868</td>
</tr>
<tr>
<td>49</td>
<td>2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2</td>
<td>0.00</td>
</tr>
<tr>
<td>50a</td>
<td>Payments: A 2017 overpayment credited to 2018</td>
<td></td>
</tr>
<tr>
<td>50b</td>
<td>2018 estimated tax payments</td>
<td></td>
</tr>
<tr>
<td>50c</td>
<td>Tax deposited with Form 8868</td>
<td></td>
</tr>
<tr>
<td>50d</td>
<td>Foreign organizations; Tax paid or withheld at source (see instructions)</td>
<td></td>
</tr>
<tr>
<td>50e</td>
<td>Backup withholding (see instructions)</td>
<td></td>
</tr>
<tr>
<td>50f</td>
<td>Credit for small employer health insurance premiums (attach Form 8941)</td>
<td></td>
</tr>
<tr>
<td>50g</td>
<td>Other credits, adjustments, and payments: Form 2439</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Form 4136 ☐ Other Total</td>
<td>584.</td>
</tr>
<tr>
<td>51</td>
<td>Total payments. Add lines 50a through 50g</td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Estimated tax penalty (see instructions). Check if Form 2220 is attached</td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed</td>
<td>14,452</td>
</tr>
<tr>
<td>54</td>
<td>Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid</td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>Enter the amount of line 54 you want: Credited to 2019 estimated tax</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Refunded</td>
<td></td>
</tr>
</tbody>
</table>

### Part VI  Statements Regarding Certain Activities and Other Information

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>At any time during the 2018 calendar year, did the organization have interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If &quot;Yes,&quot; the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If &quot;Yes,&quot; enter the name of the foreign country here</td>
<td>☐</td>
<td>X</td>
</tr>
<tr>
<td>57</td>
<td>During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If &quot;Yes,&quot; see instructions for other forms the organization may have to file.</td>
<td>☐</td>
<td>X</td>
</tr>
<tr>
<td>58</td>
<td>Enter the amount of tax-exempt interest received or accrued during the tax year</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

### Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer[

Date

PRESIDENT

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

Paid Preparer Use Only

Print/Type preparer’s name | Preparer’s signature | Date | Check ☐ if self-employed | PTIN |

MARK P. S. EDWARD

HERTZBACH & COMPANY, P.A.

1803 RESEARCH BLVD, #215

ROCKVILLE, MD 20850

Phone no. (301) 315-2150

Firm’s name ☐ ☐ ☐ ☐ Firm’s EIN ☐ ☐ ☐ ☐ 52-1158459

Firm’s address ☐ ☐ ☐ ☐
### Schedule A - Cost of Goods Sold

Enter method of inventory valuation: N/A

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inventory at beginning of year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Purchases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Cost of labor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Additional section 263A costs (attach schedule)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>Other costs (attach schedule)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Inventory at end of year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Cost of goods sold</td>
<td>Subtract line 6 from line 5. Enter here and in Part I, line 2.</td>
<td></td>
</tr>
</tbody>
</table>

### Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

2. Rent received or accrued

   (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)  
   (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<tr>
<td>(2)</td>
<td></td>
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<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
</tbody>
</table>

   Total: 0

3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<tr>
<td>(3)</td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
</tr>
</tbody>
</table>

   Total: 0

(b) Total deductions. Enter here and on page 1, Part I, line 7, column (B).

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

### Schedule E - Unrelated Debt-Financed Income

(see instructions)

1. Description of debt-financed property

2. Gross income from or allocable to debt-financed property

   (a) Straight line depreciation (attach schedule)  
   (b) Other deductions (attach schedule)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>%</td>
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<tr>
<td>(2)</td>
<td>%</td>
</tr>
<tr>
<td>(3)</td>
<td>%</td>
</tr>
<tr>
<td>(4)</td>
<td>%</td>
</tr>
</tbody>
</table>

   Totals: 0

3. Deductions directly connected with or allocable to debt-financed property

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td></td>
</tr>
</tbody>
</table>

   Enter here and on page 1, Part I, line 7, column (A).  
   Enter here and on page 1, Part I, line 7, column (B).  

   Total dividends-received deductions included in column 8: 0
### Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations

<table>
<thead>
<tr>
<th>1. Name of controlled organization</th>
<th>2. Employer identification number</th>
<th>3. Net unrelated income (loss) (see instructions)</th>
<th>4. Total of specified payments made</th>
<th>5. Part of column 4 that is included in the controlling organization’s gross income</th>
<th>6. Deductions directly connected with income in column 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
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<td>(3)</td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Nonexempt Controlled Organizations

<table>
<thead>
<tr>
<th>7. Taxable Income</th>
<th>8. Net unrelated income (loss) (see instructions)</th>
<th>9. Total of specified payments made</th>
<th>10. Part of column 9 that is included in the controlling organization’s gross income</th>
<th>11. Deductions directly connected with income in column 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
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<td>(3)</td>
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</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

#### Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

<table>
<thead>
<tr>
<th>1. Description of income</th>
<th>2. Amount of income</th>
<th>3. Deductions directly connected with production of unrelated business income (attach schedule)</th>
<th>4. Set-asides (attach schedule)</th>
<th>5. Total deductions and set-asides (col. 3 plus col. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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</tr>
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<td>(3)</td>
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</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 9, column (A).

Enter here and on page 1, Part I, line 9, column (B).

#### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>(2)</td>
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<td>(3)</td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 10, col. (A).

Enter here and on page 1, Part I, line 10, col. (B).

Enter here and on page 1, Part II, line 26.

#### Schedule J - Advertising Income

(see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
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<tr>
<td>(4)</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Totals (carry to Part II, line (5)) …… ► 0. 0. 0.

Form 990-T (2018)
### Part II  Income From Periodicals Reported on a Separate Basis

(For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals from Part I</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals, Part II (lines 1-5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule K - Compensation of Officers, Directors, and Trustees

(see instructions)

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1)</td>
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<tr>
<td>(2)</td>
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<td></td>
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<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. Enter here and on page 1, Part II, line 14**

0.

Form 990-T (2018)
### Statement 1

**FORM 990-T**

**DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY**

ROYALTY INCOME FROM 3RD PARTIES THAT SELL ADVERTISING AND MARKETING PACKAGES TO MEMBERS

TO FORM 990-T, PAGE 1

### Statement 2

**FORM 990-T**

**OTHER DEDUCTIONS**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO-OP ADVERTISING FEES</td>
<td>22,952.</td>
</tr>
<tr>
<td>OCCUPANCY</td>
<td>6,045.</td>
</tr>
<tr>
<td>EQUIPMENT AND SOFTWARE</td>
<td>1,005.</td>
</tr>
</tbody>
</table>

TOTAL TO FORM 990-T, PAGE 1, LINE 28 30,002.
## UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

**Name(s)**
- **Identifying Number**

**BETTER BUSINESS BUREAU OF GREATER MARYLA**
- **Identifying Number**

<table>
<thead>
<tr>
<th>(A) *Date</th>
<th>(B) Amount</th>
<th>(C) Adjusted Balance Due</th>
<th>(D) Number Days Balance Due</th>
<th>(E) Daily Penalty Rate</th>
<th>(F) Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/15/18</td>
<td>3,467.00</td>
<td>3,467.00</td>
<td>61</td>
<td>0.000136986</td>
<td>29.00</td>
</tr>
<tr>
<td>06/15/18</td>
<td>3,467.00</td>
<td>6,934.00</td>
<td>92</td>
<td>0.000136986</td>
<td>87.00</td>
</tr>
<tr>
<td>09/15/18</td>
<td>3,467.00</td>
<td>10,401.00</td>
<td>91</td>
<td>0.000136986</td>
<td>130.00</td>
</tr>
<tr>
<td>12/15/18</td>
<td>3,467.00</td>
<td>13,868.00</td>
<td>16</td>
<td>0.000136986</td>
<td>30.00</td>
</tr>
<tr>
<td>12/31/18</td>
<td>0.00</td>
<td>13,868.00</td>
<td>135</td>
<td>0.000164384</td>
<td>308.00</td>
</tr>
</tbody>
</table>

**Penalty Due (Sum of Column F):**

* Date of estimated tax payment, withholding credit date or installment due date.
**Form 2220**  
**Underpayment of Estimated Tax by Corporations**

**Department of the Treasury**  
**Internal Revenue Service**

**Name**  
**BETTER BUSINESS BUREAU OF GREATER MARYLA**  
**Employer identification number**  
**52-0246500**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

### Part I Required Annual Payment

1. Total tax (see instructions) .................................................................................................................. 1  
   13,860.

2a. Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .................. 2a
2b. Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method ........................................ 2b
2c. Credit for federal tax paid on fuels (see instructions) ........................................................................ 2c
2d. Total. Add lines 2a through 2c ........................................................................................................ 2d

3. Subtract line 2d from line 1. If the result is less than $500, **do not** complete or file this form. The corporation does not owe the penalty .................................................................................................................. 3  
   13,860.

4. Enter the tax shown on the corporation's 2017 income tax return. **Caution:** If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5  

5. **Required annual payment.** Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 ........................................................................................................ 5  
   13,860.

### Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- [ ] The corporation is using the adjusted seasonal installment method.
- [ ] The corporation is using the annualized income installment method.
- [ ] The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

### Part III Figuring the Underpayment

9. **Installment due dates.** Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year  

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/15/18</td>
<td>06/15/18</td>
<td>09/15/18</td>
<td>12/15/18</td>
</tr>
</tbody>
</table>

10. **Required installments.** If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column  

   |   | 3,467. | 3,467. | 3,467. |

11. **Estimated tax paid or credited for each period.** For column (a) only, enter the amount from line 11 on line 15. See instructions  

Complete lines 12 through 18 of one column before going to the next column.

12. Enter amount, if any, from line 18 of the preceding column  

13. Add lines 11 and 12  

14. Add amounts on lines 16 and 17 of the preceding column  

15. Subtract line 14 from line 13. If zero or less, enter -0-  

16. If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-  

17. **Underpayment.** If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18  

18. **Overpayment.** If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column

Go to Part IV on page 2 to figure the penalty. **Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

**LHA**

For Paperwork Reduction Act Notice, see separate instructions.
**Part IV Figuring the Penalty**

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Number of days from due date of installment on line 9 to the date shown on line 19</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Number of days on line 20 after 4/15/2018 and before 7/1/2018</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Underpayment on line 17 x Number of days on line 21 x 5% (0.05)</td>
<td>22 $</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>23</td>
<td>Number of days on line 20 after 06/30/2018 and before 10/1/2018</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Underpayment on line 17 x Number of days on line 23 x 5% (0.05)</td>
<td>24 $</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>25</td>
<td>Number of days on line 20 after 9/30/2018 and before 1/1/2019</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Underpayment on line 17 x Number of days on line 25 x 5% (0.05)</td>
<td>26 $</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>27</td>
<td>Number of days on line 20 after 12/31/2018 and before 4/1/2019</td>
<td>27 SEE ATTACHED WORKSHEET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Underpayment on line 17 x Number of days on line 27 x 9% (0.09)</td>
<td>28 $</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>29</td>
<td>Number of days on line 20 after 3/31/2019 and before 7/1/2019</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Underpayment on line 17 x Number of days on line 29 x %</td>
<td>30 $</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>31</td>
<td>Number of days on line 20 after 6/30/2019 and before 10/1/2019</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Underpayment on line 17 x Number of days on line 31 x %</td>
<td>32 $</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>33</td>
<td>Number of days on line 20 after 9/30/2019 and before 1/1/2020</td>
<td>33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Underpayment on line 17 x Number of days on line 33 x %</td>
<td>34 $</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>35</td>
<td>Number of days on line 20 after 12/31/2019 and before 3/16/2020</td>
<td>35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Underpayment on line 17 x Number of days on line 35 x %</td>
<td>36 $</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>37</td>
<td>Add lines 22, 24, 26, 30, 32, 34, and 36</td>
<td>37 $</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>38</td>
<td>Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns</td>
<td>38 $ 584.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.*
**FORM 990-T**

**UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Adjusted Balance Due</th>
<th>Number Days Balance Due</th>
<th>Daily Penalty Rate</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/15/18</td>
<td>3,467.</td>
<td>3,467.</td>
<td>61</td>
<td>.000136986</td>
<td>29.</td>
</tr>
<tr>
<td>06/15/18</td>
<td>3,467.</td>
<td>6,934.</td>
<td>92</td>
<td>.000136986</td>
<td>87.</td>
</tr>
<tr>
<td>09/15/18</td>
<td>3,467.</td>
<td>10,401.</td>
<td>91</td>
<td>.000136986</td>
<td>130.</td>
</tr>
<tr>
<td>12/31/18</td>
<td>0.</td>
<td>13,868.</td>
<td>135</td>
<td>.00164384</td>
<td>308.</td>
</tr>
</tbody>
</table>

**Penalty Due (Sum of Column F):** 584.

* Date of estimated tax payment, withholding credit date or installment due date.