

SECRETARY OF STATE
 STATE HOUSE
 ANNAPOLIS, MD 21401

FINANCIAL FORM TO BE FILLED OUT BY ORGANIZATIONS NOT FILING FORM 990

NAME OF ORGANIZATION _____

ADDRESS _____

CITY, STATE & ZIP CODE _____

THE FOLLOWING INFORMATION IS FOR FISCAL YEAR ENDING _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances				
1	Contributions, gifts, grants and similar amounts received:			
	a	Contributions to donor advised funds	1a	
	b	Direct public support (not included on line 1a)	1b	
	c	Indirect public support (not included on line 1a)	1c	
	d	Government contributions (grants) (not included on line 1a)	1d	
	e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)		1e
2	Program service revenue including government fees and contracts			2
3	Membership dues and assessments			3
4	Interest on savings and temporary cash investments			4
5	Dividends and interest from securities			5
6	a	Gross rents	6a	
	b	Less: rental expenses	6b	
	c	Net rental income or (loss). Subtract line 6b from line 6a		6c
7	Other investment income (describe ▶ _____)			7
8	a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
			8a	
	b	Less: costs or other basis and sales expenses	8b	
	c	Gain or (loss) (attach schedule)	8c	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)		8d
9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>			
	a	Gross revenue (not including \$ _____ of contributions reports on line 1b)	9a	
	b	Less: direct expense other than fundraising expenses	9b	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a		9c
10	a	Gross sales of inventory, less returns and allowances	10a	
	b	Less: costs of goods sold	10b	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c
11	Other revenue (from Part VII, line 103)			11
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12
13	Program service (from line 44, column (B))			13
14	Management and general (from line 44, column (C))			14
15	Fundraising (from line 44, column (D))			15
16	Payments to affiliates (attach schedule)			16
17	Total expenses. Add lines 16 and 44, column (A)			17
18	Excess or (deficit) for the year. Subtract line 17 from line 12			18
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19
20	Other changes in net assets or fund balance (attach explanation)			20
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21

PART II STATEMENT OF FUNCTIONAL EXPENSES

Do not include amounts reported on lines 6(b), 8(b), 9(b), 10(b), or 16 of Part 1.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
23 Specific assistance to individuals				
24 Benefits paid to or for members				
25 Compensation of officers, directors, etc.				
26 Other salaries and wages				
27 Pension plan contributions				
28 Other employee benefits				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies				
34 Telephone				
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses (itemize): (a)				
(b)				
(c)				
(d)				
(e)				
(f)				
44 Total functional expenses (add lines 22 through 43)				

PART III STATEMENT OF PROGRAM SERVICES RENDERED

List each program service title on lines (a) through (d); for each, identify the service output(s) or Product(s) and report the quantity provided. Enter the total expenses attributable to each program service and the amount of grants and allocations included in that total.	
(a) _____ _____ _____ _____ (Grants and allocations \$ _____)	
(b) _____ _____ _____ _____ (Grants and allocations \$ _____)	
(c) _____ _____ _____ _____ (Grants and allocations \$ _____)	
(d) _____ _____ _____ _____ (Grants and allocations \$ _____)	
(e) Other program service activities (attach schedule)	(Grants and allocations \$ _____)
(f) Total (add lines (a) through (3)) (should equal line 44(B))	

PART IV PROGRAM SERVICE REVENUE AND OTHER REVENUE (STATE NATURE)	Program service revenue	Other revenue
(a) Fees from government agencies		
(b)		
(c)		
(d)		
(e)		
(f) Total program service revenue (enter here and on line 2)		
(g) Total other revenue (enter here and on line 11)		

PART V BALANCE SHEETS

If line 12, Part I, and line 59 are \$25,000 or less, you should complete only lines 59, 66, and 74 and, if you do not use fund accounting, line 73. If line 12 or line 59 is more than \$25,000, complete the entire balance sheet.

Note: Columns (C) and (D) are optional. Columns (A) and (B) must be completed to the extent applicable. Where required, attach schedules should be for end-of-year amounts only.	(A) Beginning of year	End of year		
		(B) Total	(C) Unrestricted/ Expendable	(D) Restricted/ Nonexpendable
Assets				
45 Cash — non-interest bearing				
46 Savings and temporary cash investments				
47 Accounts receivable ▶ _____ minus allowance for doubtful accounts ▶ _____				
48 Pledges receivable ▶ _____ minus allowance for doubtful accounts ▶ _____				
49 Grants receivable				
50 Receivable due from officers, directors, trustees and key employees (attach schedule)				
51 Other notes and loans receivable ▶ _____ minus allowance for doubtful accounts ▶ _____				
52 Inventories for sale or use				
53 Prepaid expenses and deferred charges				
54 Investments — securities (attach schedule)				
55 Investments — land, buildings and equipment: basis ▶ _____ minus allowance for doubtful accounts ▶ _____				
56 Investments — other (attach schedule)				
57 Land, buildings and equipment: basis ▶ _____ minus accumulated depreciation ▶ _____ (attach schedule)				
58 Other assets ▶ _____				
59 Total assets (add lines 45 through 58)				
Liabilities				
60 Accounts payable and accrued expenses				
61 Grants payable				
62 Support and revenue designated for future periods (attach schedule)				
63 Loans from officers, directors, trustees, and key employees (attach schedule)				
64 Mortgages and other notes payable (attach schedule)				
65 Other liabilities ▶ _____				
66 Total liabilities (add lines 60 through 65)				
Fund Balances or Net Worth				
Organizations that use fund accounting, check here ▶ <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.				
67 a. Current unrestricted fund				
b. Current restricted fund				
68 Land, buildings and equipment fund				
69 Endowment fund				
70 Other funds (Describe ▶ _____)				
Organizations that do not use fund accounting, check here ▶ <input type="checkbox"/> and complete lines 71 through 75.				
71 Capital stock or trust principal				
72 Paid-in or capital surplus				
73 Retained earnings or accumulated income				
74 Total fund balances or new worth				
75 Total liabilities and fund balances/net worth				

PART VI LIST OF OFFICERS, DIRECTORS & TRUSTEES (LIST OFFICER, DIRECTOR & TRUSTEE WHETHER COMPENSATED OR NOT)

NAME AND ADDRESS	TITLE & AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION (if any)	EMPLOYEE BENEFITS

PART VII COMPENSATION OF FIVE HIGHEST PAID PERSONS FOR PROFESSIONAL SERVICES

NAME AND ADDRESS OF PERSONS PAID MORE THAN \$30,000	TYPE OF SERVICE	COMPENSATION PAID

TOTAL NUMBER OF OTHERS RECEIVING OVER \$30,000 for professional services _____

76 Have any changes been made in the organizing or governing documents? Yes ___ No ___

If yes, attach a copy of the changes.

77 Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? Yes ___ No ___

78 Did your organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value? Yes ___ No ___

79 The financial books are in the care of _____

Located at _____

Telephone number _____

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UNDER THE PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT, INCLUDING ACCOMPANYING STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Name of Officer _____ Date _____ Title _____

Signature of Officer _____