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# Form **990-EZ**

Department of the Treasury Internal Revenue Service

DAA

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

**Open to Public** Inspection

| Α  | For the  | e 2008 calend   | dar year,   | or tax year beginning            | 7/01/08               | , and ending              | 6/30               | /09                                    |                   | <del></del>   |
|--|--|---|---|----------------------------------|-----------------------|---------------------------|--------------------|--|-------------------|---|
| В  | Check if   | Check if applicable Please  |   | C Name of organization           |                       |                           |                    |  | D Emp             | loyer identification number                         |
| $\sqcup$   | Address  | Address change use IRS MARYLAND CORRECTIONAL  |   |                                  |                       |                           |                    |  |                   |   |
|  | Name c   | e change   label or print or   ADMINISTRATORS ASSOCIATION                                 |   |                                  |                       |                           |                    |  | 52                | <u>-1790321</u>                                     |
|  | Initial re   | 1'   I   I   I   I   I   I   I   I   I  |   |                                  |                       |                           |                    |  | E Tele            | phone number  |
|  | Termina  | ation   | See P.O. BOX 4435   |                                  |                       |                           |                    |  |                   | 0-566-9400  |
|  | Amende   | nended return Instruc- City or town, state or country, and ZIP + 4                        |   |                                  |                       |                           |                    |  |                   | up Exemption  |
| Ш  | Applicat   | tion pending  | tions.  | BALTIMORE                        |                       | <u>MD 21223</u>           |                    |  | Nun               |   |
|  | • Sec  | tion 501(c)(3   | ) organiz   | zations and 4947(a)(1) no        | nexempt charitab      | le trusts must at         | tach               | G Accountin                            | g method          | X Cash Accrual                                      |
| _  |  |   |   | npleted Schedule A (Forn         | n 990 or 990-EZ).     |                           |                    | Other (specify)                        | <u> </u>          |   |
| ı  |  |   |   | LE.NET/MCAA                      |                       |                           |                    | H Check ◆                              | X if the          | e organization is <b>not</b><br>ledule B (Form 990, |
| <u>J</u>   |  |   |   |                                  | ) ♦ (insert no )      | 4947(a)(1) o              |                    |  |                   |   |
| K  | Check  | ♦ ∐ if th   | ne organi   | zation is not a section 509(     | a)(3) supporting or   | ganization <b>and</b> its | gross red          | ceipts are normally r                  | <b>not</b> more t | han \$25,000 A return                               |
|  | is not r   | equired, but if   | the orga  | nization chooses to file a re    | turn, be sure to file | a complete retur          | n                  |  |                   |   |
|  |  |   |   | to determine gross receipts, if  |                       |                           |                    |  | <b>♦</b> \$       |   |
| _ <u>F</u>   | <u>art l</u>   |   |   | penses, and Change               |                       | s or Fund Ba              | lances             | (See the instru                        | <u>ctions fo</u>  | or Part I.)   |
|  | 1  | Contributions,  | gifts, gran   | its, and similar amounts receive | ed .                  |                           |                    |  | 1                 |   |
|  | 2  | =   |   | enue including government        | fees and contracts    |                           |                    |  | 2                 | 69,279  |
|  | 3  | •   |   | d assessments                    |                       | SE                        | E STA              | ATEMENT 1                              | 3                 | 9,620   |
| 10   | 4  | Investment i  |   |                                  |                       |                           | 1                  |  | 4                 | <del> </del>  |
| 2010   | 5a   |   |   | ale of assets other than inv     | entory                |                           | 5a                 |  | _                 |   |
| പ  | b  |   |   | asis and sales expenses          |                       | Į                         | 5b                 | <del></del>                            |                   |   |
| €  | C  |   |   | of assets other than inventory ( |                       |                           |                    |  | 5c                |   |
| RbAbhu®  | 6  |   |   | ities (complete applicable parts | •                     |                           | ming, che          | ck here                                |                   |   |
| ≨ું  | a  |   | Gross revenue (not including \$ of contributions reported on line 1) 6a 5,921 |                                  |                       |                           |                    | _                                      |                   |   |
|  | ١.   | reported on I   | ,   |                                  |                       |                           | 6a                 | 5,92                                   | 21                |   |
| SCANNED  |  | b Less direct expenses other than fundraising expenses 6b                                 |   |                                  |                       |                           |                    |  |                   |   |
| Ž  | C  | a Gross sales of inventory, less returns and allowances 7a                                |   |                                  |                       |                           | _6c                | 5,921                                  |                   |   |
| Z  | 7a   |   |   |                                  |                       |                           | _                  |  |                   |   |
| $\ddot{c}$   | b  | Less cost of  | -   |                                  |                       | l                         | 7b                 |  |                   |   |
| S  | C  |   |   | from sales of inventory (Su      | _                     | line 7a)                  |                    |  | 7c                | 10  |
|  | 8  | Other revenu  | •   |                                  |                       | <del></del>               |                    | <del></del> -                          | ) 8               | 10  |
| _  | 10   |   |   | ines 1, 2, 3, 4, 5c, 6c, 7c, a   |                       |                           |                    | <u> </u>                               | 9                 | 84,830  |
|  | 11   |   |   | nounts paid (attach schedu       | e)                    |                           |                    |  | 10                |   |
|  | 12   | Benefits paid   |   |                                  |                       |                           |                    |  | 11                | <del>.</del>  |
| cpenses  | 13   |   |   | ensation, and employee bei       |                       |                           |                    |  | 12                | 2,250   |
| Jen<br>Jen   | 14   | _   |   | other payments to indeper        | ident contractors     |                           |                    |  | 13                | 2,230   |
| X  | 15   | Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping |   |                                  |                       |                           |                    |  | 14                | 57  |
|  | 16   |   |   | cribe <b>SEE STA</b>             | темемт з              |                           |                    |  | 15                | 40,216  |
|  | 17   |   |   | lines 10 through 16              |                       |                           |                    | <del></del>                            | ) 16              | 42,523  |
| - \$3  | 18   |   |   | the year (Subtract line 17 f     | rom line 9)           |                           |                    |  | 18                | 42,307  |
| Net Assets   | 19   |   |   | ses at beginning of year (from I |                       | ust same with and of vo   | ar figura mag      | ordad an anar yaarla mitum)            | 19                | 22,326  |
| Ϋ́   | 20   | Other change  | es in net   | assets or fund/balances (a       | ttach explanation)    | ust agree with end-or-ye  | ai ilgule repo     | nted on prior year's return)           | _                 |   |
| 20 Other changes in net assets or fund palances (attach explanation) 21 Net assets or fund parances (attach explanation) 22 Net assets or fund parances (attach explanation) |  |   |   |                                  |                       | ab 20                     | ≥ 20<br>≥ 21 64,63 |  |                   | 64,633  |
| Р  | art II   | Balanc  | e She   | ets. If Total assets on line     | 25. column (B) are    | \$2 500 000 or m          | ore file F         | orm 990 instead of F                   | orm 990-l         | =7  |
|  |  | 1 11  |   | the instructions for Part II )   |                       | <u> </u>                  |                    | (A) Beginning of year                  |                   | (B) End of year                                     |
| 22   | Cash, s  | savings, and in   |   |                                  |                       |                           |                    | 22,32                                  | ,                 | 64,633  |
|  |  | na buildings  |   |                                  |                       |                           |                    |  | 23                |   |
|  |  | ıssets (describ   | oe 🕨  |                                  |                       |                           | \ <u> </u>         | ······································ | 24                |   |
|  | Total a  |   | _   |                                  |                       |                           | <b>一</b> ′ ─       | 22,32                                  |                   | 64,633  |
| 26   | Total li   | abilities (desc   | cribe 🕨   |                                  |                       |                           | $\rightarrow$      |  | 0 26              | 0   |
| <u>27</u>  | 7 Net assets or fund balances (line 27 of column (B) must agree with line 21) 22,326 27 64,633 |   |   |                                  |                       |                           |                    |  |                   |   |
| For  | For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.         |   |   |                                  |                       |                           |                    |  |                   |   |

| Form 990-EZ (2008) MARYLAN                               | D CORRECTIONAL                             | 52   | 2-1790321                                      |              |                     |  | Page 2          |
|--|--|--|--|--------------|---------------------|--|-----------------|
| Part III Statement of Prog                               | gram Service Accomplishments               | s (See the instruction                                   | ons for Part III.                              | )            |                     | Ex   | penses          |
| What is the organization's primary exem                  | ipt purpose?                               |  |  |              | (                   | Require  | d for 501(c)(3) |
| SUPPORT TRAINING AND ADVANCE                             | MENT IN MODERN CORRECTIONS                 |  |  |              |                     | and (4) o  | organizations   |
|  | out the organization's exempt purposes     |  |  |              | 1                   |  | 7(a)(1) trusts, |
|  | ber of persons benefited, or other relevan | nt information for each pr                               | ogram title                                    |              | -                   | ptional f  | for others )    |
| 28 PROVIDES SCHOLARSHIPS TO CRIMINAL JUSTICE             | STUDENTS PURSUING STUDIES IN               |  |  |              |                     |  |                 |
| (Grants \$   | ) If this amount includes foreign grants   | s, check here  | <b>•</b>                                       |              | 28a                 |  |                 |
| 29 HOLDS CONFERENCES AND MEE<br>STAFF AND ADMINISTRATORS | ETINGS TO EDUCATE CORRECTIONS              |  |  |              |                     |  |                 |
| (Grants \$   | ) If this amount includes foreign grants   | s, check here  | <b>•</b>                                       |              | 29a                 |  |                 |
| (Grants \$   | ) If this amount includes foreign grants   | check here   | •  | $\Box$       | 30a                 |  |                 |
| 31 Other program services (attach sch                    |  | , check here   |  |              | 000                 | <del>                                     </del> |                 |
| (Grants \$   | ) If this amount includes foreign grants   | s, check here  | •  |              | 31a                 |  |                 |
| 32 Total program service expenses (                      |  |  | <u> </u>                                       | •            | 32                  |  |                 |
|  | tors, Trustees, and Key Employees. Lis     | at each one even if not co                               | mpensated (See the                             | ne in        | structi             | ons for F  | Part IV )       |
|  | ame and address                            | (b) Title and average hours per week devoted to position | (c) Compensation<br>(If not paid,<br>enter -0) | (d)<br>emplo | Contrit<br>oyee ben | outions to<br>efit plans &<br>pensation          | (e) Expense     |
| GEORGE HARDINGER   | BALTIMORE                                  | PRESIDENT  |  |              |                     |  |                 |
| P.O. BOX 4435  | MD 21223                                   | 1  | 0  |              |                     | 0  |                 |
| LISA GAMBLE-GREGG  | BALTIMORE                                  | SECRETARY  |  |              |                     |  |                 |
| P.O. BOX 4435  | MD 21223                                   | 1  | 0  |              |                     | 0  |                 |
| PAMELA DOTTELIS  | BALTIMORE                                  | VICE-PRES  | _  |              |                     |  | }               |
| P.O. BOX 4435  | MD 21223                                   | 1  | 0  |              |                     | 0  |                 |
| JOSEPH KRUSE   | BALTIMORE                                  | TREASURER  |  |              |                     |  |                 |
| P.O. BOX 4435  LAMONTE COOKE                             | MD 21223 BALTIMORE                         | PAST PRES.   | 0  |              |                     | 0  | <u>_</u>        |
| P.O. BOX 4435  | MD 21223                                   | PAST PRES.   |  |              |                     | 0  | ,               |
| 2.0. BOX 4433  | PD 21223                                   |  | 0  |              |                     | 0  | C               |
|  |  |  | -  |              |                     | j  |                 |
|  | ***************************************    |  |  |              |                     |  |                 |
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|  | <u> </u>                                   |  |  |              |                     |  |                 |
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|  |  |  | <del></del>                                    |              |                     |  |                 |
|  |  | ı  |  |              |                     |  |                 |

| Pa        | ort V Other Information (Note the statement requirements in the instructions for Part VI.)   |                |             |          |
|-----------|--|----------------|-------------|----------|
|           |  |                | Yes         | No       |
| 33        | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed  |                |             |          |
|           | description of each activity   | _33_           | <u> </u>    | X        |
| 34        | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"  |                |             |          |
|           | attach a conformed copy of the changes   | 34             | <u> </u>    | X        |
| 35        | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not   |                |             |          |
|           | reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  |                |             |          |
| а         | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,   |                |             |          |
|           | and proxy tax requirements?  | 35a            | <b>└</b>    | X        |
| b         | If "Yes," has it filed a tax return on Form 990-T for this year?   | 35b            | Ļ           |          |
| 36        | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"   |                |             |          |
|           | complete applicable parts of Schedule N  | 36             | <b>↓</b>    | X        |
| 37a       | Enter amount of political expenditures, direct or indirect, as described in the instr  |                | <u> </u>    |          |
| b         | Did the organization file Form 1120-POL for this year?   | 37b            | <b>└</b> ── | X        |
| 38a       | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were  |                |             |          |
|           | any such loans made in a prior year and still unpaid at the start of the period covered by this return?  | 38a            | <u></u>     | X        |
| b         | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b   |                |             |          |
| 39        | Section 501(c)(7) organizations Enter  |                |             |          |
| а         | Initiation fees and capital contributions included on line 9   |                |             |          |
| b         | Gross receipts, included on line 9, for public use of club facilities  |                |             |          |
| 40a       | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under  |                |             | }        |
|           | section 4911 ♦   |                |             |          |
| b         | Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction   |                |             |          |
|           | during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule   |                |             |          |
|           | L, Part I  | _40b           | <b></b> _   |          |
| С         | Enter amount of tax imposed on organization managers or disqualified persons during  |                |             |          |
|           | the year under sections 4912, 4955, and 4958   |                |             |          |
|           | Enter amount of tax on line 40c reimbursed by the organization   |                |             |          |
| 8         | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter  |                |             |          |
| 44        | transaction? If "Yes," complete Form 8886-T  | 40e            |             | X        |
| 41<br>42a | List the states with which a copy of this return is filed  NONE  The backs are in acres of A. TOP, KRILEP  | <del>-</del> : |             |          |
| 42a       | The books are in care of   JOE KRUSE  Telephone no  105 SOUTH MOUNT ST   | •              |             |          |
|           | Leader A. BRITINODE MO   | . 01000        |             |          |
| b         | <u>-</u> ,   | <b>♦</b> 21223 |             |          |
|           | 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   | 1              |             |          |
|           | account)?  | <u> </u>       | Yes         | No<br>¥  |
|           | If "Yes," enter the name of the foreign country  | 42b            |             | <u> </u> |
|           | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  |                |             |          |
|           | and Financial Accounts.  |                |             |          |
| c         | At any time during the calendar year, did the organization maintain an office outside of the U.S.?   |                |             | v        |
| ·         | If "Yes," enter the name of the foreign country  | 42c            |             | <u> </u> |
| 43        | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  |                |             |          |
|           | and enter the amount of tax-exempt interest received or accrued during the tax year  | اما            |             | ▼ ∟      |
|           | The sine and amount of tax-exempt interest received or accided during the tax year   | 43             |             |          |
|           |  | 1              | V 1         | - N -    |
| 14        | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of   | <del></del>    | Yes         | No       |
| -         | Form 990-EZ  | ا مم ا         |             | X        |
| 15        | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If   | 44             |             |          |
|           | "Yes," Form 990 must be completed instead of Form 990-EZ   | <br>  4 =      |             | X        |
|           | The second secon | 45             | 0 E7        |          |

| Pa           | rt VI       |   | organizations only. All sectitables for lines 50 and 51.                                 | ion 501(c)(3                               | organizat  | tions must ans                               | wer questions   | 16-49          | <del>)</del>           |            |
|--------------|-------------|---|--|--|--|--|---|----------------|------------------------|------------|
| <br>16       | Did the d   |   | ect or indirect political campaign activ   | vities on behalf                           | of or in oppos   | ition to                                     | <del></del> -   |                | Yes                    | No         |
|              |             |   | es," complete Schedule C, Part I   | Villoo Oii Doilaii i                       |  |  |   | 46             |                        |            |
| 17           |             | •   | obying activities? If "Yes," complete S  | Schedule C. Parl                           | H  |  |   | 47             |                        |            |
| 18           |             |   | hool as described in section 170(b)(1  |  |  | hedule F                                     |   | 48             |                        |            |
| 9a           |             |   | nsfers to an exempt non-charitable re  |  |  |  |   | 49a            |                        | Γ—         |
| b            |             | •   | non(s) a section 527 organization?   | elated organizat                           | .0   |  |   | 49b            |                        |            |
| 50           | -           | •   | thest compensated employees (other   | r than officers d                          | irectors trust   | ees and key emnlo                            | vees) who   |                |                        |            |
|              |             |   | 0 of compensation from the organiza  | tion If there is r                         | one, enter "N  | lone "                                       |   |                |                        |            |
|              | <del></del> |   | s of each employee paid more<br>n \$100,000  | ) h  | Title and average<br>ours per week<br>oted to position | (c) Compensation                             | (d) Contributions to<br>employee benefit plans &<br>deferred compensation | acc            | Expensionnt an allowar | nd         |
|              |             |   |  |  |  |  |   |                |                        |            |
|              |             |   |  |  |  |  |   |                |                        |            |
|              |             |   |  |  |  |  | -   |                |                        |            |
|              |             |   |  |  |  |  |   | L.——           |                        |            |
|              |             |   |  |  |  |  |   |                |                        |            |
| otal         | number o    | of other employees paid of                                  | ver \$100,000  | <b>•</b>                                   |  |  |   |                |                        |            |
| 51           |             |   | thest compensated independent cont<br>on If there is none, enter "None"                  | tractors who ead                           | ch received m  | ore than \$100,000                           | of  |                |                        |            |
|              | (a) 1       | Name and address of each inc                                | dependent contractor paid more than \$100  | ,000                                       | (b)  | Type of service                              | (c) C   | ompens         | ation                  |            |
|              |             |   |  | İ  |  |  |   |                |                        |            |
|              |             |   |  |  |  |  |   |                |                        |            |
|              |             |   |  |  |  |  |   |                |                        |            |
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|              |             |   |  |  |  | ·  |   |                |                        |            |
|              |             |   |  |  |  |  |   |                |                        |            |
|              |             |   |  | <u>.</u>                                   |  |  |   |                |                        |            |
| otal         | number o    |   | ractors each receiving over \$100,000  |  |  |  |   |                |                        |            |
| Sigr         | 1           | Under penalties of perjury, and belief, it is true, correct | I declare that I have examined this ceturn,<br>t, and complete Declaration of prepare (o | including accompa<br>ther than officer) is | inying schedule<br>based on all in                     | s and statements, and formation of which pre | I to the best of my knowled   | vledge<br>ige  |                        |            |
| Here         |             | Signature of office   |  | +-   | <del></del>  | Date   | 7,01  |                |                        |            |
|              |             | Type or print name an                                       |  | :3e, I                                     |  | Executive !                                  | Board Tre   | <u> در د /</u> | <u>سر</u>              |            |
|              |             | y 1775 S. Print Harrie all                                  |  |  | Date   | Check if                                     | Preparer's Ident  | Ifvina No      | mber /Sr               | op inetr l |
| <b>7-!</b> - |             | Preparer's  | allo N. I and  |  | 11/1/2   |  |   |                | •                      | 15 m20 )   |
| Paid         | -           | signature THADD   | DEUS N. TOAL, CPA  |  |  | / employed                                   |   |                |                        |            |
| -            | parer's     | Firm's name (or yours                                       | TOAL, GRIFFITH, A  |  |  |  | EIN ♦ 2   | <u>0-0</u>     | <u> 274</u>            | <u>631</u> |
| Jse          | Only        | if self-employed),  | 200 HARRY S TRUM   |  |  | <u> </u>                                     | Phone   | _              |                        |            |
|              |             | address, and ZIP + 4  |  | <u> 1401-736</u>                           | 2  |  | no ◆ 410  | -22            | 4-0                    | <u>343</u> |
| May          | the IRS d   | liscuss this return with the                                | preparer shown above? See instruc  | tions                                      |  |  | <u> </u>  | Y€             | s                      | No         |
|              |             |   | <del></del>  |  |  |  | Fo  | rm <b>99</b>   | 0-EZ                   | (2008)     |

| Form 99                        |                    | Special Events Schedule       |                   |         |                |             |                      |  |
|--------------------------------|--------------------|-------------------------------|-------------------|---------|----------------|-------------|----------------------|--|
| Form 99                        | טי                 | For calendar year 2008, or ta | ıx year beginning | 7/01/08 | , and ending   | 6/30/09     | 2008                 |  |
| lame                           |                    |                               |                   |         |                |             | dentification Number |  |
|                                |                    | RECTIONAL DRS ASSOCIATION     |                   |         |                | 52-17       | 90321                |  |
|                                |                    | (A)                           | (B)               | (C)     | 01             | thers       | Total                |  |
| Gross receipts                 |                    | 5,921                         | 0                 |         | 0              |             | 5,921                |  |
| Less contributions             |                    | <u> </u>                      | 0 0               |         | 0              | 0 -         | 0                    |  |
| Gross revenue<br>Less direct e |                    | 5,921                         | <u>0</u>          |         | <del>  0</del> |             | 5,921<br>0           |  |
| Net income (lo                 |                    | 5,921                         | 0                 |         | <del></del>    | <del></del> | 5,921                |  |
| Description                    | (A) (B) (C) Others | GOLF TOURNAME                 | ENT               |         |                |             |                      |  |
|                                |                    |                               |                   |         |                |             |                      |  |

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# **Federal Statements**

### Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

|            | <br>Amount |             |
|------------|------------|-------------|
| MEMBERSHIP | DUES       | \$<br>9,620 |
| TOTAL      |            | \$<br>9,620 |

### Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

|               | Description |     | Amount |
|---------------|-------------|-----|--------|
| MISCELLANEOUS | INCOME      | \$_ | 10     |
| TOTAL         |             | \$  | 10     |

## Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

| Description            | Amount    |
|------------------------|-----------|
| EXPENSES               | \$        |
| INFORMATION TECHNOLOGY | 1,600     |
| 2008 CONFERENCE        | 10,591    |
| GENERAL MEETINGS       | 3,626     |
| MACO MEETINGS          | 2,392     |
| TRAINING MEETINGS      | 14,377    |
| TRAINING               | 200       |
| INSURANCE              | 1,063     |
| AWARDS                 | 6,010     |
| MISCELLANEOUS          | 357       |
| TOTAL                  | \$ 40,216 |