Form 990

Department of the Treasury Internal Revenue Service

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

2017 Open to Public Inspection

OMB No 1545-0047

R Chack if applicable C Name of organization	/18		
B Check if applicable C Name or organization		D Employer ide	entification number
Address change RESTORATIVE RESPONSE BALTIMORE, INC.			
Name change Doing business as	Room/suite	52-233 E Telephone nu	
Number and street (or P O box if mail is not delivered to street address) Intial return 1500 UNION MILL AVENUE #2700	Roomsule		89-7400
Final return/ City or town, state or province, country, and ZIP or foreign postal code	† †		
BALTIMORE MD 21211	Ĭ,	G Gross receipts	880,76
Amended return F Name and address of principal officer			
Application pending MATTHEW ZERNHELT	H(a) Is this a grou	p return for subor	rdinates? Yes X N
1500 UNION MILL AVENUE #2700	H(b) Are all subo	rdinates include	d? Yes N
BALTIMORE MD 21211	If "No," a	attach a list (see	e instructions)
I Tax-exempt status	7		
J Website ▶ WWW.COMMUNITYCONFERENCING.ORG	H(c) Group exem	ption number	•
K Form of organization X Corporation	Year of formation 20	000 м	State of legal domicile M
Part 1 % Summary			
Briefly describe the organization's mission or most significant activities.			
CONSTRUCTION CONTRACTOR CONTRACTOR TO THE TIME CONTRACTOR	AS A		
VIABLE METHOD OF ALTERNATIVE DISPUTE RESOLUTION AND			
RESTORATION OF JUSTICE.			
VIABLE METHOD OF ALTERNATIVE DISPUTE RESOLUTION AND RESTORATION OF JUSTICE. 2 Check this box if the organization discontinued its operations or disposed of more than a Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34	25% of its net asse	ets	
3 Number of voting members of the governing body (Part VI, line 1a)			5
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	5
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	10
6 Total number of volunteers (estimate if necessary)		6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	
b Net unrelated business taxable income from Form 990-T, line 34		7b	
7	Prior Year		Current Year
8 Contributions and grants (Part VIII, line 1h)		,736	820,370
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	79	,723	61,369
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1	,874	-1,642
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9	,770	664
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	809	,103	880,761
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			(
10 Grants and similar amounts paid (r art ix, column (x), inics i v)			
14 Benefits paid to or for members (Part IX, column (A), line 4)			(
14 Benefits paid to or for members (Part IX, column (A), line 4)	541	,970	<u></u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	541	,970	<u></u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	541	,970	<u></u>
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)		,970	636,861
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)	235		636,863 (398,782
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	235 777	,969	398,782 1,035,643
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	235 777 31	,969 ,939 ,164	398,782 1,035,643 -154,882 End of Year
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	235 777 31 Beginning of Curre 2,318	,969 ,939 ,164 ent Year ,202	398,782 1,035,643 -154,882 End of Year 2,117,781
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	235 777 31 Beginning of Curro 2,318 469	, 969 , 939 , 164 ent Year , 202 , 428	398,782 1,035,643 -154,882 End of Year 2,117,781 423,889
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25 CEIVED 19 Revenue less expenses Subtract line 18 from line 12	235 777 31 Beginning of Curre 2,318	, 969 , 939 , 164 ent Year , 202 , 428	398,782 1,035,643 -154,882 End of Year 2,117,781 423,889
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	235 777 31 Beginning of Curro 2,318 469	, 969 , 939 , 164 ent Year , 202 , 428	398,782 1,035,643 -154,882 End of Year 2,117,783 423,889
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater	235 777 31 P Beginning of Curr 2,318 469 1,848	, 969 , 939 , 164 ent Year , 202 , 428 , 774	398,782 1,035,642 -154,882 End of Year 2,117,783 423,889 1,693,892
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25 CEIVED 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part It Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare	235 777 31 P Beginning of Curr 2,318 469 1,848	, 969 , 939 , 164 ent Year , 202 , 428 , 774	398,782 1,035,643 -154,882 End of Year 2,117,783 423,889 1,693,892
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25 CEIVED 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part It Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare	235 777 31 P Beginning of Curr 2,318 469 1,848	, 969 , 939 , 164 ent Year , 202 , 428 , 774	398,782 1,035,643 -154,882 End of Year 2,117,781 423,889 1,693,892
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25 CEIVED 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part It Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare	235 777 31 P Beginning of Curr 2,318 469 1,848 ments, and to the beer has any knowledge	, 969 , 939 , 164 ent Year , 202 , 428 , 774	398,782 1,035,643 -154,882 End of Year 2,117,781 423,889 1,693,892
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25 CEIVED 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part It Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare	235 777 31 P Beginning of Curr 2,318 469 1,848	, 969 , 939 , 164 ent Year , 202 , 428 , 774	398,782 1,035,643 -154,882 End of Year 2,117,781 423,889 1,693,892
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part II: Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare	235 777 31 P Beginning of Curr 2,318 469 1,848 ments, and to the beer has any knowledge	, 969 , 939 , 164 ent Year , 202 , 428 , 774	398,782 1,035,643 -154,882 End of Year 2,117,781 423,889 1,693,892
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare Signature of officer MATTHEW ZERNHELT Type or print name and title Print/Type preparer's name Preparets Shature Preparets Shature	235 777 31 P Beginning of Curr 2,318 469 1,848 ments, and to the beer has any knowledge	, 969 , 939 , 164 ent Year , 202 , 428 , 774	398,782 1,035,643 -154,882 End of Year 2,117,781 423,889 1,693,892
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare Signature of officer MATTHEW ZERNHELT Type or print name and title Print/Type preparer's name Preparets Shajure	235 777 31 P Beginning of Curre 2,318 469 1,848 ments, and to the best of has any knowledge UTIVE DIR	, 969 , 939 , 164 ent Year , 202 , 428 , 774 st of my know	398,782 1,035,643 -154,882 End of Year 2,117,781 423,889 1,693,892
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25 (CEIVED) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare Sign Here Print/Type or print name and title Print/Type preparer's name Preparer's schadure	235 777 31 P Beginning of Curre 2,318 469 1,848 ments, and to the beer r has any knowledge UTIVE DIR Date 01/09/	, 969 , 939 , 164 ent Year , 202 , 428 , 774 st of my know Date ECTOR	398,782 1,035,643 -154,882 End of Year 2,117,781 423,889 1,693,892
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25 (EIVED 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part: II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare Sign Here Print/Type or print name and title Preparer's schalure Preparer's schalure	235 777 31 P Beginning of Curre 2,318 469 1,848 ments, and to the beer r has any knowledge UTIVE DIR Date 01/09/	, 969 , 939 , 164 ent Year , 202 , 428 , 774 st of my know Date ECTOR Check 19 Self-emplo	398,782 1,035,643 -154,882 End of Year 2,117,781 423,889 1,693,892
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25 CEIVED 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part IF: Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare Sign Here Print/Type or print name and title Preparers Preparers signature Preparers Preparers signature FRANKLIN J. HAJEK Preparers FRANKLIN J. HAJEK Preparers	235 777 31 9 Beginning of Curro 2,318 469 1,848 ments, and to the best has any knowledge UTIVE DIR Date 01/09/ Fir	, 969 , 939 , 164 ent Year , 202 , 428 , 774 st of my know Date ECTOR Check 19 self-emplo m's EIN	398,782 1,035,643 -154,882 End of Year 2,117,781 423,889 1,693,892 Pledge and belief, it is
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), lines 25 CEIVED 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare Sign Here MATTHEW ZERNHELT EXECUTION Proportion and and title Print/Type or print name and title Print/Type or print name and title Proportion of the preparer's name FRANKLIN J. HAJEK FIRMS name FRANK HAJEK & ASSOCIATES PA PREVIOUS NAME AND 21014 3783	235 777 31 9 Beginning of Curro 2,318 469 1,848 ments, and to the best has any knowledge UTIVE DIR Date 01/09/ Fir	, 969 , 939 , 164 ent Year , 202 , 428 , 774 st of my know Date ECTOR Check 19 self-emplo m's EIN	398,782 1,035,643 -154,882 End of Year 2,117,781 423,889 1,693,892 Pledge and belief, it is

***************************************		ONSE BALTIMORE, INC 52	-2337316	Page 2
	Statement of Program Serv	•	Dort III	$\overline{\mathbf{x}}$
1 Briefly desc COMMUNI VIABLE	cribe the organization's mission TY CONFERENCING C	S a response or note to any line in this CENTER FACILITATES CONF CTIVE DISPUTE RESOLUTIO	ERENCES AS A	43
prior Form 9	anization undertake any significant 990 or 990-EZ? scribe these new services on Sche	program services during the year which were	not listed on the	Yes X No
services?	anization cease conducting, or mak scribe these changes on Schedule	e significant changes in how it conducts, any	program	Yes X No
4 Describe th expenses S	e organization's program service a	ccomplishments for each of its three largest paralishments are required to report the amount of	-	
A FORM JUDICIA EACH YE INFORM METHOD THAT EN CONFERE CONFLIC	TE PROGRAMS AS A MOST MEDIATION WITH L. EDUCATION, OUT ARE AT SCHOOL, NEINDIVIDUALS ABOUT OF HANDLING CONFINABLES BALTIMORE RESIDES THE PURPORTS. THE JUVENILE ENCING SERVICES AS	21,246 including grants of \$ ETHOD OF HANDLING CONFIN THE COMMUNITY IN LI PREACH & PROMOTIONS ARE CHBORHOOD ASSOCIATIONS CHOOMITY CONFERENCING CHOOMINITY CONFERENCING CHOOMINITY TO REQUEST A COMMUNITIES IS A CHESTORY OF RESIDENTS TO RESURE A CHOOMING NEIGHBOR OF THE CONFERENCY CHOO	EU OF CONDUCTED , ETC. TO G AS A PROGRAM COMMUNITY RHOOD ES ND	,
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
Ad Other proces	ram services (Describe in Schedule	.0)		
(Expenses	•	uding grants of \$)	(Revenue \$)
	am service expenses ▶	821,246		
DAA				Form 990 (2017)

Form 990 (2017) RESTORATIVE RESPONSE BALTIMORE, INC 52-2337316

Checklist of Required Schedules

- Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,
- Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII. VIII. IX, or X as applicable
 - Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI
 - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
 - 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? If "Yes," complete Schedule D, Part IX
 - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III

	Yes	No
1	X	x
2		
3		X
4		X
5		x
6		x
7		x
8		x
9		x
10		x
10	183	٠,
,	, ,	
11a	х	
11b		<u>x</u>
11c		x
11d	х	
11e		X
11f		<u>x</u>
12a		<u>x</u>
12b 13		X
14a		X
14b	_	<u>x</u>
15		<u>x</u>
16		
17		x
18		x
19		x
	m 99 0	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		X
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		Tan e	997
а	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		Х
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)?	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		Х
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? Note. All Form 990 filers are required to complete Schedule O	38		_X
			000	

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 Yes No 0 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 77 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 10 Statements, filed for the calendar year ending with or within the year covered by this return 2b 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) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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)? If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Q Sponsoring organizations maintaining donor advised funds. 113 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a 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 9 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 13c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2017) RESTORATIVE RESPONSE BALTIMORE, INC 52-2337316 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 5 1b Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 72 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 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? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? 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? 16h

Se	ction 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 (or 1024 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 Another's website X 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
I	RESTORATIVE RESPONSE BALTIMORE 1500 UNION MILL AVENUE SUITE 2700

MD 21211

410-889-7400

BALTIMORE

orm 990 (2017)	RESTORATIVE	RESPONSE	BALTIMORE.	TNC	52-2337316	

Dooo	7
rage	•

Pärt VII	Compensation of Officers,	Directors, Truste	es, Key Employees	, Highest Compensated	Employees, and
	Independent Contractors	•		, ,	·

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the orga	anization nor an	y rela	ated	orga	ınıza	ition	com	pensated any current office	er, director, or trustee	
(A) Name and Title	(B) Average hours per week (list any	bo	x, unle icer a	Pos check ess pe nd a c	erson	than o	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) MATTHEW ZERNHEL?	r									
	40.00									
EXECUTIVE DIRECTOR	0.00	X			<u> </u>	<u> </u>	_	78,000	0	0
(2) STEVEN J. KRAVE										
	5.00									
PRESIDENT	0.00	X	ļ	<u> </u>	├	-		0	0	0
(3) LAURA FREITAG	2 20				ł					
MD II AUDID	2.00	x						_	_	0
TREASURER (4) SCOTT EDWARD RE	0.00	^	-		┢	\vdash	<u> </u>	0	0	U
(4) SCOIL EDWARD RE.	2.00									
DIRECTOR	0.00	x						0	0	0
(5) LISA WILLIAMS	0.00	1			 	\dagger				
(0,	2.00									
DIRECTOR	0.00	x						0	0	0
(6)										
(7)		-								
(8)										
(9)										
(10)										
(11)		-								
DAA						<u>L</u>		<u> </u>		Form 990 (2017)

Par	VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	d Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unli ficer a	Pos check ess pe nd a d	rson	than cost both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
С	Sub-total Total from continuation she	ets to Part VII, S	Secti	ion /	Α.	•	•	>	78,000		
2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from				thos	e lıs	ted a	bov	78,000 e) who received more than	\$100,000 of	l Vl N
4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization.	complete Scher at 1a, is the sum nizations greater	dule of re thar	J for port n \$15	suc able 50,00	h ind com 10? I	dividu ipens f "Ye	<i>ial</i> satio s," c	on and other compensation complete Schedule J for su	from the ch	3 X
	Did any person listed on line 1 for services rendered to the or on B. Independent Contractor	ganization? If "Y								r individual	5 X
1	Complete this table for your five compensation from the organi	ve highest comp zation Report co (A) business address	ensa omp	ited ensa	indej ition	oenc for t	lent o	contralend	dar year ending with or with	than \$100,000 of hin the organization's tax yo (B) stion of services	ear (C) Compensation
	Name and	ousiness address							— — — — — — — — — — — — — — — — — — —	niori oi services	Compensation
							<u>.</u>				
			<u>-</u>								
2	Total number of independent of	contractors (incli	ıdını	ı but	not	limit	ed to	the	se listed above) who		200
	received more than \$100,000									0	5

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business (A) (B) Related or (D) Revenue excluded from tax exempt function under sections revenue 512-514 revenue 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 815,433 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 4,937 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue Busn Code 369 61,369 PROGRAM SERVICE REVENUE 2a b C f All other program service revenue 16 13 830 61,369 72 1 mg / 1 mg -11/11 Þ Total. Add lines 2a 2f Investment income (including dividends, interest, -1,642 -3,590 1,948 and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) d Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) AND COMMON! JXXXX. 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities 77... See Part IV, line 19 b Less direct expenses 5. Þ c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 11/2/1 b Less cost of goods sold • c Net income or (loss) from sales of inventory Mini. Miscellaneous Revenue Busn Code 664 664 11a MISCELLANEOUS b d All other revenue 664 Total. Add lines 11a-11d 880,761 57,779 0 2,612 Total revenue. See instructions

Part IX: Statement of Functional Expenses

0001	Check if Schedule O contains a resp			inprote derailin (7 y	
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		Схроносо	2.2.4.7.12. 163./2.de	they have they to
'	· ·				17. 17.
2	and domestic governments See Part IV, line 21 Grants and other assistance to domestic			The state of	7 77 3 7
2				francisco de la configue	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
•	individuals See Part IV, line 22			<u> </u>	
3	Grants and other assistance to foreign				11 11 11 11 11 11
	organizations, foreign governments, and foreign				me well they
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			,,,,	7 39 7
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	509,164	468,157	41,007	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	17,237	14,134	3,103	
9	Other employee benefits	66,126	53,663	12,463	
10	Payroll taxes	44,334	36,352	7,982	
11	Fees for services (non-employees)	•	-		
a	Management				
b	Legal	<u> </u>			
c	Accounting	68,671	28,295	40,376	
d	Lobbying				
u	Professional fundraising services See Part IV, line 17		Y 77 77 77 77 77 77 77 77 77 77 77 77 77	7.7. 1	
f	Investment management fees		, , ,	, , , , , , , , , , , , , , , , , , , ,	
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
	- i	7,144	5,174	1,970	
13	Office expenses	7,111	9,114	1,510	
14	Information technology	<u> </u>			
15	Royalties	38,728	37,308	1,420	
16	Occupancy	9,939	5,131	4,808	
17	Travel	3,333	5,131	4,808	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 152	1 500	2 (52	
19	Conferences, conventions, and meetings	4,153	1,500	2,653	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0.244	7 200	1 064	
23	Insurance	9,344	7,380	1,964	
24	Other expenses. Itemize expenses not covered	C. C. ~ ZXXXXIII INIII INIII INIII	'≀nĤUn,	, , , , , , , , , , , , , , , , , , ,	
	above (List miscellaneous expenses in line 24e If	/ / / gandanianian w		it of a pailing and but	8 4 13 X 1 3 8 4
	line 24e amount exceeds 10% of line 25, column	347 4		17 1 18 1 18 1	7. 797
	(A) amount, list line 24e expenses on Schedule O)	1, Texturinanian c	(4 / 5 m.
а	CONSULTANTS	183,999	150,463	33,536	
b	PROGRAM COST	22,178	1,504	20,674	
C	STAFF DEVELOPMENT	18,740	6,011	12,729	
d	TRAINING	13,528		13,528	
е	All other expenses	22,358		16,184	
25	Total functional expenses Add lines 1 through 24e	1,035,643	821,246	214,397	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ▶ If				:
	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 367,016 161,653 Cash-non-interest bearing 1,008,553 2 256,022 2 Savings and temporary cash investments 257,702 212,149 3 Pledges and grants receivable, net Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(D), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 10a 2<u>4,959</u> other basis Complete Part VI of Schedule D 17,892 7,067 10b 10c b Less accumulated depreciation 1,088,451 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 684,931 392,439 15 15 Other assets See Part IV, line 11 2,117,781 2,318,202 16 Total assets. Add lines 1 through 15 (must equal line 34) 19,278 52,989 17 17 Accounts payable and accrued expenses 18 Grants payable 450,150 370,900 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 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 469,428 423,889 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 506,333 1,520,415 Unrestricted net assets 328,359 187,559 28 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ō complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 1,848,774 1,693,892 33 33 Total net assets or fund balances

2,117,781 Form 990 (2017)

2,318,202

Total liabilities and net assets/fund balances

orm	990 (2017) RESTORATIVE RESPONSE BALTIMORE, INC 52-2337316		Page 12
Pa	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	880,761
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,035,643
3	Revenue less expenses Subtract line 2 from line 1	3	-154,882
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,848,774
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	·
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	1,693,892
Pa	et XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
b	Accounting method used to prepare the Form 990		2a X
3a	of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		2c 3a 3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public

Inspection

Name of the organization

RESTORATIVE RESPONSE BALTIMORE, INC

Employer identification number 52 - 2337316

P	irt (Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	ons.		
The	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 12, o	check only	one box)	\sim		
1		A church, cor	nvention of churches, or ass	ociation of churches described	ın sectior	170(b)(1	I)(A)(i). (
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ))	1			
3	П			ce organization described in sec			iii).			
4	Ħ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
	ш	city, and state								
5	\Box	-		of a college or university owned	or operate	ed by a o	overnmental unit described in			
•	ш					, . 5				
6	section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organizati		substantial part of its support fro				С		
8				170(b)(1)(A)(vi). (Complete Part	: 11)					
9	Ħ			cribed in section 170(b)(1)(A)(i		ed in coni	unction with a land-grant colle	ege		
		•	•	of agriculture (see instructions)		-				
10		An organizati	on that normally receives (1	l) more than 33 1/3% of its supp	oort from	contribution	ons, membership fees, and gr	oss		
		support from	gross investment income ar	npt functions—subject to certain ad unrelated business taxable in	come (le:	ss section	511 tax) from businesses			
				0, 1975 See section 509(a)(2)						
11	H	9	•	exclusively to test for public safe	•		, ,, ,			
12	\sqcup			exclusively for the benefit of, to cations described in section 50!						
				nat describes the type of suppor						
	а		-	erated, supervised, or controlled						
				ver to regularly appoint or elect	•		•			
		supportin	ig organization You must c	omplete Part IV, Sections A a	nd B.					
	b	Type II.	A supporting organization su	pervised or controlled in connec	ction with	its suppo	rted organization(s), by having)		
				ting organization vested in the s	same pers	sons that	control or manage the suppor	ted		
				Part IV, Sections A and C.						
	С			upporting organization operated tructions) You must complete				vith,		
	d	_	= :	I. A supporting organization ope				on(s)		
	•			e organization generally must sa						
			• •	nust complete Part IV, Section						
	е			eived a written determination fro			s a Type I, Type II, Type III			
				n-functionally integrated support	ting organ	iization				
	f		mber of supported organizati							
	g	Provide the fo	ollowing information about th	le supported organization(s)	1					
(ı	•	e of supported panization	(ii) EIN	(III) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
	Οιί	gamzadon		above (see instructions))		ment?	instructions)	instructions)		
					Yes	No				
(A)			-							
(B)										
(C)										
					ļ					
(D)					1					
		_				ļ		 		
(E)										
			, , , , , , , , , , , , , , , , , , , 		 			 		
.			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		/******					
Tota	<u> </u>		1 2 21	·	1	.		1		

Page 2

Schedule A (Form 990 or 990-EZ) 2017

Part II Support Schedu

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

Sec	tion A. Public Support				•		
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	660,049	628,379	629,748	717,736	820,370	3,456,282
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			-			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	660,049	628,379	629,748	717,736	820,370	3,456,282
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		8. 7. 7.	7 7 7	2 18 18 18 20 20 20 20 20 20 20 20 20 20 20 20 20		3,456,282
Sec	tion B. Total Support	<u> </u>	Y.G		V		5,151,51
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	660,049	628,379	629,748	717,736	820,370	3,456,282
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,843	1,663	1,590	1,874	1,948	9,918
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	3,947	6,328	4,052	9,770	664	24,761
11	Total support. Add lines 7 through 10	(222 : 224 : 242 : 22)		L	<u> </u>	12	3,490,961
12	Gross receipts from related activities, etc	•	t cocond third fo	urth or fifth toy you	ar as a sastion 501		57,779
13	First five years. If the Form 990 is for the organization, check this box and stop here	•	t, secona, triira, io	urtin, or mitti tax yea	ai as a section 50 i	(6)(3)	▶ □
Sec	tion C. Computation of Public Su		tage				
14	Public support percentage for 2017 (line 6	*		un (fl)		14	99.01%
15	Public support percentage from 2016 Scho			(.//		15	98.59%
	33 1/3% support test—2017. If the organ box and stop here. The organization quality	ization did not che ifies as a publicly s	ck the box on line supported organiza	ition		heck this	▶ X
b	33 1/3% support test—2016. If the organ this box and stop here. The organization of	qualifies as a publi	cly supported orga	inization			▶ □
17a	a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part VI how the organization me	meets the "facts-a	and-circumstances	" test, check this b	oox and stop here.		
18	supported organization Private foundation. If the organization did			_			▶ □
	instructions					Sahadula A (Farm Of	

_				_
Н	'a	a	e	3

Schedule A (Form 990 or 990-EZ) 2017

Part III/ Support Sched

.,,,,,,,					
444	Support Schedule for	Organizations	Deceribed in	Castian ENN/s//	วง
488 J4824	SUPPOR SCHEDURE FOR	Urnanizations	Described in	Section Sustant	<i>-</i> 1

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to	qualify under th	ne tests listed b	elow, please c	omplete Part II	l.)		
	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·						
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(é) 201	7	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513				/			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b		/					
8	Public support. (Subtract line 7c from	1 1				3277	′ ′1	
	line 6)	<u> </u>	1900 . 35		877			
	tion B. Total Support				<u> </u>	T	Г	
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 +	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b		_					
11	Net income from unrelated business/ activities not included in line 10b, whether or not the business is regularly carried on							<u></u>
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the	organization's fire	t second third for	urth or fifth tax va	ar as a section 50	1(c)(3)		
17	organization, check this box and stop her		t, coodia, tilia, loi	and, or martax ye	u. 35 4 556661 50	. (3)(3)		▶ □
Sec	tion C. Computation of Public Su		tage					
15	Public support percentage for 2017 (line 8			nn (f))			15	%
16	Public support percentage from 2016 Sch			··· <i>VII</i>			16	%
	tion D. Computation of Investme							
17	Investment income percentage for 2017 (I			, column (f))			17	%
18	Investment income percentage from 2016						18	%
19a	33/1/3% support tests—2017. If the orga			e 14, and line 15 is	more than 33 1/3	%, and line		
	1/7 is not more than 33 1/3%, check this b							▶ □
b	/33 1/3% support tests—2016. If the orga						and	
	line 18 is not more than 33 1/3%, check th							▶ 📙
20/	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions		▶ 🗌

Page 4

Schedule A (Form 990 or 990-EZ) 2017

Supporting Organizations

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

Section A. All Supporting Organizations

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

	Von	Na
4	Yes	No
	7	1
1_		
777	11/20	
·		300
•	· ~ :	7
<u>. 2</u>		<u> </u>
· /	122	7/
3a		
	7.77	""
26	i i	Ī
3b		
	11	
3c		<u> </u>
,*		
4-	[ľ″
+4	77 8	78.7.
6.		1730
., , }		196
4b		
٠.,	1. 1.	11/9/
11		
123		1
554		1
4c		<u></u>
	70	10 / L
113		2//
	23	
	22	
5a		L
,	1 1	7
5b		
5c		1
. JC	· · · · · · · · · · · · · · · · · · ·	>
	<u> </u>	2.2
		%, %,
7	18	7/1/
6		
,		37%
,		100
′ ~;	/ 8	27.0
7		
		97 7
8		
		, , , , , , , , , , , , , , , , , , ,
,		l
		ŧ
9a		
777	,,,,	
9b]	1
70		77 /
		f .
9c	,	
1111	,]	
	(,
3	1	
46-		
10a		
9, 1	ž	7
10b) 0 or 990-	

	A (Form 990 or 990-EZ) 2017 RESTORATIVE RESPONSE BALTIMORE, INC 52-23373	16	_	Page 5
Part	Supporting Organizations (continued)		1	1
	(1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	[Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			100
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a	1.3 1	1///
	below, the governing body of a supported organization?	11b	 	
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	<u> </u>	<u> </u>
	on B. Type I Supporting Organizations	1110	<u> </u>	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1/1/2
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		l .	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		.	
	controlled the organization's activities. If the organization had more than one supported organization,		Ľ	/
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		200	200
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			77
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	المسكا		130
	supervised, or controlled the supporting organization	2		<u> </u>
Section	on C. Type II Supporting Organizations		ı	T
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1/2	, ž	
	or management of the supporting organization was vested in the same persons that controlled or managed		•	
	the supported organization(s)	1	L	<u> </u>
Section	on D. All Type III Supporting Organizations			T
	O delice and the second second of the companied appropriate to be the fifth month of the	[V22	Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1 990	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1/3		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1/2/8/3	72.2.2	1000
	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	 		11/
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			70
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		Ī
	By reason of the relationship described in (2), did the organization's supported organizations have a			- 7
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		23	1 3
	supported organizations played in this regard	3	[Ĩ ~
	on E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s)		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ictions)		
•	_			,
2 A	ctivities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		ĺ	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		I	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		_	
	how the organization was responsive to those supported organizations, and how the organization determined		ŧ	ŧ
	that these activities constituted substantially all of its activities	2a		1
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		· .	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	1/		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		,	†
	trustees of each of the supported organizations? Provide details in Part VI	3a	ļ	<u> </u>
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		ļ.	Ī
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u></u>	<u> </u>

2				
heđul	e A (Form 990 or 990-EZ) 2017 RESTORATIVE RESPONSE BALTIM	ORE	, INC 52-233	7316 Pag
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v 20,	1970 (explain in Part VI)	See
	instructions. All other Type III non-functionally integrated supporting organizations must	st com	plete Sections A through	<u> </u>
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1	-	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1		
coll	ection of gross income or for management, conservation, or		-	
ma	ntenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year

<u>1a</u> 1b

1c

Aggregate fair market value of all non-exempt-use assets (see

instructions for short tax year or assets held for part of year)

c Fair market value of other non-exempt-use assets

a Average monthly value of securities

Total (add lines 1a, 1b, and 1c)

Discount claimed for blockage or other

b Average monthly cash balances

instructions)

	factors (explain in detail in Part VI)	10.27	<u> igthirigh Tier Mit History (1904)</u>	Sec. 34, 640 1999
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	111	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	// /	
4	Enter greater of line 2 or line 3	4	198 250 11	
5	Income tax imposed in prior year	5	(2009) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions)	6	Dec 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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

Par	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		·	
	Section E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1_	Distributable amount for 2017 from Section C, line 6	1775	11/3/2 16 16	
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See			
	instructions			<u> </u>
3_	Excess distributions carryover, if any, to 2017	1 22 23 89	<u> </u>	1. "6472 1941
3	197 Manhallann	A szerektenilminist in minist in minist in minist in minist in ministration in		10000 -y
<u>b</u>	From 2013		2 m 5 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	, 11 Mill anditing the s
c	From 2014			, , , , , , , , , , , , , , , , , , ,
d	From 2015	1997 7 2	analys . 11	29 / " "
е	From 2016	186 199 1 1	[24
f	Total of lines 3a through e	<u> </u>	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount		\$1 \\ \tau_1 \\ \tau_2 \\ \tau_3 \\ \tau_4 \\ \tau_5 \\ \tau_6 \\	
i	Carryover from 2012 not applied (see instructions)	you a water holding ,	<u> </u>	
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			, , , , , , , , , , , , , , , , , , ,
4	Distributions for 2017 from	100 mg	" come and prime	and the same of th
	Section D, line 7 \$	<u> </u>	1 1 feet	
	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
	Applied to 2017 distributable amount	[1.000 (C.00 - 1. C.0 - 1
c	Remainder Subtract lines 4a and 4b from 4	777	4.4	
5	Remaining underdistributions for years prior to 2017, if	1 1/4/2		
	any Subtract lines 3g and 4a from line 2 For result	131 // 1		and the second
	greater than zero, explain in Part VI See instructions	1997 1 1 1 1 1 1 1	7,7,77	
6	Remaining underdistributions for 2017 Subtract lines 3h	189, 12 11 1		
	and 4b from line 1 For result greater than zero, explain in	1/2/2	, , , , , , , , , , , , , , , , , , ,	
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j and 4c		<i>'</i>	<i></i>
8	Breakdown of line 7	, , ,	" ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	Excess from 2013		,	·
b	Excess from 2014	1 1 1 1 1 1		, ",
С	Excess from 2015	<i></i> ,	ng , 1 17 , ohang ar aran s	
d	Excess from 2016	1 1	s mark at 1 1	
е	Evcess from 2017	ьинининээ	<u>1</u>	11.111
			Cabadula	A (Earm 000 or 000 EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

RESTORATIVE RESPONSE BALTIMORE, INC 52-2337316

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

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS

Ŝ

24,097

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

RI	ESTORATIVE RESPONSE BALTIMORE, INC		52-2337316	
	rt I: Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or A	ccounts.	
	Complete if the organization answered "Yes" on F			
		(a) Donor advised funds	(b) Funds and other acco	ounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	usive legal control?	Y	es 🗌 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	or advisor, or for any other purpose		
******	conferring impermissible private benefit?		Y	es No
, Pa	Conservation Easements. Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land area	
	Protection of natural habitat	Preservation of a certified historic	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified consei	rvation contribution in the form of a conse	rvation	
	easement on the last day of the tax year		Held at the End of	the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure incl	uded ın (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/0	06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex-	tinguished, or terminated by the organizat	ion during the	
	tax year ▶			
4	Number of states where property subject to conservation easement is le			
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, handling of	П.,	—
	violations, and enforcement of the conservation easements it holds?			es 📙 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	t violations, and enforcing conservation ea	asements during the year	
_	Assessed of automorphism and the manufacture in an action is bondling of well	ations and enforcing concentration conservation	anto durina the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of viol \$ \begin{align*} \text{*} & \text{*}	ations, and emorcing conservation easen	ients during the year	
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section 170/h)/4)/B)(i)	•	
Ü	and section 170(h)(4)(B)(ii)?	The requirements of section Tro(II)(4)(B)(I)		es 🗌 No
9	In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense statemen		
•	balance sheet, and include, if applicable, the text of the footnote to the			
	organization's accounting for conservation easements			
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		Similar Assets.	
1-	If the organization elected, as permitted under SFAS 116 (ASC 958), no		nalance sheet	
ıa	works of art, historical treasures, or other similar assets held for public		_	
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		nce sheet	
_	works of art, historical treasures, or other similar assets held for public			
	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, pro	vide the	
-	following amounts required to be reported under SFAS 116 (ASC 958)			
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$	
	Assets included in Form 990. Part X		> \$	

Schedule D	(Form 990) 2017 RESTORA	TIVE RESPONS	SE RULLIWOR	KE, INC	<u> 52-2</u>	33/316	Page 2
Part III	Organizations Maintaini						
	the organization's acquisition, acce ion items (check all that apply)						
a Pu	iblic exhibition	d 🗌	Loan or exchange pr	ograms			
b Sc	cholarly research	-	Other	•			
	eservation for future generations						
4 Provid	e a description of the organization's	collections and explain	n how they further the	e organization	's exempt	purpose in Part	
XIII							
5 During	the year, did the organization solic	it or receive donations	of art, historical treas	ures, or other	sımılar		
	to be sold to raise funds rather tha		part of the organization	n's collection	?		Yes No
Part IV	Escrow and Custodial A		. F 000 B		^		
	Complete if the organizati	on answered "Yes	on Form 990, P	art IV, line	9, or rep	orted an amoun	it on Form
4-14.	990, Part X, line 21.						
	organization an agent, trustee, cust	odian or other intermed	liary for contributions	or other asse	ets not		□ vaa □ Na
	ed on Form 990, Part X?	(III and complete the fo	llowing toblo				∐ Yes ∐ No
p if fes	," explain the arrangement in Part)	till and complete the lo	llowing table				Amount
c Region	ning balance					1c	7 11100111
_	ons during the year					1d	
	utions during the year					1e	_
	g balance					1f	
_	e organization include an amount or	Form 990 Part X line	21 for escrow or cu	istodial accou	nt liability?		Yes No
	;" explain the arrangement in Part >				-		
Part V		the one of the or	Apramation mad door	p. 0 1. u 0 u 0			
on bear expess s	Complete if the organizati	on answered "Yes	" on Form 990. P	art IV. line	10		
	garage and a second	(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back	(e) Four years back
1a Beoinr	ning of year balance	(1,723		1,,,,		```	
b Contrib	- ·		,				
	vestment earnings, gains, and		<u>-</u>	-	-		
losses	• •						
	or scholarships						
	expenditures for facilities and						
progra						•	
	istrative expenses						
	year balance						
•	e the estimated percentage of the c	current year end balance	e (line 1g, column (a))) held as			
	designated or quasi-endowment		, ,	,,			
		%					
c Tempo	orarily restricted endowment	%					
The pe	ercentages on lines 2a, 2b, and 2c s	should equal 100%					
3a Are the	ere endowment funds not in the pos	session of the organiza	ation that are held an	d administere	d for the		
organi	zation by	_					Yes No
(i) un	related organizations						3a(i)
	ated organizations						3a(ii)
	" on line 3a(เเ), are the related orgai	nizations listed as requi	red on Schedule R?				3b
4 Descri	be in Part XIII the intended uses of	the organization's endo	wment funds				
Part VI	Land, Buildings, and Ed	juipment.					
	Complete if the organization	on answered "Yes"	<u>' on Form 990, P</u>	art IV, line	11a See	Form 990, Par	t X, line 10
	Description of property	(a) Cost or other t	pasis (b) Cost of	r other basis	(c) A	Accumulated	(d) Book value
		(investment)	(of	ther)	d€	epreciation	
1a Land							
b Buildin	igs						
c Leasel	hold improvements						
d Equipr	ment				L		
e Other				24,959	<u>L</u>	17,892	7,067
Total. Add In	nes 1a through 1e. (Column (d) mu	st equal Form 990, Pari	X, column (B), line	10c)			7,067

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV I	ine 11b See Form 990 P	art X line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)			<u> </u>	
(H)				
	n (b) must equal Form 990, Part X, col_(B) line 12)▶		7777 3 TONG 1, 7 3	
Part*VIII*	Investments—Program Related.		<u> - Immunika mada 11 a adamer</u>	
, C. C. S. W. 494	Complete if the organization answered "Yes" of	n Form 990 Part IV I	ine 11c. See Form 990. P	art X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
•	(a) Description of investment	(b) book value	Cost or end-of-year	
(4)				
(1)				
(2)				
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)				
(5)				
(6)				<u> </u>
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		46. 56. 7 a. 74	
Part IX	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, I		
	(a) Description		-	(b) Book value
(1)	PROMISES TO GIVE PREPAID EXPENSE			370,90 18,78
(2)				
(3)	SECURITY DEPOSIT			2,75
(4)				
(5)				
(6)				
(7)	-			
(8)				
(9)				202 42
	(b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	392,43
Part X	Other Liabilities. Complete if the organization answered "Yes" of line 25.	on Form 990, Part IV, I	ine 11e or 11f. See Form	990, Part X,
<u>1.</u>	(a) Description of liability	(b) Book value		120
(1) Federal	income taxes			College in Africa
(2)			<u>_</u> ľ	1 31
(3)				
(4)			」	,
(5)				16. 16. 1
(6)				
(7)				
(8)				, ,
(9)				52.7
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶		7 1341	1.22/20
	uncertain tax positions. In Part XIII, provide the text of the fe	ootnote to the organization'	s financial statements that repor	ts the
organization's	liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if the text of th	e footnote has been provided in	Part XIII
DAA			Se	chedule D (Form 990) 201

Sche	dule D (Form 990) 2017 RESTORATIVE RESPONSE BALT	IMORE, INC 52	-23373 <u>16</u>	Page
/Pa	Reconciliation of Revenue per Audited Financial S		ue per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b	<i>!!!</i> !!	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<i>````</i> ``	
b	Other (Describe in Part XIII)	4b	<u> </u>	
С	Add lines 4a and 4b	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			
Pa	It XII Reconciliation of Expenses per Audited Financial S	Statements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	(di.)		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	18 m	
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d	^	

Part XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1.
 Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

e Add lines 2a through 2d3 Subtract line 2e from line 1

b Other (Describe in Part XIII)c Add lines 4a and 4b

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

4c

Schedule D (Form 990) 2017 RESTORATIVE RESPONSE BALTIMORE, INC 52-2337316

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2017 Open to Public

OMB No 1545-0047

Inspection
Employer identification number

RESTORATIVE RESPONSE BALTIMORE, INC

52-2337316

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

PROGRAM ADDRESSES CONFLICTS INVOLVING STUDENTS THAT COULD

POTENTIALLY LEAD TO HARM AND DISRUPTION OF THE CLASSROOM

ENVIRONMENT.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT
INITIATE PROGRAMS AS A METHOD OF HANDLING CONFLICT AND AS
A FORM OF MEDIATION WITHIN THE COMMUNITY IN LIEU OF
JUDICIAL. EDUCATION, OUTREACH & PROMOTIONS ARE CONDUCTED
EACH YEAR AT SCHOOL, NEIGHBORHOOD ASSOCIATIONS, ETC. TO
INFORM INDIVIDUALS ABOUT COMMUNITY CONFERENCING AS A
METHOD OF HANDLING CONFLICTS. COMMUNITIES IS A PROGRAM
THAT ENABLES BALTIMORE RESIDENTS TO REQUEST A COMMUNITY
CONFERENCE FOR THE PURPOSE OF HANDLING NEIGHBORHOOD
CONFLICTS. THE JUVENILE JUSTICE PROGRAM PROVIDES
CONFERENCING SERVICES AS A FORM OF MEDIATION AND
CONFLICT RESOLUTION FOR JUVENILE LEGAL CASES. THE SCHOOLS
PROGRAM ADDRESSES CONFLICTS INVOLVING STUDENTS THAT COULD
POTENTIALLY LEAD TO HARM AND DISRUPTION OF THE CLASSROOM
ENVIRONMENT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMBERS ANNUALLY EXECUTE A CONFLICT OF INTEREST DISCLOSURE FORM THAT IS RETAINED BY THE CENTER.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION INCREASES AND/OR BONUS COMPENSATION IS INITIATED, REVIEWED, AND IF INCREASES ARE RECOMMENDED, APPROVED ANNUALLY BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS SAME PROCEDURE AS EXECUTIVE DIRECTOR COMPENSATION REVIEW.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC.