

Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2019

Department of the Treasury  
Internal Revenue Service

- Do not enter social security numbers on this form, as it may be made public.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public  
Inspection

A For the 2019 calendar year, or tax year beginning

January 1

, 2019, and ending

December 31

, 2019

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

Legislative Black Caucus of Maryland, Inc.

Number and street (or P O box if mail is not delivered to street address)

6 Bladen Street

D Employer identification number

01-064681

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

Annapolis, Maryland 21401

Room/suite

HOD 300

04

E Telephone number

410-841-3185

F Group Exemption  
Number ►G Accounting Method.  Cash  Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 64,900

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

05  60  ?1  ?2  ?3  ?4  ?5  ?6  ?7  ?8  ?9  ?10  ?11  ?12  ?13  ?14  ?15  ?16  ?17  ?18  ?19  ?20  ?21  ?22  ?23  ?24  ?25  ?26  ?27  ?28  ?29  ?30  ?31  ?32  ?33  ?34  ?35  ?36  ?37  ?38  ?39  ?40  ?41  ?42  ?43  ?44  ?45  ?46  ?47  ?48  ?49  ?50  ?51  ?52  ?53  ?54  ?55  ?56  ?57  ?58  ?59  ?60  ?61  ?62  ?63  ?64  ?65  ?66  ?67  ?68  ?69  ?70  ?71  ?72  ?73  ?74  ?75  ?76  ?77  ?78  ?79  ?80  ?81  ?82  ?83  ?84  ?85  ?86  ?87  ?88  ?89  ?90  ?91  ?92  ?93  ?94  ?95  ?96  ?97  ?98  ?99  ?100  ?101  ?102  ?103  ?104  ?105  ?106  ?107  ?108  ?109  ?110  ?111  ?112  ?113  ?114  ?115  ?116  ?117  ?118  ?119  ?120  ?121  ?122  ?123  ?124  ?125  ?126  ?127  ?128  ?129  ?130  ?131  ?132  ?133  ?134  ?135  ?136  ?137  ?138  ?139  ?140  ?141  ?142  ?143  ?144  ?145  ?146  ?147  ?148  ?149  ?150  ?151  ?152  ?153  ?154  ?155  ?156  ?157  ?158  ?159  ?160  ?161  ?162  ?163  ?164  ?165  ?166  ?167  ?168  ?169  ?170  ?171  ?172  ?173  ?174  ?175  ?176  ?177  ?178  ?179  ?180  ?181  ?182  ?183  ?184  ?185  ?186  ?187  ?188  ?189  ?190  ?191  ?192  ?193  ?194  ?195  ?196  ?197  ?198  ?199  ?200  ?201  ?202  ?203  ?204  ?205  ?206  ?207  ?208  ?209  ?210  ?211  ?212  ?213  ?214  ?215  ?216  ?217  ?218  ?219  ?220  ?221  ?222  ?223  ?224  ?225  ?226  ?227  ?228  ?229  ?230  ?231  ?232  ?233  ?234  ?235  ?236  ?237  ?238  ?239  ?240  ?241  ?242  ?243  ?244  ?245  ?246  ?247  ?248  ?249  ?250  ?251  ?252  ?253  ?254  ?255  ?256  ?257  ?258  ?259  ?260  ?261  ?262  ?263  ?264  ?265  ?266  ?267  ?268  ?269  ?270  ?271  ?272  ?273  ?274  ?275  ?276  ?277  ?278  ?279  ?280  ?281  ?282  ?283  ?284  ?285  ?286  ?287  ?288  ?289  ?290  ?291  ?292  ?293  ?294  ?295  ?296  ?297  ?298  ?299  ?300  ?301  ?302  ?303  ?304  ?305  ?306  ?307  ?308  ?309  ?310  ?311  ?312  ?313  ?314  ?315  ?316  ?317  ?318  ?319  ?320  ?321  ?322  <span



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► ; section 4912 ► ; section 4955 ►	40b	✓
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40c	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	40e	✓
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Ron L. Watson	Telephone no. ► 240-604-8400	
Located at ► 6 Bladen street, HOD 300, Annapolis, Maryland 21401	ZIP + 4 ►	
b 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 the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43	□
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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	47	??
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	??
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000

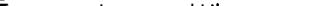
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.  Yes  No

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

<b>Sign Here</b>		Signature of officer	Date
		<b>Ron L. Watson, Treasurer</b>	<b>7/9/2020</b>
		Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		

May the IRS discuss this return with the preparer shown above? See instructions.

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Form 990-EZ (2019)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**Legislative Black Caucus of Maryland, Inc**

Employer identification number

**01-0646813**

**Form 990 EZ, Part I, Line 16 - Other Expenses**

**Conferences, Conventions and Meetings - \$7,619**

**Dues (National) - \$5,650**

**Honorariums - 200**

**Office Expenses -**

**Miscellaneous - \$1,776**

**Travel - \$7,639**

**Shirts - \$1,730**

**Web Hosting - \$1,613**

**Youth Day Program - \$8,174**

**HBCU - \$3,232**

**TOTAL ≈ \$37,633**

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose:**

**The Legislative Black Caucus of Maryland represents the common interest and provides indispensable leadership in research, development and implementation of policies and progress that best serve the interest of the African American Community.**

Name of the organization

**Employer identification number**