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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.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020**

**B** Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

**C** Name of organization
ANNE ARUNDEL ECONOMIC DEVELOPMENT CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 2660 RIVA ROAD NO 200

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
ANNAPOLIS, MD 21401

**D Employer identification number**
52-1810772

E Telephone number
(410) 222-7410

**G** Gross receipts $ 6,117,104

**F** Name and address of principal officer:
ERIC DEVITO
2660 RIVA ROAD NO 200
ANNAPOLIS, MD 21401

**H(a)** Is this a group return for subordinates? ☐ Yes ☑ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ WWW.AAEDC.ORG

**K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1993

**M** State of legal domicile: MD

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:
TO PROMOTE ECONOMIC DEVELOPMENT BY PROVIDING FINANCING OPTIONS AND PROVIDE ECONOMIC INFORMATION.

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

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 13 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 13 |
| **5** | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | **5** | 17 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 13 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 0 |
| **b** | Net unrelated business taxable income from Form 990-T, line 39 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 2,462,500 | 4,513,770 |
| **9** | Program service revenue (Part VIII, line 2g) | 2,126,815 | 1,594,278 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 11,145 | 9,056 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 0 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,600,460 | 6,117,104 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 0 | 2,051,271 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 2,159,870 | 2,263,850 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,065,571 | 803,859 |
| **18** | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 3,225,441 | 5,118,980 |
| **19** | Revenue less expenses. Subtract line 18 from line 12 | 1,375,019 | 998,124 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 14,717,678 | 19,127,400 |
| **21** | Total liabilities (Part X, line 26) | 12,085,810 | 15,497,408 |
| **22** | Net assets or fund balances. Subtract line 21 from line 20 | 2,631,868 | 3,629,992 |

## Part II Signature Block

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

**Sign Here**

****** 2021-02-25
Signature of officer Date

ERIC DEVITO CHAIRMAN
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | 2021-02-22 | | P01451787 |

Firm's name ▶ CLIFTONLARSONALLEN LLP — Firm's EIN ▶ 41-0746749

Firm's address ▶ 402 SOUTH KENTUCKY AVENUE SUITE 600
LAKELAND, FL 338015354 — Phone no. (863) 680-5600

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

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

**1** Briefly describe the organization's mission:

TO SERVE BUSINESS NEEDS AND TO INCREASE ANNE ARUNDEL COUNTY ECONOMIC BASE THROUGH JOB GROWTH AND INVESTMENT.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses $ 3,039,939 including grants of $ 2,051,271 ) (Revenue $ 1,191,272 )
See Additional Data

**4b** (Code: ) (Expenses $ 858,321 including grants of $ ) (Revenue $ 366,638 )
See Additional Data

**4c** (Code: ) (Expenses $ 354,443 including grants of $ ) (Revenue $ 36,368 )
See Additional Data

(Code: ) (Expenses $ 1,006 including grants of $ ) (Revenue $ )
COMMUNITY DEVELOPMENT:FACILITATING INVESTMENT IN AND DEVELOPMENT OF REAL ESTATE, COMMUNITIES AND BUSINESSES IN ANNE ARUNDEL COUNTY.

**4d** Other program services (Describe in Schedule O.)
(Expenses $ 1,006 including grants of $ ) (Revenue $ )

**4e** **Total program service expenses** ▶ 4,253,709

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | Yes | |
| 3 | 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* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | No |
| 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, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I | 6 | | No |
| 7 | 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* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V* | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI. | 11a | Yes | |
| 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* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | No |
| 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* | 11d | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | Yes | |
| b | 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* | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | 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* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions) | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | No |
| 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 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | Yes | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 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 | | No |
| 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 | Yes | |
| 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 | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I | 25a | | No |
| 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 | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV* | 28a | | No |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | No |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| 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 | | No |
| 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 | | No |
| 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 | Yes | |

**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 |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 38 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

| | | | | | |
|---|---|---|---|---|---|
| **2a** | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . | **2a** | 17 | | |
| **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) | | | **2b** | Yes |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | | | **3a** | No |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . . | | | **3b** | |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . | | | **4a** | No |
| **b** | 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 (FBAR). | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | | | **5a** | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | **5b** | No |
| **c** | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . | | | **5c** | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | | | **6a** | No |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | | | **6b** | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | | | **7a** | No |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | | | **7b** | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | | | **7c** | No |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | **7d** | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | **7e** | No |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | | | **7f** | No |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | | | **7g** | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | | | **7h** | |
| **8** | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . | | | **8** | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| **a** | Did the sponsoring organization make any taxable distributions under section 4966? . . . . . | | | **9a** | |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | | | **9b** | |
| **10** | **Section 501(c)(7) organizations.** Enter: | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 . . . | **10a** | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | **10b** | | | |
| **11** | **Section 501(c)(12) organizations.** Enter: | | | | |
| **a** | Gross income from members or shareholders . . . . . | **11a** | | | |
| **b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . | **11b** | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | **12a** | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | **12b** | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O. | | | **13a** | |
| **b** | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . | **13b** | | | |
| **c** | Enter the amount of reserves on hand . . . . . | **13c** | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | | | **14a** | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | | | **14b** | |
| **15** | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N. | | | **15** | No |
| **16** | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O. | | | **16** | No |

**Part VI** **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 |
|---|---|---|---|---|---|
| **1a** | Enter the number of voting members of the governing body at the end of the tax year | **1a** | 13 | | |
| | 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. | | | | |
| **b** | Enter the number of voting members included in line 1a, above, who are independent | **1b** | 13 | | |
| **2** | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | **2** | | No |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | | **3** | | No |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | **4** | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | **5** | | No |
| **6** | Did the organization have members or stockholders? | | | **6** | | No |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | **7a** | | No |
| **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** | | No |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | |
| **a** | The governing body? | | | **8a** | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? | | | **8b** | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | | | **9** | | No |

## 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** | | No |
| **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** | Yes | |
| **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** | Yes | |
| **b** | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | **12b** | Yes | |
| **c** | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* | **12c** | Yes | |
| **13** | Did the organization have a written whistleblower policy? | **13** | Yes | |
| **14** | Did the organization have a written document retention and destruction policy? | **14** | | No |
| **15** | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| **a** | The organization's CEO, Executive Director, or top management official | **15a** | | No |
| **b** | Other officers or key employees of the organization | **15b** | | No |
| | 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 with a taxable entity during the year? | **16a** | | No |
| **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? | **16b** | | |

## Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:
▶JILL SEAMON ADMINISTRATIVE OFFICER 2660 RIVA ROAD NO 200 ANNAPOLIS, MD 21401 (410) 222-7410

**Part VII** **Compensation of Officers, Directors,Trustees, 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, or 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.

See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ERIC DEVITO<br>CHAIRMAN | 4.00 | X | | X | | | | 0 | 0 | 0 |
| (2) JOEL ROZNER<br>VICE CHAIRMAN | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (3) PAUL GABLE<br>SECRETARY | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (4) JEFFREY ARMIGER<br>TREASURER | 5.00 | X | | X | | | | 0 | 0 | 0 |
| (5) JOHN SHETRONE<br>BOARD MEMBER | 3.00 | X | | | | | | 0 | 0 | 0 |
| (6) KEVIN CARTER<br>BOARD MEMBER | 3.00 | X | | | | | | 0 | 0 | 0 |
| (7) RON DILLON<br>BOARD MEMBER | 3.00 | X | | | | | | 0 | 0 | 0 |
| (8) KATHLEEN MCCOLLUM<br>BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (9) PHIONA BAREEBE<br>BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (10) JOSE BOLUDA<br>BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (11) ELIOT POWELL<br>BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (12) HAMILTON CHANEY<br>BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (13) MARIAM NASSIER-PELLETIER<br>BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (14) JERRY WALKER<br>PRESIDENT & CEO | 40.00 | | | X | | | | 80,840 | 0 | 18,806 |
| (15) STEPHEN PRIMOSCH<br>VICE PRESIDENT, FINANCIAL SERVICES | 40.00 | | | X | | | | 112,828 | 0 | 45,865 |
| (16) JILL SEAMON<br>ADMINISTRATIVE OFFICER | 40.00 | | | | | X | | 120,757 | 0 | 34,284 |
| (17) ROSA CRUZ-PENAFIEL<br>VICE PRESIDENT OF COMMUNICATIONS | 40.00 | | | | | X | | 108,744 | 0 | 45,069 |

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Sub-Total** ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 423,169 | 0 | 144,024 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3

| | | | Yes | No |
|---|---|---|---|---|
| **3** | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | **3** | | No |
| **4** | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | **4** | Yes | |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | **5** | | No |

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|
| **Contributions, Gifts, Grants and Other Similar Amounts** | **1a** Federated campaigns . . **1a** | | | | |
| | **b** Membership dues . . **1b** | | | | |
| | **c** Fundraising events . . **1c** | | | | |
| | **d** Related organizations **1d** | | | | |
| | **e** Government grants (contributions) **1e** | 4,513,770 | | | |
| | **f** All other contributions, gifts, grants, and similar amounts not included above **1f** | | | | |
| | **g** Noncash contributions included in lines 1a - 1f:$ **1g** | | | | |
| | **h Total.** Add lines 1a-1f . . . . . ▶ | 4,513,770 | | | |
| **Program Service Revenue** | | Business Code | | | |
| | **2a** VIDEO LOTTERY TERMINAL | 561499 | 1,191,133 | 1,191,133 | |
| | **b** FINANCIAL SERVICES | 561499 | 366,777 | 366,777 | |
| | **c** AGRICULTURAL MARKETING | 561499 | 36,368 | 36,368 | |
| | **d** | | | | |
| | **e** | | | | |
| | **f** All other program service revenue. | | | | |
| | **g Total.** Add lines 2a–2f. . . . . ▶ | 1,594,278 | | | |
| **Other Revenue** | **3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ | | 9,056 | | 9,056 |
| | **4** Income from investment of tax-exempt bond proceeds ▶ | | | | |
| | **5** Royalties . . . . . ▶ | | | | |
| | | (i) Real | (ii) Personal | | |
| | **6a** Gross rents **6a** | | | | |
| | **b** Less: rental expenses **6b** | | | | |
| | **c** Rental income or (loss) **6c** | | | | |
| | **d** Net rental income or (loss) . . . . . ▶ | | | | |
| | | (i) Securities | (ii) Other | | |
| | **7a** Gross amount from sales of assets other than inventory **7a** | | | | |
| | **b** Less: cost or other basis and sales expenses **7b** | | | | |
| | **c** Gain or (loss) **7c** | | | | |
| | **d** Net gain or (loss) . . . . . ▶ | | | | |
| | **8a** Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . **8a** | | | | |
| | **b** Less: direct expenses . . . **8b** | | | | |
| | **c** Net income or (loss) from fundraising events . . ▶ | | | | |
| | **9a** Gross income from gaming activities. See Part IV, line 19 . . . **9a** | | | | |
| | **b** Less: direct expenses . . . **9b** | | | | |
| | **c** Net income or (loss) from gaming activities . . ▶ | | | | |
| | **10a** Gross sales of inventory, less returns and allowances . . **10a** | | | | |
| | **b** Less: cost of goods sold . . **10b** | | | | |
| | **c** Net income or (loss) from sales of inventory . . ▶ | | | | |
| | Miscellaneous Revenue | Business Code | | | |
| | **11a** | | | | |
| | **b** | | | | |
| | **c** | | | | |
| | **d** All other revenue . . . . | | | | |
| | **e Total.** Add lines 11a–11d . . . . . ▶ | | | | |
| | **12 Total revenue.** See instructions . . . . ▶ | 6,117,104 | 1,594,278 | 0 | 9,056 |

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 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 and domestic governments. See Part IV, line 21 | 2,051,271 | 2,051,271 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 164,774 | 164,774 | | |
| 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 | 1,345,359 | 990,464 | 354,895 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 499,860 | 214,032 | 285,828 | |
| 9 Other employee benefits | 143,912 | 89,040 | 54,872 | |
| 10 Payroll taxes | 109,945 | 83,770 | 26,175 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 11,171 | 8,794 | 2,377 | |
| c Accounting | 34,202 | 19,101 | 15,101 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 72,806 | 71,533 | 1,273 | |
| 12 Advertising and promotion | 95,978 | 94,857 | 1,121 | |
| 13 Office expenses | 27,228 | 21,416 | 5,812 | |
| 14 Information technology | 9,330 | 4,857 | 4,473 | |
| 15 Royalties | | | | |
| 16 Occupancy | 93,257 | 41,490 | 51,767 | |
| 17 Travel | 39,683 | 37,806 | 1,877 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 23,379 | | 23,379 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 51,182 | 37,970 | 13,212 | |
| 23 Insurance | 12,596 | | 12,596 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a TRAINING EXPENSES | 151,585 | 151,585 | | |
| b CARES ACT EXPENSES | 139,105 | 139,105 | | |
| c EVENT EXPENSES | 23,396 | 23,396 | | |
| d | | | | |
| e All other expenses | 18,961 | 8,448 | 10,513 | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 5,118,980 | 4,253,709 | 865,271 | 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). | | | | |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 1,185,888 | 1 | 5,101,955 |
| | 2 | Savings and temporary cash investments | | 2,767,749 | 2 | 2,806,816 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 22,899 | 4 | 16,443 |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | |
| | 7 | Notes and loans receivable, net | | 9,842,859 | 7 | 9,927,695 |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 14,681 | 9 | 27,155 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 872,387 | | | |
| | b | Less: accumulated depreciation | 10b 584,477 | 230,887 | 10c | 287,910 |
| | 11 | Investments—publicly traded securities | | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 652,715 | 15 | 959,426 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 14,717,678 | 16 | 19,127,400 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 372,121 | 17 | 605,815 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | 3,465,784 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 494,962 | 23 | 493,848 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 11,218,727 | 25 | 10,931,961 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 12,085,810 | 26 | 15,497,408 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.** | | | | |
| | 27 | Net assets without donor restrictions | | | 27 | |
| | 28 | Net assets with donor restrictions | | | 28 | |
| | | **Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33.** | | | | |
| | 29 | Capital stock or trust principal, or current funds | | 2,173,881 | 29 | 3,163,997 |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | 207,987 | 30 | 215,995 |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 250,000 | 31 | 250,000 |
| | 32 | Total net assets or fund balances | | 2,631,868 | 32 | 3,629,992 |
| | 33 | Total liabilities and net assets/fund balances | | 14,717,678 | 33 | 19,127,400 |

## Part XI Reconcilliation 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 | 6,117,104 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,118,980 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 998,124 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,631,868 |
| 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 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,629,992 |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | 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? | 3a | | No |
| b | 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. | 3b | | |

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 52-1810772

**Name:** ANNE ARUNDEL ECONOMIC DEVELOPMENT CORPORATION



**Form 990, Part III, Line 4a:**

ANNE ARUNDEL ECONOMIC DEVELOPMENT CORPORATION SERVES AS A MANAGER OF MARYLAND SMALL MINORITY AND WOMEN-OWNED BUSINESS LOAN FUND, WHICH RECEIVES 1.5% OF VIDEO LOTTERY TERMINAL REVENUE FROM MARYLAND CASINOS. SMALL AND MINORITY, WOMEN AND VETERAN OWNED BUSINESSES LOCATED WITHIN 10 MILES OF ANY OF MARYLAND'S THREE CASINOS AND THOSE LOCATED ELSEWHERE IN THE STATE MAY BE ELIGIBLE FOR LOANS OF BETWEEN $25,000 TO $500,000 FOR PURPOSES SUCH AS BUSINESS AND COMMERCIAL REAL ESTATE ACQUISITION AND EXPANSION, LEASEHOLD IMPROVEMENTS, EQUIPMENT AND VEHICLE PURCHASE, AND WORKING CAPITAL.

**Form 990, Part III, Line 4b:**

FINANCIAL SERVICES:PROVIDES LOANS TO BUSINESSES LOCATED IN OR RELOCATING TO, ANNE ARUNDEL COUNTY, MARYLAND. THE PROGRAM IS FOR THE PURPOSE OF ENCOURAGING BUSINESS DEVELOPMENT WITHIN THE COUNTY.

**Form 990, Part III, Line 4c:**

AGRICULTURAL MARKETING:PROVIDING LEASING OF AGRICULTURAL EQUIPMENT AND OBJECTS AND TO PROMOTE AND ENCOURAGE THE DEVELOPMENT OF AGRICULTURE IN ANNE ARUNDEL COUNTY AND SOUTHERN MARYLAND.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493081006251

# SCHEDULE A (Form 990 or 990EZ)

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

**2019**

**Open to Public Inspection**

**Name of the organization**
ANNE ARUNDEL ECONOMIC DEVELOPMENT CORPORATION

**Employer identification number**
52-1810772

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **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 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

**Part II** **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 failed to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . | 1,149,921 | 1,162,500 | 1,490,000 | 1,462,500 | 3,513,770 | 8,778,691 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 5,000,000 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.. | 307,957 | 313,644 | 336,977 | 376,623 | 304,200 | 1,639,401 |
| 4 **Total.** Add lines 1 through 3 | 2,457,878 | 2,476,144 | 2,826,977 | 2,839,123 | 4,817,970 | 15,418,092 |
| 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. | | | | | | 15,418,092 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4. . | 2,457,878 | 2,476,144 | 2,826,977 | 2,839,123 | 4,817,970 | 15,418,092 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | 5,819 | 23,296 | 8,615 | 11,145 | 9,056 | 57,931 |
| 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.). . | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 15,476,023 |

12 Gross receipts from related activities, etc. (see instructions) . . . . . 12 6,943,859

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 99.630 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . 15 99.570 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** 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—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(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 the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 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. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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. | | | | | | |
| c 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. | | | | | | |
| 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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

**Section C. Computation of Public Support Percentage**

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 . . . . . | 16 | |

**Section D. Computation of Investment Income Percentage**

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | |
| 18 | Investment income percentage from **2018** Schedule A, Part III, line 17 . . . . . | 18 | |

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ ☐

## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | 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.* | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status 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).* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.* | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.* | 3b | | |
| c | 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.* | 3c | | |
| 4a | 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.* | 4a | | |
| b | 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.* | 4b | | |
| c | 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) purposes.* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," 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).* | 5a | | |
| b | **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? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | 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.*** | 6 | | |
| 7 | 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) .* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).* | 8 | | |
| 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.*** | 9a | | |
| b | 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.*** | 9b | | |
| c | 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.*** | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* | 10a | | |
| b | 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).* | 10b | | |

**Part IV Supporting Organizations** (continued)

| | | | Yes | No |
|---|---|---|---|---|
| **11** | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| **a** | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | **11a** | | |
| **b** | A family member of a person described in (a) above? | **11b** | | |
| **c** | 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** | | |

## Section B. Type I Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| **1** | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 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 organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.* | **2** | | |

## Section C. Type II Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| **1** | 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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).* | **1** | | |

## Section D. All Type III Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| **1** | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | **1** | | |
| **2** | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).* | **2** | | |
| **3** | By reason of the relationship described in (2), did the organization's supported organizations have a 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 supported organizations played in this regard.* | **3** | | |

## Section E. Type III Functionally-Integrated Supporting Organizations

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ 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.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer (a) and (b) below.**

| | | | Yes | No |
|---|---|---|---|---|
| **a** | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify 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 that these activities constituted substantially all of its activities.* | **2a** | | |
| **b** | 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.**

| | | | | |
|---|---|---|---|---|
| **a** | 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** | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.* | **3b** | | |

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| | **Section 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 collection of gross income or for management, conservation, or maintenance 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 | | |

| | **Section B - Minimum Asset Amount** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e | **Discount** claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 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, see 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 | | |

| | **Section C - Distributable Amount** | | | Current Year |
|---|---|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 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 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

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

**Part V** **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| **Section D - Distributions** | **Current Year** |
|---|---|
| **1** Amounts paid to supported organizations to accomplish exempt purposes | |
| **2** Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| **3** Administrative expenses paid to accomplish exempt purposes of supported 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 organization is responsive (provide details in **Part VI**). See instructions | |
| **9** Distributable amount for 2019 from Section C, line 6 | |
| **10** Line 8 amount divided by Line 9 amount | |

| **Section E - Distribution Allocations** (see instructions) | **(i) Excess Distributions** | **(ii) Underdistributions Pre-2019** | **(iii) Distributable Amount for 2019** |
|---|---|---|---|
| **1** Distributable amount for 2019 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions. | | | |
| **3** Excess distributions carryover, if any, to 2019: | | | |
| **a** From 2014. . . . . | | | |
| **b** From 2015. . . . . | | | |
| **c** From 2016. . . . . | | | |
| **d** From 2017. . . . . | | | |
| **e** From 2018. . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2019 distributable amount | | | |
| **i** Carryover from 2014 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| **4** Distributions for 2019 from Section D, line 7: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2019 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from 4. | | | |
| **5** Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions. | | | |
| **6** Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions. | | | |
| **7** **Excess distributions carryover to 2020.** Add lines 3j and 4c. | | | |
| **8** Breakdown of line 7: | | | |
| **a** Excess from 2015. . . . . | | | |
| **b** Excess from 2016. . . . . | | | |
| **c** Excess from 2017. . . . . | | | |
| **d** Excess from 2018. . . . . | | | |
| **e** Excess from 2019. . . . . | | | |

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 52-1810772

**Name:** ANNE ARUNDEL ECONOMIC DEVELOPMENT CORPORATION



**Part VI** **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).

| Facts And Circumstances Test |
| --- |
| |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493081006251

# SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

## 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

**2019**

**Open to Public Inspection**

**Name of the organization**
ANNE ARUNDEL ECONOMIC DEVELOPMENT CORPORATION

**Employer identification number**
52-1810772

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 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 the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

## Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important 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 conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | Held at the End of the Year |
|---|---|---|
| a Total number of conservation easements | 2a | |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

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

b Assets included in Form 990, Part X ▶ $ _____

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

## Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

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

| | | Amount |
|---|---|---|
| c | Beginning balance | 1c |
| d | Additions during the year | 1d |
| e | Distributions during the year | 1e |
| f | Ending balance | 1f |

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

## Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---|---|---|
| (i) unrelated organizations 3a(i) | | |
| (ii) related organizations 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

## Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 179,984 | 45,420 | 134,564 |
| d Equipment | | 413,354 | 299,088 | 114,266 |
| e Other | | 279,049 | 239,969 | 39,080 |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 287,910 |

**Part VII Investments—Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3)Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶ | | |

**Part VIII Investments—Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶ | | |

**Part IX Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| (1)ACCRUED INTEREST | 4,701 |
| (2)DEFERRED OUTFLOWS OF RESOURCES - PENSION/OPEB BENEFITS | 954,725 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶ | 959,426 |

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

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) CAPITAL LEASE PAYABLE | 71,915 |
| (3) DUE TO STATE-VOLT | 4,978,715 |
| (4) PENSION LIABILITY | 2,650,522 |
| (5) OPEB LIABILITY | 2,613,487 |
| (6) DEFERRED INFLOWS OF RESOURCES - PENSION/OPEB BENEFITS | 617,322 |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶ | 10,931,961 |

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

## Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 6,421,304 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | 304,200 | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 304,200 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 6,117,104 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1**: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) | | | 5 | 6,117,104 |

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

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 5,423,180 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | 304,200 | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 304,200 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 5,118,980 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.) | | | 5 | 5,118,980 |

## Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---|---|

**Part XIII Supplemental Information *(continued)***

| Return Reference | Explanation |
|---|---|

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization
ANNE ARUNDEL ECONOMIC DEVELOPMENT CORPORATION

**Employer identification number**
52-1810772

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 198

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| | **(a)** Type of grant or assistance | **(b)** Number of recipients | **(c)** Amount of cash grant | **(d)** Amount of noncash assistance | **(e)** Method of valuation (book, FMV, appraisal, other) | **(f)** Description of noncash assistance |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| **Return Reference** | **Explanation** |
|---|---|
| PART I, LINE 2: | DURING THE INITIAL REVIEW OF APPLICATION FOR FUNDS, APPLICANTS ARE SCREENED FOR THE FOLLOWING: - ENSURE THEY ARE IN GOOD STANDING WITH THE STATE OF MARYLAND - ENSURE THE APPLICATION IS COMPLETE. IF THEY REQUESTING UPFRONT MONEY ENSURE BUDGET HAS LIST OF VENDORS, AMOUNT OF PAYMENT AND PRODUCTS/SERVICES BEING PURCHASED BROKEN OUT PER VENDOR. ACTUAL INVOICES/ BILLS CAN ALSO BE UPLOADED. VENDOR LIST OR INVOICES SHOULD INCLUDE VENDOR NAME, ADDRESS, PHONE NUMBER, AND WEBSITE. - IF THEY ARE REQUESTING REIMBURSEMENT, APPLICANTS INCLUDE A BUDGET WITH THE SAME REQUIREMENTS NOTED ABOVE AND INCLUDE AND RECEIPTS, PAID INVOICES, AND/OR CANCELLED CHECKS. AFTER APPROVAL OF THE APPLICATION, A GRANT AGREEMENT IS DRAFTED AND SENT TO THE RECIPIENTS. ACH AND W-9 INFORMATION IS OBTAINED, AND FUNDING IS SENT VIA ACH. ANNE ARUNDEL ECONOMIC DEVELOPMENT CORPORATION FOLLOWS UP ON THE RECEIPTS AND PAID INVOICES, WHICH ARE DUE 90 DAYS FROM THE DISBURSEMENT OF FUNDS TO THE RECIPIENTS. |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 52-1810772
**Name:** ANNE ARUNDEL ECONOMIC DEVELOPMENT CORPORATION

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| MARTA MARKMAN MD AND A<br>795 AQUAHART RD<br>GLEN BURNIE, MD 21061 | 52-2233000 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| THERAPY SYSTEMS DME I<br>1993 MORELAND PARKWAY<br>BAY 9<br>ANNAPOLIS, MD 21401 | 47-5608961 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| SUPER KIDS TEETH LLC<br>2288 BLUE WATER BLVD STE 328<br>ODENTON, MD 21113 | 81-4062814 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| ABSOLUTE SERVICES LLC<br>1425 DEFENSE HWY<br>GAMBRILLS, MD 21054 | 46-3922591 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| EDGEWATER ACUPUNCTURE<br>131 MAYO ROAD<br>EDGEWATER, MD 21037 | 27-3321650 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| ONE INCORPORATED<br>914 BAY RIDGE ROAD SUITE 212<br>ANNAPOLIS, MD 21403 | 35-2475227 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| NEW MARKET HOUSE LLC<br>25 MARKET SPACE<br>ANNAPOLIS, MD 21401 | 82-4112859 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| OMS SERVICES<br>1130 ANNAPOLIS ROAD SUITE 100<br>ODENTON, MD 21113 | 46-4521060 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ME TIME ANNAPOLIS LLC<br>2327 B FOREST DRIVE<br>ANNAPOLIS, MD 21401 | 27-2780286 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| CORY G BONNEY DBA INN<br>100 CHESAPEAKE AVE<br>ANNAPOLIS, MD 21403 | 23-0746310 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| LUSHINGTON SPICE FARM<br>29 ROCKWELL CT<br>ANNAPOLIS, MD 21403 | 47-3617317 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| UNITED STATES YACHT SH<br>110 COMPROMISE STREET<br>SUITE 500<br>ANNAPOLIS, MD 21401 | 52-0904165 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| BLUE CRAB BREWING COMP<br>8251 TELEGRAPH RD SUITE D<br>ODENTON, MD 21113 | 81-2572684 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| KENNEDY R DELE DMD<br>161 B JENNIFER ROAD<br>ANNAPOLIS, MD 21401 | 27-4172895 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| RELATIONAL EXCELLENCE<br>898 AIRPORT PARK ROAD<br>SUITE 101<br>GLEN BURNIE, MD 21061 | 46-3086604 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| HONEYS HARVEST LLC<br>5801 BROOKS WOODS ROAD<br>LOTHIAN, MD 20711 | 45-1685447 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CAPITAL CUSTOM CLOTHIE<br>50 MARYLAND AVENUE<br>ANNAPOLIS, MD 21401 | 46-1632023 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| PLASTIC SURGERY SPECIA<br>2448 HOLLY AVE STE 400<br>ANNAPOLIS, MD 21401 | 52-1357688 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| HIMMELS LANDSCAPING<br>4374 MOUNTAIN RD<br>PASADENA, MD 21122 | 83-1061805 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| SINCLAIR PROSSER LAW<br>900 BESTGATE ROAD 103<br>ANNAPOLIS, MD 21401 | 83-2215868 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| BRUMWELLS FLEA MARKET<br>389 EDGEWATER ROAD<br>PASADENA, MD 21122 | 27-1644558 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| SEVERNA PARK MARKET CE<br>497E RITCHIE HWY<br>SEVERNA PARK, MD 21146 | 20-1537164 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| JESSICA DIANNE MUDD DB<br>6227 FRANKLIN GIBSON ROAD<br>TRACYS LANDING, MD 20779 | 80-0540467 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| ASBURY UNITED METHODIST<br>78 CHURCH ROAD<br>ARNOLD, MD 21012 | 23-7134442 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| HAIR 2000 II TA HAIR<br>7900 RITCHIE HWY<br>GLEN BURNIE, MD 21061 | 26-3354403 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| BAY LIGHTING<br>2146 PRIEST BRIDGE CT<br>SUITE 13<br>CROFTON, MD 211142500 | 57-1177345 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| BROWN MUSTACHE COFFEE<br>1804 BAY RIDGE AVE<br>ANNAPOLIS, MD 21403 | 81-3764891 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| RUTABAGA CRAFT JUICERY<br>114 ANNAPOLIS STREET<br>ANNAPOLIS, MD 21401 | 47-3536553 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| NIU DENTISTRY LLC<br>420 CRAIN HWY S STE 5<br>GLEN BURNIE, MD 21061 | 47-3882703 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| THE SAUCY SALAMANDER<br>118 MAYO RD<br>EDGEWATER, MD 21037 | 47-4191640 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| THRIVE GYM LLC<br>1244 RITCHIE HWY<br>ARNOLD, MD 21012 | 81-0820655 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| ATLAS PHYSICAL THERAPY<br>1406 CRAIN HWY S SUITE 110<br>GLEN BURNIE, MD 21061 | 47-4779421 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| RUTZEN EYE SPECIALISTS<br>489 RITCHIE HWY STE 200<br>SEVERNA PARK, MD 21146 | 20-5076351 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| BE MY GUEST CATERING LLC<br>8258 VETERANS HIGHWAY<br>SUITE 11<br>MILLERSVILLE, MD 21108 | 30-1010243 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| THE HARDWARE HOUSE INC<br>912 FOREST DRIVE<br>ANNAPOLIS, MD 21403 | 52-0995395 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| FOUNDATION FITNESS<br>2006 INDUSTRIAL DR<br>ANNAPOLIS, MD 21401 | 45-2691343 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| CHILDRENS THEATRE OF ANNAPOLIS INC<br>1661 BAY HEAD RD<br>ANNAPOLIS, MD 21409 | 23-7003491 | 501C3 | 10,000 | | N/A | N/A | COVID RELIEF |
| NIMBLECO LLC DBA PURVIEW<br>2001 TIDEWATER COLONY DRIVE 203<br>ANNAPOLIS, MD 21401 | 45-5422857 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| PURE BARRE ANNAPOLIS<br>205 HOLLAND ROAD<br>SEVERNA PARK, MD 21146 | 46-2939353 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| DUE EAST PARTNERS LLC<br>201 RIDGELY AVE<br>ANNAPOLIS, MD 21401 | 47-2672140 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| VISIT ANNAPOLIS & ANNE ARUNDEL COUNTY INC<br>26 WEST STREET<br>ANNAPOLIS, MD 21401 | 52-1661705 | 501C3 | 10,000 | | N/A | N/A | COVID RELIEF |
| INSPIRATIONS ASSISTED LIVING & MEMORY CARE OF LINTHICUM<br>806/804 S CAMP MEADE RD<br>LINTHICUM, MD 21090 | 82-4516655 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CARY HG BLY DDS MS<br>104 FORBES ST SUITE 101<br>ANNAPOLIS, MD 21401 | 81-2348874 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| ALPHA ICE INC<br>120 MAYO RD<br>EDGEWATER, MD 21037 | 27-4797634 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| BALLET THEATRE OF MARYLAND INCORPORATED<br>801 CHASE STREET<br>ANNAPOLIS, MD 21401 | 52-1151372 | 501C3 | 10,000 | | N/A | N/A | COVID RELIEF |
| LIFE REFORMING LLC<br>246 BAYARD ROAD<br>LOTHIAN, MD 20711 | 47-4095558 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| RUNNING FREE INC<br>1930 LINCOLN DRIVE SUITE A<br>ANNAPOLIS, MD 21401 | 51-0257074 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| MARK L DAVIES DDS<br>1664 VILLAGE GREEN<br>CROFTON, MD 21114 | 52-2286834 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| AVDYNE AEROSERVICES<br>1 AARONSON DR<br>GLEN BURNIE, MD 21061 | 52-2231380 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| ZAMORA KIDS DENTISTRY<br>1350 BLAIR DRIVE SUITE I<br>ODENTON, MD 21113 | 82-2922001 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| MID ATLANTIC AUTO INC<br>7216 RITCHIE HIGHWAY<br>GLEN BURNIE, MD 21061 | 52-1564523 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| TRIBE INDOOR CYCLING<br>890 C BESTGATE RD<br>ANNAPOLIS, MD 21401 | 82-2781060 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| ECO-TOTS LLC<br>38 LITTLE RIVER ROAD<br>LAUREL, MD 20724 | 47-2157132 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| ARUNDEL MILLS SURGERY<br>7550 TEAGUE ROAD SUITE 105<br>HANOVER, MD 21076 | 46-2105392 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| MOBILE PET VET<br>500 FERRY POINT RD<br>ANNAPOLIS, MD 21403 | 32-0077529 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| DRIVEN LLC<br>1997 ANNAPOLIS EXCHANGE PKWY STE<br>200<br>ANNAPOLIS, MD 21401 | 26-1276570 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| DOGWOOD ACRES PET RETREAT<br>439 W CENTRAL AVE<br>DAVIDSONVILLE, MD 21035 | 52-2277107 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| TOTSVILLE LLC<br>7497 BALTIMORE ANNAPOLIS BLVD<br>GLEN BURNIE, MD 21061 | 82-4536693 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| CHESAPEAKE MARINE TOUR<br>P O BOX 3350<br>ANNAPOLIS, MD 21403 | 52-0950175 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| SAMACK INC<br>401 FOURTH STREET<br>ANNAPOLIS, MD 21403 | 52-1953074 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| IMPACT SPORTS PHYSICAL THERAPY<br>7468 CANDLEWOOD ROAD<br>SUITE H3<br>HANOVER, MD 21076 | 82-2317943 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| EDU OFFICE PRODUCTS INC<br>325 STEEDMAN POINT RD<br>PASADENA, MD 21122 | 75-3036114 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| CMR ENTERPRISES INC<br>198 MAIN STREET<br>ANNAPOLIS, MD 21401 | 52-1829898 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| SEVERNA PARK VETERINARY<br>4 EVERGREEN RD<br>SEVERNA PARK, MD 21146 | 20-2554918 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| HUMDINGER ENTERPRISE<br>2138 PRIEST BRIDGE COURT<br>STE 13<br>CROFTON, MD 21114 | 33-1209975 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| KA OF HANOVER LLC<br>1492 DORSEY RD<br>HANOVER, MD 21076 | 82-1285431 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| GREEN JEWLERY CO INC<br>8114 RITCHIE HIGHWAY<br>PASADENA, MD 21122 | 52-0894383 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| NISSINT TECHNOLOGIES<br>707 HARRISBURG DR<br>DAVIDSONVILLE, MD 21035 | 20-4731725 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| INTERWORLD CLEANING<br>24 CRAIN HWY S SUITE 1R<br>GLEN BURNIE, MD 21061 | 26-4532915 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| JULIE ST MARIE INC<br>1981 MORELAND PKWY BLDG 4A BAY 6<br>ANNAPOLIS, MD 21401 | 45-3040100 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| SCUTTLEBUTT LLC<br>7001 BEMBE BEACH ROAD<br>ANNAPOLIS, MD 21403 | 47-1631585 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| ANNAPOLIS CLEANING SERVICE<br>PO BOX 707<br>ANNAPOLIS, MD 21404 | 52-1755955 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| STEWART ACCOUNTING<br>1240 GEMINI DR G<br>ANNAPOLIS, MD 21403 | 21-4061436 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| PROF AP LLC<br>1403 S MAIN CHAPEL WAY<br>SUITE 107<br>GAMBRILLS, MD 21054 | 82-2520470 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| ELEMENTS OF MARYLAND<br>1301 DOUBLEGATE RD APT<br>SUITE BLDG<br>DAVIDSONVILLE, MD 21035 | 26-1484046 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| STRIDES THERAPY LLC DB<br>3776 PATUXENT RIVER RD<br>DAVIDSONVILLE, MD 21035 | 47-1670594 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| JDA MANAGEMENT AND CONSULTING GROUP<br>2006 BRIGADIER BLVD<br>ODENTON, MD 21113 | 47-4815683 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| SIGN CENTRAL INC<br>7500 ENERGY COURT SUITE<br>CURTIS BAY, MD 21226 | 20-8664066 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| ALAN J BINSTOCK<br>571 BALTIMORE ANNAPOLIS BLVD<br>SEVERNA PARK, MD 21146 | 52-2286612 | N/A | 10,000 | | N/A | N/A | COVID RELIEF |
| AT HOME ENTERPRISES LL<br>707 MILLER ROAD<br>ANNAPOLIS, MD 21401 | 45-5065213 | N/A | 9,992 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| HANDSHAKE LLC<br>47 SPA RD SUITE 5<br>ANNAPOLIS, MD 21401 | 16-1734879 | N/A | 9,990 | | N/A | N/A | COVID RELIEF |
| LITTLE TREASURY JEWELER<br>2506 NEW MARKET LANE<br>GAMBRILLS, MD 21054 | 52-2353743 | N/A | 9,987 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| THE GRILL AT QUARTERFIELD STATION<br>7704 QUARTERFIELD RD<br>SUITE D<br>GLEN BURNIE, MD 21061 | 47-0871165 | N/A | 9,981 | | N/A | N/A | COVID RELIEF |
| TRU-B LOONS EVENT AND OARTY DCOR<br>2365 ANNAPOLIS MALL<br>ANNAPOLIS MALL, MD 21401 | 83-4677313 | N/A | 9,952 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| ST PHILIP NERI SCHOOL<br>6401 S ORCHARD ROAD<br>LINTHICUM, MD 21090 | 46-1093887 | N/A | 9,900 | | N/A | N/A | COVID RELIEF |
| SUN SPA LLC<br>2619 HOUSLEY RD<br>ANNAPOLIS, MD 21401 | 61-1747777 | N/A | 9,885 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| KINGDOM KARE CHILDCARE<br>1350 BLAIR DR G<br>ODENTON, MD 21113 | 46-0982054 | 501C3 | 9,884 | | N/A | N/A | COVID RELIEF |
| ARUNDEL PEDIATRICS P<br>605 GLOBAL WAY SUITE 119<br>LINTHICUM, MD 21090 | 83-0440024 | N/A | 9,849 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| WIGGLE ROOM LLC<br>2225 DEFENSE HWY STE G<br>CROFTON, MD 21114 | 81-5411287 | N/A | 9,817 | | N/A | N/A | COVID RELIEF |
| LOCH COLLECTIVE<br>209 WEST STREET SUITE 201<br>ANNAPOLIS, MD 21401 | 81-3232906 | N/A | 9,812 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| MALI THAI LLC<br>7477 BALTIMORE ANNAPOLIS BLVD<br>GLEN BURNIE, MD 21061 | 82-2423554 | N/A | 9,795 | | N/A | N/A | COVID RELIEF |
| PIONEER ENTERPRISES LL<br>4408 RITCHIE HWY<br>BALTIMORE, MD 21225 | 43-2096423 | N/A | 9,620 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| MM & P MATES PROGRAM<br>692 MARITIME BOULEVARD<br>LINTHICUM HEIGHTS, MD<br>210901952 | 13-2577386 | N/A | 9,619 | | N/A | N/A | COVID RELIEF |
| CHILDREN AT PLAY LLC<br>1610 WEST STREET SUITE 207<br>ANNAPOLIS, MD 21401 | 46-5337678 | N/A | 9,541 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| TUNNEL VISION LLC<br>1804 SEVERN HILLS LANE<br>SEVERN, MD 21144 | 46-2554500 | N/A | 9,535 | | N/A | N/A | COVID RELIEF |
| MID ATLANTIC COMMUNITY CHURCH<br>2485 DAVIDSONVILLE RD<br>GAMBRILLS, MD 21054 | 01-0805122 | 501C3 | 9,510 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| CURMUDGEON LLC<br>7900 RITCHIE HWY E-147<br>GLEN BURNIE, MD 210614367 | 47-4280652 | N/A | 9,500 | | N/A | N/A | COVID RELIEF |
| WEST RIVER SAILING CLUB INC<br>4800 RIVERSIDE DRIVE<br>GALESVILLE, MD 207653104 | 52-0794964 | 501C7 | 9,499 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| LAWRENCE P HAND DD<br>8352 RITCHIE HIGHWAY<br>PASADENA, MD 21122 | 01-0824982 | N/A | 9,467 | | N/A | N/A | COVID RELIEF |
| OSTERIA 177 LLC<br>177 MAIN STREET<br>ANNAPOLIS, MD 21401 | 20-5003658 | N/A | 9,238 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| BOB BELL FORD<br>820 MD ROUTE 3 NORTH<br>GAMBRILLS, MD 21054 | 04-3777646 | N/A | 9,225 | | N/A | N/A | COVID RELIEF |
| LIFESTYLE & FITNESS US<br>3541 FORT MEADE RD SUITE B<br>LAUREL, MD 20724 | 83-3422743 | N/A | 9,193 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| CAELEE DESIGN GROUP LLC<br>65 MARYLAND AVENUE<br>ANNAPOLIS, MD 21401 | 81-0917290 | N/A | 9,135 | | N/A | N/A | COVID RELIEF |
| DESAI PHYSICAL THERAPY<br>8505 PINE SPRINGS DR<br>SEVERN, MD 21144 | 47-1750816 | N/A | 9,124 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| SANGJIN OH MD PA<br>1412 CRAIN HWY N 6A<br>GLEN BURNIE, MD 21061 | 83-4632220 | N/A | 9,091 | | N/A | N/A | COVID RELIEF |
| RED LOTUS FLOAT SPA INC<br>1350 DORSEY ROAD SUITE G<br>HANOVER, MD 21076 | 82-5111306 | N/A | 8,985 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| EVOLUTIONS BODY CLINIC<br>1834 GEORGE AVE<br>ANNAPOLIS, MD 21401 | 47-0914529 | N/A | 8,964 | | N/A | N/A | COVID RELIEF |
| ART AT LARGE INC<br>208 PROVIDENCE RD<br>ANNAPOLIS, MD 21409 | 20-0244235 | N/A | 8,867 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| TOUGH LOVE SALON<br>356 RITCHIE HWY<br>SEVERNA PARK, MD 21146 | 82-3859472 | N/A | 8,831 | | N/A | N/A | COVID RELIEF |
| THRIFTY MUFFLER CENTER<br>1948 - R WEST ST<br>ANNAPOLIS, MD 21401 | 52-1307283 | N/A | 8,812 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| PIRATEQUEST INC<br>311 THIRD STREET<br>ANNAPOLIS, MD 21403 | 45-0491749 | N/A | 8,775 | | N/A | N/A | COVID RELIEF |
| VD SCALES LLC<br>1642 ANNAPOLIS RD<br>ODENTON, MD 21113 | 03-0540061 | N/A | 8,674 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| FEDRA WITTING DDS LLC<br>175 ADMIRAL COCHRANE DRIVE SUITE<br>103<br>ANNAPOLIS, MD 21401 | 04-3750207 | N/A | 8,626 | | N/A | N/A | COVID RELIEF |
| T MAYES PLUMBING AND HEATING LLC<br>624 DOVER RD<br>PASADENA, MD 21122 | 46-4035553 | N/A | 8,619 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| THE VINEYARDS AT DODON<br>391 DODON RD<br>DAVIDSONVILLE, MD 21035 | 26-4809677 | N/A | 8,614 | | N/A | N/A | COVID RELIEF |
| BUSINESS GROUNDED CROSSFIT<br>7476 NEW RIDGE ROAD SUITE F<br>HANOVER, MD 21076 | 82-0839774 | N/A | 8,600 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| AELIA SYED<br>659 DEALE ROAD<br>DEALE, MD 20751 | 20-5880433 | N/A | 8,595 | | N/A | N/A | COVID RELIEF |
| MARYLAND CLOCK COMPANY<br>1251 W CENTRAL AVE SUITE G3<br>DAVIDSONVILLE, MD 21035 | 52-0988173 | N/A | 8,433 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| ANNAPOLIS PEDIATRIC DENTIST<br>41 OLD SOLOMONS ISLAND RD SUITE 103<br>103<br>ANNAPOLIS, MD 21401 | 45-2434399 | N/A | 8,333 | | N/A | N/A | COVID RELIEF |
| ESCAPETIME LLC<br>167-A JENNIFER ROAD<br>ANNAPOLIS, MD 21401 | 82-3422596 | N/A | 8,250 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| PEDIATRIC DENTAL SPECIALISTS<br>1507 RITCHIE HWY<br>ARNOLD, MD 21012 | 52-1910382 | N/A | 8,234 | | N/A | N/A | COVID RELIEF |
| OASIS NAILS SPA LLC<br>2585 ANNAPOLIS MALL<br>ANNAPOLIS, MD 21401 | 26-1723228 | N/A | 8,201 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| STACIES NATURAL TOUCH<br>2601 MOUNTAIN RD<br>PASADENA, MD 21122 | 26-3531707 | N/A | 8,195 | | N/A | N/A | COVID RELIEF |
| A WELLNESS JOURNEY INC<br>1321 GENERALS HIGHWAY<br>SUITE 101A<br>CROWNSVILLE, MD 21032 | 83-3225831 | N/A | 8,038 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| DELICIOUSLY NUTRITIOUS<br>29 ROCKWELL CT<br>ANNAPOLIS, MD 21403 | 30-0729506 | N/A | 8,000 | | N/A | N/A | COVID RELIEF |
| R & A MOVERS INC<br>1327 ASHTON RD BAY 4<br>HANOVER, MD 21076 | 52-2252396 | N/A | 8,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| SALTY SUN INC<br>136 MAIN STREET<br>ANNAPOLIS, MD 21401 | 47-3502274 | N/A | 8,000 | | N/A | N/A | COVID RELIEF |
| DOVE ENTERPRISES INC<br>574 BENFIELD RD<br>SEVERNA PARK, MD 21403 | 01-0585527 | N/A | 8,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| GARDINER & ADAMS GENERAL CONTRACTORS<br>177 DEFENSE HIGHWAY SUITE 3<br>ANNAPOLIS, MD 21401 | 82-4238158 | N/A | 7,947 | | N/A | N/A | COVID RELIEF |
| CAPITAL SUP LLC<br>7314 EDGEWOOD ROAD<br>ANNAPOLIS, MD 21403 | 46-4550760 | N/A | 7,919 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| ARUNDEL AMBULATORY SURGERY CENTER<br>621 RIDGELY AVENUE SUITE 401<br>ANNAPOLIS, MD 21401 | 52-1781874 | N/A | 7,892 | | N/A | N/A | COVID RELIEF |
| JACKIES DESIGN LLC<br>4 ANNAPOLIS STREET<br>ANNAPOLIS, MD 21403 | 01-0829535 | N/A | 7,843 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| FRIEND REAL ESTATE LLC<br>8436 VETERANS HWY<br>MILLERSVILLE, MD 21108 | 81-4846718 | N/A | 7,770 | | N/A | N/A | COVID RELIEF |
| KENNARD CHIROPRACTIC &<br>PHYSICAL THERAPY<br>650 RITCHIE HWY STE 106<br>SEVERNA PARK, MD 21146 | 13-4361758 | N/A | 7,743 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| US MARTIAL ARTS GLEN BURNIE<br>337 HOSPITAL DR<br>GLEN BURNIE, MD 21061 | 81-0921359 | N/A | 7,733 | | N/A | N/A | COVID RELIEF |
| CHESAPEAKE NEUROPSYCHOLOGY LLC<br>645 BALTIMORE ANNAPOLIS BLVD STE<br>220<br>SEVERNA PARK, MD 21146 | 82-2768374 | N/A | 7,685 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| MISSION ESCAPE ROOMS<br>1 MELVIN AVE<br>ANNAPOLIS, MD 21401 | 47-5298124 | N/A | 7,647 | | N/A | N/A | COVID RELIEF |
| DAVID W HANDELSMAN DDS<br>116 F CATHEDRAL STREET<br>ANNAPOLIS, MD 21401 | 52-1854572 | N/A | 7,581 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| PULSE MARKETING GROUP<br>1997 ANNAPOLIS EXCHANGE<br>STE 300<br>ANNAPOLIS, MD 21401 | 84-2958770 | N/A | 7,580 | | N/A | N/A | COVID RELIEF |
| BFMD1 LLC<br>7645 ARUNDEL MILLS BLVD<br>STE 140<br>HANOVER, MD 21076 | 26-2932741 | N/A | 7,548 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| CREATIVE FORCE DANCE CENTER<br>570 F RITCHIE HIGHWAY<br>SEVERNA PARK, MD 21146 | 45-5433016 | N/A | 7,501 | | N/A | N/A | COVID RELIEF |
| LEMONGRASS LLC<br>167 WEST STREET<br>ANNAPOLIS, MD 21401 | 73-1710758 | N/A | 7,500 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| ORTHODONTISTS OF MARYLAND<br>7935 CRAIN HIGHWAY S<br>GLEN BURNIE, MD 21061 | 52-0947085 | N/A | 7,500 | | N/A | N/A | COVID RELIEF |
| BRIAN BORU<br>489 RITCHIE HWY<br>SEVERNA PARK, MD 21146 | 20-5698174 | N/A | 7,500 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| KILLARNEY HOUSEBCG INC<br>584 WEST CENTRAL AVENUE<br>DAVIDSONVILLE, MD 21035 | 52-2280571 | N/A | 7,500 | | N/A | N/A | COVID RELIEF |
| SERENITY NAILS SPA INC<br>1153 STATE ROUTE 3 N 180<br>GAMBRILLS, MD 21054 | 83-1797108 | N/A | 7,445 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| BAY AREA CPR LLC<br>7906 COLCHESTER COURT<br>PASADENA, MD 21122 | 21-6948930 | N/A | 7,311 | | N/A | N/A | COVID RELIEF |
| D MILLER ASSOCIATES<br>5720C DEALE CHURCHTON RD<br>DEALE, MD 20751 | 52-1957904 | N/A | 7,200 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| JDEVI INC<br>302 HARRY S TRUMAN PKWY<br>SUIT K<br>ANNAPOLIS, MD 21401 | 46-5062785 | N/A | 7,185 | | N/A | N/A | COVID RELIEF |
| APPLIED ARCHAEOLOGY AND HISTORY ASSOCIATES INC<br>615 FAIRGLEN LANE<br>ANNAPOLIS, MD 21401 | 52-2196474 | N/A | 7,120 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| J & N YU ASSOCIATES PA<br>8667 FORT SMALLWOOD RD<br>PASADENA, MD 21122 | 52-2328785 | N/A | 7,096 | | N/A | N/A | COVID RELIEF |
| NEXT WAVE GROUP LLC<br>550M RITCHIE HIGHWAY<br>SEVERNA PARK, MD 21146 | 52-2276138 | N/A | 7,050 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| SHRI SAI KRIPA LLC<br>7791 - C ARUNDEL MILLS BLVD C<br>HANOVER, MD 21076 | 27-4604696 | N/A | 7,000 | | N/A | N/A | COVID RELIEF |
| TIFFANY KOON ODPANOPTIC EYE CARE<br>1127 MD RTE 3 N<br>GAMBRILLS, MD 21054 | 83-1594431 | N/A | 7,000 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| LIFE SCIENCE PLANNING<br>2736 GINGERVIEW LANE<br>ANNAPOLIS, MD 21401 | 81-3477613 | N/A | 6,979 | | N/A | N/A | COVID RELIEF |
| ST LAWRENCE MARTYR<br>7850 PARKSIDE BLVD<br>HANOVER, MD 21086 | 52-1088003 | N/A | 6,926 | | N/A | N/A | COVID RELIEF |

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|---|---|---|---|---|---|---|---|
| CAPITOL REHAB OF CROFT<br>1302 CRONSON BLVD SUITE G<br>CROFTON, MD 21114 | 26-0119934 | N/A | 6,819 | | N/A | N/A | COVID RELIEF |
| WINK STUDIO SPA<br>127 LUBRANO DRIVE SUITE 103<br>ANNAPOLIS, MD 21401 | 47-1826811 | N/A | 6,804 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| MACKS MANAGEMENT COMPANY<br>4189 MOUNTAIN ROAD<br>PASADENA, MD 21122 | 03-0385450 | N/A | 6,743 | | N/A | N/A | COVID RELIEF |
| ALCHEMY HEALING ARTS CENTER<br>107 RIDGELY AVE SUITE 13A<br>ANNAPOLIS, MD 21401 | 26-2986448 | N/A | 6,734 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| THE MEANINGFUL CONSULTING GROUP<br>205 FINNEGAN DRIVE<br>MILLERSVILLE, MD 21108 | 83-2649881 | N/A | 6,621 | | N/A | N/A | COVID RELIEF |
| CHRISTOPHER W ANDERSON<br>914 BAY RIDGE RD 110<br>ANNAPOLIS, MD 21403 | 83-2251543 | N/A | 6,609 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| YOGA FACTORY<br>1901 WEST STREET<br>ANNAPOLIS, MD 21401 | 56-2678127 | N/A | 6,600 | | N/A | N/A | COVID RELIEF |
| BLISS SEVERNA PARK INC<br>8533 VETERANS HWY 104<br>MILLERSVILLE, MD 21108 | 83-1026077 | N/A | 6,583 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| KARAM REFRIGERATION<br>1026 CORTANA CT<br>SEVERN, MD 21144 | 81-1671185 | N/A | 6,526 | | N/A | N/A | COVID RELIEF |
| MOGHAL TRADING LLC<br>2002 ANNAPOLIS MALL STORE NO 134<br>ANNAPOLIS, MD 21401 | 84-4205965 | N/A | 6,500 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ENFUCO ENTERPRISES LLC<br>429 NANCY AVENUE<br>LINTHICUM, MD 21090 | 20-8456358 | N/A | 6,500 | | N/A | N/A | COVID RELIEF |
| DREAMWORKS TATTOO LLC<br>1349 GENERALS HIGHWAY<br>UNIT D<br>CROWNSVILLE, MD 21032 | 82-5469723 | N/A | 6,497 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| MUSICAL ENCOUNTERS INC<br>602 HAMMONDS LANE APT 124<br>BROOKLYN, MD 21225 | 52-2140482 | N/A | 6,462 | | N/A | N/A | COVID RELIEF |
| DS INC<br>806-B BARKWOOD COURT<br>LINTHICUM, MD 21090 | 52-1221237 | N/A | 6,313 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| FAMILY FRAMES INC<br>558 B RITCHIE HIGHWAY<br>SEVERNA PARK, MD 21146 | 52-1607942 | N/A | 6,275 | | N/A | N/A | COVID RELIEF |
| BLUE OCEAN NAIL & SPA<br>1122 TOWN CENTER BLVD STE EF<br>ODENTON, MD 21113 | 47-2810695 | N/A | 6,265 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| FORTUNE HOUSE INC<br>801 COMPASS WAY SUITE 6<br>ANNAPOLIS, MD 21401 | 84-2073965 | N/A | 6,255 | | N/A | N/A | COVID RELIEF |
| AUTOMATIC GATES LLC<br>736 POWHATAN BEACH ROAD<br>PASADENA, MD 21122 | 83-3261236 | N/A | 6,200 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ADVANCED FAMILY VISION<br>331 GAMBRILLS RD SUITE 3<br>GAMBRILLS, MD 21054 | 46-5241948 | N/A | 6,108 | | N/A | N/A | COVID RELIEF |
| LOCHNER LAW FIRM PC<br>91 MAIN STREET 4TH FLOOR<br>ANNAPOLIS, MD 21401 | 27-1487618 | N/A | 6,033 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| TURNKEY YACHT SERVICES<br>326 FIRST ST<br>ANNAPOLIS, MD 21403 | 26-2968488 | N/A | 6,025 | | N/A | N/A | COVID RELIEF |
| KATINA BYRD MILES MD FAAD<br>2401 BRANDERMILL BLVD<br>SUITE 240<br>GAMBRILLS, MD 21054 | 27-1916895 | N/A | 6,000 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| PAUL BYLIS DDS P<br>1916 CRAIN HWY STE 3<br>GLEN BURNIE, MD 21061 | 52-0965174 | N/A | 5,847 | | N/A | N/A | COVID RELIEF |
| STAR INDUSTRIES INC<br>111 CHINQUAPIN ROUND RD<br>STE 202B<br>ANNAPOLIS, MD 21401 | 52-1005763 | N/A | 5,707 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| REYNOLDS TAVERN MANAGEMENT<br>7 CHURCH CIRCLE<br>ANNAPOLIS, MD 21401 | 32-0138809 | N/A | 5,648 | | N/A | N/A | COVID RELIEF |
| SARAS HUMAN HAIR LLC<br>4408 RITCHIE HWY<br>BROOKLYN, MD 21225 | 46-5347413 | N/A | 5,637 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| RAMSH LLC<br>1524 RINGE DRIVE<br>SEVERN, MD 21144 | 45-3847242 | N/A | 5,608 | | N/A | N/A | COVID RELIEF |
| PRESTIGE STATEWIDE LLC<br>564 RITCHIE HWY<br>SEVERNA PARK, MD 21146 | 82-2707229 | N/A | 5,568 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| E & S CONSTRUCTION ENGINEERS INC<br>4326 MOUNTAIN ROAD<br>PASADENA, MD 21122 | 52-1259152 | N/A | 5,553 | | N/A | N/A | COVID RELIEF |
| COMPLETE HEALTHCARE LLC<br>809 N HAMMONDS FERRY ROAD SUITE C<br>LINTHICUM, MD 21090 | 26-0138417 | N/A | 5,500 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| CARVER SQUARE COMMERCIAL<br>1707 BEARDS CREEK CT<br>DAVIDSONVILLE, MD 21035 | 26-4095918 | N/A | 5,500 | | N/A | N/A | COVID RELIEF |
| PIRATES COVE RESTAUARNT<br>4817 RIVERSIDE DR<br>GALESVILLE, MD 20765 | 52-1404764 | N/A | 5,500 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| KYPPROS INC<br>705 N HAMMONDS FERRY RD<br>LINTHICUM, MD 21090 | 52-1899123 | N/A | 5,442 | | N/A | N/A | COVID RELIEF |
| EDT CORPORATION<br>130 LUBRANO DR<br>ANNAPOLIS, MD 20711 | 27-1012898 | N/A | 5,439 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| STAR GLOBAL HOSPITALITY LLC<br>911 FORKSBRIDGE CT<br>GAMBRILLS, MD 21054 | 47-5100317 | N/A | 5,356 | | N/A | N/A | COVID RELIEF |
| BUDDING VOICES LLC<br>815 RITCHIE HIGHWAY SUITE 118<br>SEVERNA PARK, MD 21146 | 47-2813232 | N/A | 5,346 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| TEA SCANDAL INCORPORATED<br>2002 ANNAPOLIS MALL 9019<br>ANNAPOLIS, MD 21401 | 82-1789332 | N/A | 5,319 | | N/A | N/A | COVID RELIEF |
| ARKLAY<br>1366 SAINT STEPHENS<br>CHURCH ROAD<br>CROWNSVILLE, MD 21032 | 26-1104705 | N/A | 5,303 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| A NEW YOU MEDSPA<br>134 HOLIDAY CT SUITE 304<br>ANNAPOLIS, MD 21401 | 82-4036578 | N/A | 5,256 | | N/A | N/A | COVID RELIEF |
| CHESAPEAKE SALONS LLC<br>8000 JUMPERSHOLE RD<br>PASADENA, MD 21122 | 86-1108176 | N/A | 5,212 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AFFORDABLE ACCOUNTING<br>115 CATHEDRAL STREET<br>ANNAPOLIS, MD 21401 | 52-2061184 | N/A | 5,094 | | N/A | N/A | COVID RELIEF |
| BEAUTY TREND INC<br>7900 RITCHIE HWY SUITE E227<br>GLEN BURNIE, MD 21061 | 26-3859670 | N/A | 5,078 | | N/A | N/A | COVID RELIEF |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|---|---|---|---|---|---|---|
| TASTINGS GOURMET MARKET<br>1410 FOREST DRIVE SUITE 2<br>ANNAPOLIS, MD 21403 | 20-5189453 | N/A | 5,073 | | N/A | N/A | COVID RELIEF |
| TOP NAILS LLC<br>560 RITCHIE HWT STE D<br>SEVERNA PARK, MD 21146 | 36-4924141 | N/A | 5,030 | | N/A | N/A | COVID RELIEF |

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# Schedule J (Form 990)

## Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
ANNE ARUNDEL ECONOMIC DEVELOPMENT CORPORATION

**Employer identification number**
52-1810772

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) | | |
| **b** | If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | **2** | | |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | ☐ Compensation committee | ☐ Written employment contract | | |
| | ☐ Independent compensation consultant | ☐ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," on line 5a or 5b, describe in Part III. | | | |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," on line 6a or 6b, describe in Part III. | | | |
| **7** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | **9** | | |

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| **(A)** Name and Title | | **(B)** Breakdown of W-2 and/or 1099-MISC compensation | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| **1** STEPHEN PRIMOSCH VICE PRESIDENT, FINANCIAL SERVICES | **(i)** | 112,378 | 450 | 0 | 24,386 | 21,479 | 158,693 | 0 |
| | **(ii)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **2** JILL SEAMON ADMINISTRATIVE OFFICER | **(i)** | 120,307 | 450 | 0 | 26,107 | 8,177 | 155,041 | 0 |
| | **(ii)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **3** ROSA CRUZ-PENAFIEL VICE PRESIDENT OF COMMUNICATIONS | **(i)** | 108,294 | 450 | 0 | 23,590 | 21,479 | 153,813 | 0 |
| | **(ii)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
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## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|---|---|

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**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* for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization
ANNE ARUNDEL ECONOMIC DEVELOPMENT CORPORATION

**Employer identification number**
52-1810772

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 1 | THERE SHALL BE AN EXECUTIVE COMMITTEE OF THE BOARD CONSISTING OF THE ELECTED OFFICERS OF T HE CORPORATION. THE CORPORATION'S PRESIDENT/CHIEF EXECUTIVE OFFICER SHALL BE AN EX OFFICIO MEMBER OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL BE EMPOWERED TO ACT ON B EHALF OF THE BOARD OF DIRECTORS ON ANY ISSUE EXCEPT ELECTIONS AND AMENDMENTS TO THE ARTICL ES OF INCORPORATION OR TO THE BY-LAWS AND SHALL REPORT ALL ACTIONS TAKEN AT THE NEXT REGUL AR OR SPECIAL MEETING OF THE BOARD. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, SECTION B, LINE 11B | THE FORM 990 IS PROVIDED TO THE ENTIRE BOARD BEFORE FILING. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | THE CONFLICT OF INTEREST POLICY APPLIES TO THE DIRECTORS OF THE ORGANIZATION. A DIRECTOR S HALL DISCLOSE TO THE BOARD OF DIRECTORS ANY INTEREST THAT THE DIRECTOR MAY HAVE, AS WELL A S ANY KNOWN INTEREST HELD BY THE DIRECTOR'S SPOUSE OR BY ANY RELATIVE OF THE DIRECTOR OR T HE DIRECTOR'S SPOUSE, IN ANY CONTRACT OR TRANSACTION UNDER CONSIDERATION BY THE CORPORATIO N. IF A DIRECTOR IS ALSO A DIRECTOR IN A CORPORATION, FIRM, OR OTHER ENTITY WITH WHICH THE CORPORATION PROPOSES TO CONTRACT OR OTHERWISE TRANSACT BUSINESS, THE DIRECTOR SHALL DISCL OSE THAT FACT AS WELL. EXCEPT FOR ADMINISTRATIVE OR MINISTERIAL DUTIES THAT DO NOT AFFECT THE DISPOSITION OR DECISION, THE DIRECTOR SHALL NOT VOTE UPON OR PARTICIPATE IN ANY WAY IN ANY CONTRACT OR TRANSACTION WITH A RELATIVE OF A DIRECTOR OR WITH A CORPORATION, FIRM, OR OTHER ENTITY IN WHICH THE DIRECTOR HAS AN INTEREST OR IN WHICH THE DIRECTOR IS A DIRECTOR . THE DIRECTOR SHALL LEAVE THE ROOM DURING CONSIDERATION, DISCUSSION, AND VOTING ON THE MA TTER. THE PRESENCE OF THE INTERESTED DIRECTOR MAY BE COUNTED FOR PURPOSES OF DETERMINING A QUORUM AT THE MEETING. EACH DIRECTOR SHALL FILE ON AT LEAST A YEARLY BASIS THE ATTACHED D IRECTOR'S AND OFFICER'S DISCLOSURE STATEMENT. |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. |