# **Return of Organization Exempt From Income Tax**

orm **990** 

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

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

OMB No. 1545-0047
2023

Open to Public Inspection

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

and ending

В.			C Name of organization BALT]	D Employer identification number									
<b>B</b> 0	Check if ap	pplicable:	RELIGIOUS SOCIETY										
	Addre		Doing Business As					52-0856309					
	Name	e change	Number and street (or P.O. box if ma	ail is not delivered to street addres	ss)	е	E Telephone number						
	Initial	l return	eturn 17100 QUAKER LANE (301)7										
	Termi	inated	City or town, state or province, coun	try, and ZIP or foreign postal code	Э								
	Amen		SANDY SPRING, MD 2	0860-1267				<b>G</b> Gross receip	ts \$	3,150	0,51	6.	
		cation	F Name and address of principal office	JAMES T. RIL	EY			H(a) Is this a gro subordinates		for	Yes [	X No	
	_ '	5	17100 QUAKER LANE,	SANDY SPRING, MD	20860-3	1267		H(b) Are all subord		ded?	Yes	No	
ī	Tax-ex	empt st			4947(a)(1)		527	If "No," attac	ch a list. (s	see instructi	ons)		
J	Websi	ite: 🕨	WWW.BYM-RSF.ORG	<u> </u>				H(c) Group exem	ption num	ber 🕨			
K	Form o	of organ	ization: X Corporation Trust	Association Other	•	L Yea	ar of formati	ion: 1968 <b>M</b>	State of	legal dom	nicile:	MD	
P	art I	Sui	nmary			·							
	1	Briefly	describe the organization's mission	on or most significant activities	s: PROMO	TE REI	LIGIOUS	S, CHARIT	ABLE,	AND			
e			CATIONAL INTERESTS OF										
Governance													
Veri	2	Check	this box 🕨 🔃 if the organization	on discontinued its operation	ns or dispose	ed of more	than 25%	of its net asset	S.				
Ô	3	Numb	er of voting members of the goverr	ning body (Part VI, line 1a)					3			9	
≪ ග	4		er of independent voting members						4			9	
Ħ.	5		number of individuals employed in						5			161	
ctivities &			number of volunteers (estimate if ne						6			300	
ĕ	7a	Total	unrelated business revenue from Pa	rt VIII, column (C), line 12					7a				
			nrelated business taxable income fr						7b				
								Prior Year		Curre	nt Yea	ar	
a	8	Contri	butions and grants (Part VIII, line 1h	┑Ĺ	1,101,94	16.	1,1	196,	140.				
aun	9		am service revenue (Part VIII, line 2g		1,636,17	78.	1,504,559.		559.				
Revenue	10		ment income (Part VIII, column (A)	N N	60,0	15.		132,	191.				
Œ	11	Other	revenue (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11e)				32,5	50.		30	,762.	
	12	Total	revenue - add lines 8 through 11 (n	nust equal Part VIII, column (A	A), line 12) .			2,830,68	39.	2,863,652.			
	13	Grant	s and similar amounts paid (Part IX,	column (A), lines 1-3)				34,2	75.		42	,800.	
	14	Benef	its paid to or for members (Part IX,	column (A), line 4)			N	ONE	NONE				
S	15	Salari	es, other compensation, employee	benefits (Part IX, column (A),	lines 5-10)			1,455,43	34.	1,!	555,	448.	
Expenses	16a	Profes	ssional fundraising fees (Part IX, col	umn (A), line 11e)				N	ONE	NONE			
ă	b	Total 1	fundraising expenses (Part IX, colun	nn (D), line 25) ▶	83,642.		_						
ш	17	Other	expenses (Part IX, column (A), lines	s 11a-11d, 11f-24e)				1,123,75	58.	1,1	186,	575.	
	18	Total	expenses. Add lines 13-17 (must ed	qual Part IX, column (A), line	25)			2,613,46	57.	2,	784,	823.	
		Rever	ue less expenses. Subtract line 18	from line 12				217,22	22.		78	,829.	
s or							Begin	ning of Current \	/ear	End o	of Year		
Net Assets or Fund Balances	20		assets (Part X, line 16)					5,063,73	36.	5,2	266,	097.	
A As	21	Total	iabilities (Part X, line 26)					194,5	75.		143,	711.	
			ssets or fund balances. Subtract lin	e 21 from line 20				4,869,16	51.	5,3	122,	386.	
	art II		gnature Block										
			of perjury, I declare that I have examine complete. Declaration of preparer (other						my kno	owledge a	ind be	ief, it is	
				·									
Sig	n		Signature of officer					Date					
He			Signature of officer					Date					
			Type or print name and title										
_			Type or print hame and title  Type preparer's name	Preparer's signature		Date			if PTI	N			
Paid	d				CONT		00/000	Check	J "				
Pre	parer		HARD RUVELSON	RICHARD RUVEL	SON	1 10/2	29/202	<u> </u>	1 .	002340			
Use	Only		name WITHUMSMITH+BR					Firm's EIN		-20270			
Max	v tha II			ET, SUITE 1710 PHILADELPH		U3-2945		Phone no.	ZT	5-546-			
			cuss this return with the preparer sl Reduction Act Notice, see the sep	•	5)					X Yes		(2023)	
LOL	rape	ı W U K	neuuction Act Notice, see tile sep	arate IIISti uctiONS.						roim	330	(2023)	

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Pa	rt III	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly de	escribe the organization's mission:
	•	TE RELIGIOUS, CHARITABLE, AND EDUCATIONAL INTERESTS OF ITS
		RS AND CONSTITUENT MONTHLY MEETINGS.
2	Did the	organization undertake any significant program services during the year which were not listed on the
_		m 990 or 990-EZ?
	If "Yes,"	describe these new services on Schedule O.
3		organization cease conducting, or make significant changes in how it conducts, any program
		describe these changes on Schedule O.
4		the organization's program service accomplishments for each of its three largest program services, as measured $t_{\rm s}$ . Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
		expenses, and revenue, if any, for each program service reported.
4a	(Code:	) (Expenses \$1,788,839. including grants of \$) (Revenue \$1,412,882)
	OPERA	TION OF FOUR QUAKER SUMMER CAMPS FOR APPROXIMATELY 600
	CAMPE	RS AND ONE WEEKEND CAMP REUNION WITH 40 PARTICIPANTS.
4b	(Code:	) (Expenses \$ 69,930. including grants of \$ ) (Revenue \$ 62,599. )
	ANNUA	L SESSION IS A WEEKLONG PROGRAM ATTENDED BY APPROXIMATELY 300
	MEMBE	RS FROM VARIOUS MONTHLY MEETINGS. MEMBERS CONDUCT THE
	BUSIN	ESS OF THE YEARLY MEETING, ATTEND WORKSHOPS AND WORSHIP
	TOGET	HER DURING THE
	WEEK.	
4c	(Code:	) (Expenses \$ 337,943. including grants of \$ 42,800. ) (Revenue \$ 45,626. )
	_	PROGRAMS THROUGHOUT THE YEAR FOR THE BENEFIT OF VARIOUS
		RS INCLUDE 25 WEEKEND AND DAY LONG EVENTS FOR: HIGH SCHOOL
		IDDLE SCHOOL CHILDREN, WOMEN'S RETREAT, RELIGIOUS EDUCATION,
	PEACE	& SOCIAL JUSTICE, CLERKING, UNITY WITH NATURE AND SPIRITUAL
		H. THE NUMBER OF MEMBERS SERVED VARIES FOR EACH EVENT.
<u>, .</u>	Oth -	anners comitace (December on Calcabilla O.)
4d	-	ogram services (Describe on Schedule O.)
40	(Expense	es \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses

JSA
3E1020 2.000

2,196,712.

Form 990 (2023)
Part IV Checklist of Required Schedules

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Х	
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		Х
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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			ĺ
	complete Schedule D, Part VI	11a	Х	
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		Х
С	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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			ĺ
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X

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Part	V Checklist of Required Schedules (continued)		·	-9
			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		_X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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		_X
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			37
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
•	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		<u>X</u>
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		- 21	
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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		Х
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			<u>. L L</u>
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	_		
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	
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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 161			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i> O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	- 55		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand	4.4		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4 =		7.7
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
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.	.0		21
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

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Pai	rt V	1

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					
	<u> </u>				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?		-	2		X
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other	person	?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to e	ect o	appoint			
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	be re	ached at	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
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 p	urpose	s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before for	ling th	e form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests					
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•		40-	3.7	
	describe on Schedule O how this was done			12c 13	X	
13	Did the organization have a written whistleblower policy?			14	X	
14	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review are independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	Χ	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to			4 C L		
Socti	organization's exempt status with respect to such arrangements?	· · ·		16b		
17 19	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable).	000	and 000 7	(000	ion F	01(0)
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap  Own website  Another's website  Upon request  Other (explain on So	ply.		(sec	C 1101.	01(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur and financial statements available to the public during the tax year.	nents,	conflict o	finter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's ITHE ORGANIZATION 17100 OUAKER LANE SANDY SPRING, MD 20860-1267	oooks	and record	S.		

301-774-7663

Form **990** (2023)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the 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)	box,	unles	Pos heck ss pe	erson	e than contract Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SARAH GILLOOLY	46.00									
GENERAL SECRETARY	NONE	1		x				113,254.	NONE	15,194.
(2) STEPHANIE BEAN	15.00			25				113,231.	IVOIVE	13,171.
TRUSTEE AND PRESIDING CLERK	NONE	X		Х				NONE	NONE	NONE
(3) JAMES T. RILEY	10.00							110112	110112	110112
TRUSTEE AND TREASURER	NONE	X		Х				NONE	NONE	NONE
(4) MARION BALLARD	5.00							-	_	
TRUSTEE	NONE	Х						NONE	NONE	NONE
(5) DANTE BUCCI	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(6) THOMAS FARQUHAR	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(7) RICHARD LIVERSIDGE	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(8) VICTOR THURONYI	8.00									
TRUSTEE (FROM 9/23)	NONE	Х						NONE	NONE	NONE
(9) TACY ROBY	0.50									
TRUSTEE (FROM 9/23)	NONE	Х						NONE	NONE	NONE
(10) RICHARD THAYER	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(11) BYRON SANFORD	2.00									
TRUSTEE (TIL 9/23)	NONE	X						NONE	NONE	NONE
(12) KATHRYN SCHUTZ	0.50									
TRUSTEE (TIL 9/23)	NONE	X						NONE	NONE	NONE
(13) ANNA MCCORMALLY	1.00									
RECORDING CLERK-YEARLY MTG	NONE			Х				NONE	NONE	NONE
(14) THOMAS DUBBS	15.00	4								
CLERK INTERIM MTG (FROM 9/23)	NONE			Χ				NONE	NONE	NONE

Form **990** (2023)

BALTIMO	RE YEARL	Y ME	EETI	ING	3 0	F TH	ΙE		52-08563	309		
Part VII Section A. Officers, Directors, Tru	uetone Ka	w En	nlo	···		and I	Jial	host Component	od Employage (a	ontinuc		age <b>8</b>
(A)	(B)	y ⊑11	ipio		сэ, C)	anu i	iigi	(D)	(E)	oriuriue	(F)	
Name and title	Average hours per week (list any hours for related	box,	not ch unlese er and	Pos eck s pe	morerson	e than of is both tor/trus	an tee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	am com	timated count of other pensation om the	
	organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and	anizatior d related inization	ı
15) DEBORAH HAINES	1.00											
RECORDING CLERK-INTERIM MTG	NONE			Х				NONE	NONE		1	NON
16) TERENCE MCCORMALLY	2.00											
ASSISTANT TREASURER	NONE			Х				NONE	NONE		1	NON
17) BETTE HOOVER	15.00											
CLERK OF INT. MEET. (TIL 9/23)	NONE			X				NONE	NONE		1	NON
	ļ											
	<del></del>	-										
	<del>+</del>	-										
	<del> </del>	1										
	T											
	ļ											
	ļ											
1b Sub-total								113,254.	NONE		15,1	
c Total from continuation sheets to Part VII, S	-							NONE				NONI
d Total (add lines 1b and 1c)											15,1	194
reportable compensation from the organizatio		nose	listed	a ai	DOV	e) wn 1	о ге	eceived more than	\$100,000 01			
											Yes	No
3 Did the organization list any former office	er, directo	or. or	tru	ste	e.	kev e	ame	olovee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the	sum of rea	oortah	ole c	om	per	satio	n ai	nd other compens	sation from the			
organization and related organizations gr												
individual										4		X
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on 1	fron	n any	un	related organization	on or individual			

# for services rendered to the organization? If "Yes," complete Schedule J for such person 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	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  $\blacktriangleright$  NONE

5

Χ

52-0856309

# Part VIII Statement of Revenue

ıaı		Check if Schedule O contains a respon	nse or note to an	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	504,171.				
يَ ق	С	Fundraising events 1c					
fts, r A	d	Related organizations					
ਭੁੰਛੂ	e	Government grants (contributions) 1e					
ns, Sir	f	All other contributions, gifts, grants,					
ë ë		and similar amounts not included above • 1f	691,969.				
혈美	q	Noncash contributions included in					
a t	"		<b>\$</b> 132,783.				
ಕ್ಟ	h	Total. Add lines 1a-1f		1,196,140.			
			Business Code				
9	2a	SUMMER CAMPS	611600	1,412,882.	1,412,882.		
ه ڲٙ	b	ANNUAL SESSION	900099	62,599.	62,599.		
S Z	C	YOUTH & OTHER PROGRAM REVENUE	600099	29,078.	29,078.		
am	d						
Program Service Revenue	e						
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,504,559.			
	3	Investment income (including dividends,					
	•	other similar amounts)		NONE			
	4	Income from investment of tax-exempt bond		65,887.			65,887.
	5	Royalties	'	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 14,214.					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c 14,214.	NONE				
	d	Net rental income or (loss)		14,214.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b> 353,168.					
<u>•</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b 286,864.					
é	С	Gain or (loss) 7c 66,304.					
<u> </u>	d	Net gain or (loss)		66,304.			
Other R	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold 10b	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
Sno			Business Code				
Jeo Jue	11a	OTHER INCOME	900099	16,548.	16,548.		
Miscellaneous Revenue	b						
Sce Re	C						
Ĭ	d	All other revenue		16 540			
	<u>e</u>	Total royenue See instructions		16,548.	1 501 105		65,000
	12	Total revenue. See instructions		2,863,652.	1,521,107.		65,887.

52-0856309

## 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										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations				·						
	and domestic governments. See Part IV, line 21	NONE									
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	42,800.	42,800.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and										
	foreign individuals. See Part IV, lines 15 and 16	NONE									
4	Benefits paid to or for members	NONE									
5	Compensation of current officers, directors,										
	trustees, and key employees	128,448.	83,491.	38,535.	6,422						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	NONE									
7	Other salaries and wages	1,178,471.	975,267.	194,448.	8,756						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,591.	14,014.	10,000.	577						
9	Other employee benefits	127,558.	95,954.	31,604.							
10	Payroll taxes	96,380.	78,156.	17,122.	1,102						
11	Fees for services (nonemployees):										
а	Management	NONE									
	Legal	NONE									
C	Accounting	17,500.		17,500.							
d	Lobbying	NONE									
	Professional fundraising services. See Part IV, line 17.	NONE									
f	Investment management fees	5,806.		5,806.							
g	Other. (If line 11g amount exceeds 10% of line 25, column										
	(A), amount, list line 11g expenses on Schedule O.)	152,245.	79,489.	28,132.	44,624						
	Advertising and promotion	NONE	0.4.750	20.070	10.015						
13	Office expenses	132,045.	84,758.	30,072.	17,215						
14	Information technology	NONE									
15	Royalties	NONE	145 664	10.740							
16	Occupancy	158,406.	145,664.	12,742.	450						
17		74,183.	48,162.	25,569.	452						
18	Payments of travel or entertainment expenses	NONE									
40	for any federal, state, or local public officials	NONE NONE									
	Conferences, conventions, and meetings	NONE									
21	Interest	NONE									
	Depreciation, depletion, and amortization	165,600.	154,645.	10,955.							
	Insurance	47,996.	39,540.	8,456.							
	Other expenses. Itemize expenses not covered	17,550.	35,310.	0,130.							
27	above. (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A), amount, list line 24e expenses on Schedule O.)										
а	FOOD	144,679.	141,814.	1,353.	1,512						
	EQUIPMENT EXPENSE	86,796.	56,747.	27,067.	2,982						
	MAINTENANCE	48,747.	43,601.	5,146.	•						
	VEHICLE EXPENSE	57,244.	56,119.	1,125.							
е	All other expenses	95,328.	56,491.	38,837.							
	Total functional expenses. Add lines 1 through 24e	2,784,823.	2,196,712.	504,469.	83,642						
26											
	following SOP 98-2 (ASC 958-720)										

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# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this R	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	503,801.	1	231,489.
	2	Savings and temporary cash investments	2,696.	2	46,196.
	3	Pledges and grants receivable, net	16,163.	3	125,170.
	4	Accounts receivable, net	NONE	4	NON
	5	Loans and other receivables from 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	NONE	5	NONE
	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).	NONE	6	NONE
S	7	Notes and loans receivable, net		7	7,680.
Assets	8	Inventories for sale or use			NONE
As	9	Prepaid expenses and deferred charges SEE SCHEDULE .Q		9	92,946.
	_	Land, buildings, and equipment: cost or other	1770301		32/310.
	1.0 u	basis. Complete Part VI of Schedule D 10a 4,384,938			
	h	Less: accumulated depreciation		100	2,722,244.
	11	Investments - publicly traded securities SEE SCHEDULE		11	2,040,372.
	12	Investments - other securities. See Part IV, line 11			NONE
	13				NONE
	14	Investments - program-related. See Part IV, line 11.			
		Intangible assets			NONE
	15	Other assets. See Part IV, line 11			NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,063,736. 185,506.	16	5,266,097.
	17	Accounts payable and accrued expenses	17	135,804.	
	18	Grants payable	NONE		NONE
	19	Deferred revenue SEE SCHEDULE Q			7,907.
	20	Tax-exempt bond liabilities			NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>ia</u>		controlled entity or family member of any of these persons			NONE
_	23	Secured mortgages and notes payable to unrelated third parties			NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	194,575.	26	143,711.
seou		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	3,880,284.	27	3,785,004.
B	28	Net assets with donor restrictions	988,877.	28	1,337,382.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
χA	32	Total net assets or fund balances		32	5,122,386.
Ž	33	Total liabilities and net assets/fund balances	, ,	33	5,266,097.
			3,003,130.		Form <b>990</b> (2023)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	:	2,8	63,	<u>652</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	:			<u>823</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>829</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4			<u> 161</u>
5	Net unrealized gains (losses) on investments	5		1	<u>74,</u>	<u> 396</u>
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 on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		5,1	22,	<u> 386</u>
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted or	na			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ıdite		3b		

### SCHEDULE A (Form 990)

# **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.

t. OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization BALTIMORE YEARLY MEETING OF THE

Employer identification number

REI	JIG:	IOUS SOCIETY OF FRI						856309
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
The	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	X	X A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in <b>secti</b>		·				
3		A hospital or a cooperative	•	•		٠,		
4		A medical research organiz	-	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated		a college or universit	y owne	d or ope	rated by a governme	ental unit described in
_		section 170(b)(1)(A)(iv). (C						
6	Щ	A federal, state, or local go	_			-		
7		An organization that norma	=		pport fr	om a go	vernmental unit or fr	om the general public
_		described in section 170(b)		·	D (II)			
8	_	A community trust describe						
9		An agricultural research org	=			-	-	
		or university or a non-land-	grant college of ag	friculture (see instruct	ions). E	nter the r	name, city, and state o	t the college or
40		university:	II	then 00 (a f ite		·		in face and succe
10		An organization that norma receipts from activities rela	ted to its exempt f	unctions, subject to c	support ertain ex	ceptions	and (2) no more that	n 331/3 % of its
		receipts from activities rela support from gross investm	ent income and u	nrelated business tax	able inco	me (less	s section 511 tax) from	businesses
4.4		acquired by the organization				•	•	
11 12		An organization organized	•	•	-			ery out the numbers of
12		An organization organized a one or more publicly suppo	-		-			
		the box on lines 12a through	_			-		
_	Г			* * * * * * * * * * * * * * * * * * * *			•	_
а		<b>Type I.</b> A supporting organization	•	•	•		• , ,	
		the supported organization supporting organization.	. ,	• • • •		ajority or	the directors of truste	ees of the
b		Type II. A supporting org	-			with ite	supported organizati	on(e) by baying
b	_	control or management of	-					
		organization(s). You must			tile saili	c person	is that control of mai	age the supported
С		Type III functionally integ	•		ited in co	onnectio	n with and functiona	lly integrated with
·		its supported organization						ny miogratoa witin,
d		Type III non-functionally		-				ted organization(s)
-		that is not functionally into			-			
		requirement (see instruct		•	-		•	
е		$\Box$ Check this box if the orga		-				II, Type III
		functionally integrated, or						
f	En	ter the number of supported	l organizations					
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	<b>(i)</b> N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		,
(A)								
· · ·								
(B)								
(C)								
(D)								
(E)								
Tota	al							

	,						- 3 -
Par							
	(Complete only if you checke						alify under
	Part III. If the organization fai	ls to qualify u	nder the tests	listed below, p	please comple	te Part III.)	
	tion A. Public Support		1	T	T	T	T
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
<u>6</u>	Public support. Subtract line 5 from line 4						
	tion B. Total Support	( ) 0040	42000	( ) 0004	/ N 0000	( ) 0000	(0 T / 1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>	<u> </u>				
Sec	tion C. Computation of Public Sup					T	
14	Public support percentage for 2023 (li						<u>%</u>
15	Public support percentage from 2022						<u>%</u>
16a	331/3% support test - 2023. If the organization of	_					
h	box and <b>stop here</b> . The organization q 33 1/3 % support test - 2022. If the organization q	•		_			
D	• • • • • • • • • • • • • • • • • • • •						
17a	this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organizin Part VI how the organization meets	2022. If the organization meets the state of the facts-and	ganization did r ne facts-and-ciro I-circumstances	not check a box cumstances test test. The organ	on line 13, 16 , check this bo ization qualifies	a, 16b, or 17a x and <b>stop her</b> as a publicly s	, and line e. Explain supported
18	organization						

Schedule A (Form 990) 2023

Part III	Support Schedule for	r Organizations Described in Section 509	9(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.)

Sec	tion A. Public Support			/1	<u>'</u>	,	
	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(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						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•				
Cale	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2023 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2022 Sche	dule A, Part III, liı	ne 15	<u> </u>	<u> </u>	16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2023 (lin	ie 10c, column (	(f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2022 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2023. If the or					ore than 331/3%	, and line
	17 is not more than 331/3 %, check this	box and stop	here. The organ	nization qualifies	as a publicly s	upported organiza	ation
b	331/3% support tests - 2022. If the orga						
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization
20	Private foundation. If the organization of	lid not check	a box on line 1	14, 19a, or 19b	, check this bo	x and see instru	uctions .

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### Part IV Supporting Organizations

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

Section A. All Supporting Organiz	zations
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- 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.

  2 Did the organization have any supported organization that does not have an IRS determination of status
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on 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.**
- 10 a 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.
  - 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.)

		Yes	No
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Part	V Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
2004	provide detail in Part VI.	11c		
secu	on B. Type I Supporting Organizations		Voc	No
			163	140
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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 <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Socti	on C. Type II Supporting Organizations	2		
Jecti	on o. Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			-110
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
·	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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ono)	
1	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	ucu	oris).	
a b	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e instr	uction	s).
				No
2	Activities Test. <i>Answer lines 2a and 2b below.</i>			
а	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 <b>Part VI identify</b>			
	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 on line 2a, above, 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 <b>Part VI</b> 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		
•		20		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	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 <b>Part VI</b> the role played by the organization in this regard.	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	3					
1								
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Se	ction 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						
	ction 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):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in <b>Part VI</b> ):							
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 0.015 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 0.035.	6						
7		7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Se	ction C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
	Enter 0.85 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-functiona		ted Type III supporting	g organization				
	(see instructions).	J 3	21					

Schedule A (Form 990) 2023

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organia	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5						
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in <b>Part VI</b> ). See instructions.						
9	9 Distributable amount for 2023 from Section C, line 6						
10	Line 8 amount divided by line 9 amount			10			
			(ii)		/iii)		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A (Form 990 or 990-EZ) 2023 Page 8

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

PART 1, LINE 1

THE BALTIMORE YEARLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS, INC. (THE "YEARLY MEETING") IS A NON-PROFIT ORGANIZATION INCORPORATED ON JANUARY 2, 1968, UNDER THE LAWS OF THE STATE OF MARYLAND AS THE CONSOLIDATION OF TWO YEARLY MEETINGS OF THE SOCIETY OF FRIENDS (COMMONLY KNOWN AS QUAKERS) INCORPORATED IN MARYLAND IN 1867 AND 1886, RESPECTIVELY. THE YEARLY MEETING IS AND ITS IMMEDIATE PREDECESSORS WERE DIRECT SUCCESSORS TO THE WEST RIVER YEARLY MEETING THAT OPENED IN 1672 AS THE GOVERNING BODY FOR ALL FRIENDS MEETINGS ON EITHER SIDE OF THE CHESAPEAKE BAY AND REORGANIZED IN 1790 AS "THE YEARLY MEETING OF FRIENDS HELD IN BALTIMORE TOWN FOR THE WESTERN SHORE OF MARYLAND AND ADJACENT AREAS OF PENNSYLVANIA AND VIRGINIA". THE YEARLY MEETING NOW HAS ABOUT 50 CONSTITUENT LOCAL MEETINGS IN MARYLAND, VIRGINIA, PENNSYLVANIA, THE DISTRICT OF COLUMBIA AND WEST VIRGINIA THAT THEMSELVES CONSTITUTE "CHURCHES" UNDER THE IRC. THUS, THE YEARLY MEETING CONSTITUTES "A CONVENTION OR ASSOCIATION OF CHURCHES". THE YEARLY MEETING IS ORGANIZED EXCLUSIVELY TO PROMOTE THE RELIGIOUS, CHARITABLE, AND EDUCATIONAL INTERESTS OF ITS MEMBERS AND ITS CONSTITUENT MONTHLY MEETINGS, THROUGH THE WORK OF ITS BOARDS, COMMITTEES, INSTITUTIONS AND INSTRUMENTALITIES AFFILIATED WITH THE RELIGIOUS SOCIETY OF FRIENDS.

# Schedule B (Form 990)

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

BALTIMORE YEARLY MEETING OF THE

RELIGIOUS SOCIETY OF FRIENDS INC.

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

Employer identification number

52-0856309

Organization type (chec	ck one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organizati	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> .
<b>Note:</b> Only a section 50 instructions.	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
or more (in m	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 oney or property) from any one contributor. Complete Parts I and II. See instructions for determining a otal contributions.
regulations ur 16b, and that	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the oder sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, d literary, or ed	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one uring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ucational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering nn (b) instead of the contributor name and address), II, and III.
contributor, d contributions during the yea General Rule	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one uring the year, contributions exclusively for religious, charitable, etc., purposes, but no such totaled more than \$1,000. If this box is checked, enter here the total contributions that were received ar for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the applies to this organization because it received nonexclusively religious, charitable, etc., contributions of or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

24

Employer identification number 52-0856309

art I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$50,838.	Person X Payroll X Noncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	N/A	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 52-0856309

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$6,642.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 52-0856309

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$9,075.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 52-0856309

art I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
-------	--------------	---------------------	----------------------	-------------------------	------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	N/A	\$10,171.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	N/A	\$71,774.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 52-0856309

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Tronsacri Toporty (600 monacrio). 000 aaphoare copied	or r are in in additional opaco io mod	aou.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2_	320 SHS EXXON MOBIL & 48 SHS MICROSOFT		
		\$\$.	12/31/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
21	55 SHS APPLE		
		\$\$	06/20/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
22_	165 SHS NVIDIA		
		\$	09/29/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
	1	1	

Name of organization **Employer identification number** BALTIMORE YEARLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS INC. 52-0856309 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held fŕom Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## SCHEDULE D (Form 990)

# **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.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number BALTIMORE YEARLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS INC. 52-0856309 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 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included on line 2a . . Number of conservation easements included on line 2c acquired after July 25, 2006, and 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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. If the organization elected, as permitted under FASB 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: (ii) Assets included in Form 990, Part X.....\$\_ 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 FASB ASC 958 relating to these items:

Schedule D (Form 990) 2023

		ar Callantiana of				Oth a		2 (00005)		age =
	rt III Organizations Maintainir							•		
3	Using the organization's acquisition		other record	ds, check	any of the	ne follow	ing that make	significant	use o	t its
	collection items (check all that apply	y).		٦						
а	Public exhibition		d	₹	or exchang	e progra	m			
b	Scholarly research		е	Other						
С	Preservation for future gener	ations								
4	Provide a description of the organ	ization's collections	s and expla	in how t	hey furthe	r the or	ganization's exe	empt purpo	se in	Part
	XIII.									
5	During the year, did the organizatio	n solicit or receive o	donations of	f art, histo	orical treas	sures, or	other similar			
	assets to be sold to raise funds rath	er than to be maint	ained as pa	rt of the c	organizatio	n's colle	ction?	. Yes	s	No
Pa	rt IV Escrow and Custodial A	rrangements								
	Complete if the organiza	tion answered "Ye	es" on Forr	n 990, P	art IV, lin	e 9, or r	eported an am	ount on F	orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trust	ee, custodian or o	ther interm	ediary fo	r contribu	itions or	other assets n	ot		
	included on Form 990, Part X?							Yes	3	No
b	If "Yes," explain the arrangement in	Part XIII and comp	plete the fol	lowing tab	ole.					
	· · · · · · · · · · · · · · · · · · ·			_			Amo	unt		
С	Beginning balance				10	:				
d	Additions during the year									
e	Distributions during the year									
f	Ending balance									
2a							account liability?	Ye	.	No
	If "Yes," explain the arrangement in									110
	rt V Endowment Funds	TT art Alli. Offeck fi		piariation	nas been	provided	IIII ait XIII	<u> </u>		
ıα	Complete if the organiza	tion answered "Ye	es" on Forr	n 990 F	Part IV lin	e 10				
	Comprete ii tire organiza	(a) Current year	(b) Prior		(c) Two ye		(d) Three years ba	ack (a) For	ur years	hack
				-						
1a	Beginning of year balance	739,285.	94	4,731.		,351.	733,581		651,9	
b	Contributions	16,970.		6,190.	7	,439.	5,327	· .	4,1	42.
С	Net investment earnings, gains,									
	and losses	133,531.	-17	5,636.	133	,941.	116,443	3.	103,4	65.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	48,000.	3	6,000.	38	,000.	14,000	).	26,0	00.
f	Administrative expenses									
g	End of year balance	841,786.	73	9,285.	944	,731.	841,351		733,5	81.
2	Provide the estimated percentage	of the current year	end balance	e (line 1g,	column (a)	) held as	:			
а			%	, ,	• •	,				
b	Permanent endowment 100.000	00 %								
С	Term endowment %									
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.							
3a	Are there endowment funds not in t	he possession of the	he organiza	tion that	are held a	nd admir	nistered for the			
	organization by:	•	_						Yes	No
	(i) Unrelated organizations?							3a(i)		Х
	(ii) Related organizations?							3a(ii)	_	Х
b	If "Yes" on line 3a(ii), are the relate							3b		
4	Describe in Part XIII the intended u	•	•							
	Complete if the organiza					<u>ie 11a. S</u>	See Form 990			
	Description of property		r other basis stment)		or other basis ther)		cumulated eciation	(d) Book	/alue	
12	Land	,	NONE	,	06,496.	depr	COIGUOT	1 1	06,4	96
b	Buildings		INOINE		50,490.	0	55,091.		95,3	
D										
C	Leasehold improvements				<u>85,601.</u>		42,850.		42,7	
d	Equipment		37037-		70,099.		68,913.		68,1	
	Other		NONE		72,313.		95,840.		09,4	
ı ota	I. Add lines 1a through 1e. (Column	tu) must eaual Fori	11 990. Part	∧, iine 10	c. column	(D))		2.7	22.2	44.

Schedule D (Form 990) 2023

52-0856309

Part VII	Investments - Other Securities  Complete if the organization answered	l "Voe" on Form 000	Part IV line 11h See Form 990	Part Y line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
	ial derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(G) (H)				
	nn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII				
I alt VIII	Complete if the organization answered	l "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 valua Cost or end-of-year mark	tion:
(1)			Soot of one of your man	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	on (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
	<b>(a)</b> De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) (5 000 B (V)) (5	(, (D))		
	lumn (b) must equal Form 990, Part X, line 15, o	col. (B))		
Part X	Other Liabilities Complete if the organization answered	l "Voo" on Form 000	Dort IV line 11e or 11f See For	m 000 Port V
	line 25.	res on Form 990	, Pait IV, illie 11e of 111. See Poi	990, Part X,
1.	( )	tion of liability		(b) Book value
	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	man /h) marret equip [ F 000   B/ V   V   05   V   CCV			
i otal. (Colul	mn (b) must equal Form 990, Part X, line 25, col. (B))			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

JSA 3E1270 1.000

Part	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	
1	Total revenue, gains, and other support per audited financial statements	1	3,762,036.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	904,190.
3	Subtract line 2e from line 1	3	2,857,846.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 5,806.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	5,806.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,863,652.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn	
1	Total expenses and losses per audited financial statements	1	3,001,019.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		000 000
е	Add lines 2a through 2d	2e	222,002.
3	Subtract line 2e from line 1	3	2,779,017.
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		
b	Other (Describe in Part XIII.)	4.	F 006
С 5	Add lines <b>4a</b> and <b>4b</b>	4c 5	5,806.
	XIII Supplemental Information	3	2,784,823.
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Ft XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation	line 4; Part X, line
SEE	SUPPLEMENTAL PAGE		

## Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE YEARLY MEETING HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ITS
ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING
TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE
PURCHASING POWER OF THESE ENDOWMENT ASSETS OVER THE LONG-TERM. THE YEARLY
MEETING'S SPENDING AND INVESTMENT POLICIES WORK TOGETHER TO ACHIEVE THIS
OBJECTIVE. THE INVESTMENT POLICY ESTABLISHES AN ACHIEVABLE RETURN
OBJECTIVE THROUGH DIVERSIFICATION OF ASSET CLASSES.

PART X, LINE 2:

GAAP PRESCRIBES A MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET IN ORDER TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS. THE YEARLY MEETING BELIEVES THAT IT HAD NO UNCERTAIN TAX POSITIONS AS DEFINED IN GAAP.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

MILES WHITE BENEFICIAL SOCIETY 729,479

# Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

MILES WHITE BENEFICIAL SOCIETY 221,687

# **SCHEDULE I** (Form 990)

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

2023

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization BALTIMORE YEARLY MEETING OF THE Employer identification number RELIGIOUS SOCIETY OF FRIENDS INC. 52-0856309 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 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. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of (a) Description of (b) EIN (h) Purpose of grant (if applicable) noncash assistance noncash assistance or assistance or government grant (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

# 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 BYM ED GRANTS EDUCATIONAL SCHOLARSHIPS	15	30,000.			
<b>2</b> SUE THOMAS TURNER EDUCATIONAL SCHOLARSHIPS	10	12,000.			
3 IAC CONTRIBUTION	3	800.			
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.

PART I, LINE 2:

EDUCATIONAL GRANTS AND SUE THOMAS TURNER GRANTS ARE DETERMINED BY SEPARATE COMMITTEES CHARGED WITH ISSUING GRANTS FROM THE FUNDS RESTRICTED FOR THAT PURPOSE. OTHER CONTRIBUTIONS TO THE ORGANIZATIONS ARE APPROVED BY THE MEMBERSHIP AT OUR ANNUAL SESSION AS A PART OF THE ANNUAL BUDGET. BYM DOES NOT ASK FOR PROOF OF USE ONCE THE GRANT OR CONTRIBUTION HAS BEEN ISSUED.

# SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

2023

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I Types of Property

RELIGIOUS SOCIETY OF FRIENDS INC.

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

BALTIMORE YEARLY MEETING OF THE

Employer identification number 52-0856309

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		3	132,783.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received							
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat			-	_			
	28, that it must hold for at least 3	-						
	used for exempt purposes for the e	_	period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a							
	contributions?					31		X
32a	Does the organization hire or use	•	•	· •				
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of prop	perty for which column (a)	is checked,			
	describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

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

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

gov/form990. Inspection
Employer identification number

BALTIMORE YEARLY MEETING OF THE

52-0856309

#### FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS CONSIST OF ALL MEMBERS OF CONSTITUENT MONTHLY MEETINGS.

#### FORM 990, PART VI, SECTION A, LINE 7A:

THE ANNUAL SESSION OF MEMBERS HAS THE POWER TO APPOINT THE TRUSTEES, INCLUDING THE PRESIDING CLERK AND TREASURER.

#### FORM 990, PART VI, SECTION A, LINE 7B:

THE YEARLY MEETING AT ITS ANNUAL SESSION OR ANY OF ITS THREE INTERIM MEETINGS THROUGH THE YEAR HAS THE POWER TO APPROVE OR NULLIFY THE DECISIONS MADE BY THE BOARD OF TRUSTEES.

#### FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE GENERAL SECRETARY, THE TREASURER AND THE TRUSTEES PRIOR TO FILING.

#### FORM 990, PART VI, SECTION B, LINE 12C:

THE TRUSTEES OF THE ORGANIZATION READ AND SIGN A COPY OF THE POLICY EVERY YEAR. STAFF MEMBERS SIGN A RECEIPT OF THE POLICY WHICH IS INCLUDED IN THE EMPLOYEE MANUAL. THE POLICY IS ALSO REVIEWED WITH THE STAFF AT LEAST ONCE A YEAR. CONFLICTS ARE REPORTED TO THE GENERAL SECRETARY, PRESIDING CLERK OR CLERK OF TRUSTEES, AS APPROPRIATE.

### FORM 990, PART VI, SECTION B, LINE 15A:

ALL SALARIES ARE REVIEWED AND APPROVED ANNUALLY. THE ORGANIZATION USES COMPARABILITY DATA TO DETERMINE THE COMPENSATION.

## 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.

92,946.

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TOTALS

\_\_\_\_\_

Name of the organization

BALTIMORE YEARLY MEETING OF THE

52-0856309

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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DESCRIPTION BOOK VALUE OR FMV

SECURITIES 2,040,372. FMV

TOTALS 2,040,372.

7,907.

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TOTALS

### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
<u></u>
2023
Open to Public
Inspection

Name of the organization	BALTIMORE YEARLY MEETING OF THE	Employer identification number
RELIGIOUS SOCIET	Y OF FRIENDS INC.	52-0856309

(a) Name, address, and EIN (if applicable) of disregarded en	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
						Yes	No
(1) MILES WHITE BENEFICIAL SOCIETY OF BALTIM 52-0794615							
5116 N. CHARLES STREET BALTIMORE, MD 21210	PROV GRANTS	MD	501(C)(3)	LINE 12A, I	BALT YEARLY	Х	
(2)							
(3)							
(4)							
(5)							
(6)							
<u> </u>							
(7)							
7.7							
		1		1	1		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

**Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		oounitry)					Yes	No		Yes	No	
(1)												
(2)												
χ=/												
(3)												
(0)												
(4)												
(.)												
(5)												
(0)												
(6)												
(0)												
(7)												
(7)												

**Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

				<u> </u>				
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

52-0856309

Scriedule K (	(Fulli 990) 2023	DALITMORE	ILAKLI ME	FIING OF	IUF		32-0636309	
Part V	Transactions With Rela	ated Organizations. Com	plete if the	organizatio	on answered	d "Yes" on Form 990	), Part IV, line 34,	35b, or 36.
Note: Co	molete line 1 if any entity is	listed in Parts II III or IV of	thic cohodulo					

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Yes	s No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Х
	Gift, grant, or capital contribution to related organization(s)	1b	X
	Gift, grant, or capital contribution from related organization(s)	1c	Х
	Loans or loan guarantees to or for related organization(s)	1d	Х
	Loans or loan guarantees by related organization(s)	1e	Х
f	Dividends from related organization(s)	1f	Х
g	Sale of assets to related organization(s)	1g	Х
	Purchase of assets from related organization(s)	1h	Х
i	Exchange of assets with related organization(s)	1i	Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j	Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х
m		1m	Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х
	Sharing of paid employees with related organization(s)	10	Х
р	Reimbursement paid to related organization(s) for expenses	1p	Х
	Reimbursement paid by related organization(s) for expenses	1q	Х
•			
r	Other transfer of cash or property to related organization(s)	1r	Х
s	Other transfer of cash or property from related organization(s)	1s	Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thres	sholds.	

(d) Method of determining (a)
Name of related organization (b) Transaction (c) Amount involved type (a - s) amount involved (1) (2) (3)

(4) (5)

(6)

Schedule R (Form 990) 2023

52-0856309

# Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	income (related,	sec	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) eral or aging ner?	(k) Percentage ownership
			from tax under sections 512 - 514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
<u>(10)</u>													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
(10)													

## Part VII

## **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

MILES WHITE BENEFICIAL SOCIETY OF BALTIMORE CITY

DIRECT CONTROLLING ENTITY: BALTIMORE YEARLY MEETING OF THE RELIGIOUS

SOCIETY OF FRIENDS INC.