TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2018

Prepared for	BALTIMORE YEARLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS INC. 17100 QUAKER LANE SANDY SPRING, MD 20860-1267
Prepared by	BBD, LLP 1835 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19103
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019.

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

IIIICIII	arrieve	Go to www.irs.gov/Form990 for instructions and	i the lates	it information.	IIISPECTION
A F	or the	2018 calendar year, or tax year beginning and c	ending		
B c	heck if	C Name of organization		D Employer identific	cation number
ap	heck if oplicabl	BALTIMORE YEARLY MEETING OF THE			
	Addre chang				
\vdash	Name chang	Dalar basis as as		-	856309
\vdash	Jchang ∃Initial		D / !:	+	
\vdash	Initial return		Room/suite	E Telephone number	
	Final return	17100 QUAKER LANE		301-	774-7663
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,060,648.
	Amen	SANDY SPRING, MD 20860-1267		H(a) Is this a group re	eturn
	Application			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	····· — —
			or 527		
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c e: ► WWW • BYM − RSF • ORG	01 321	┥,	list. (see instructions)
			1	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1968 N	N State of legal domicile: MD
Pa	rt I	Summary			
ا ه	1	Briefly describe the organization's mission or most significant activities: ${ t PROMC}$	OTE RI	ELIGIOUS, CH	ARITABLE,
2		AND EDUCATIONAL INTERESTS OF ITS MEMBERS	AND (CONSTITUENTS	•
L la	2	Check this box if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as	ssets.
§				3	8
ဗီ		Number of independent voting members of the governing body (Part VI, line 1b)			8
<u>«</u>				·····	112
Ĕ		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			
Activities & Governance		Total number of volunteers (estimate if necessary)			300
₽		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.
				Prior Year	Current Year
ا ه	8	Contributions and grants (Part VIII, line 1h)		716,839.	953,312.
n l		Program service revenue (Part VIII, line 2g)		1,007,372.	1,008,099.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		61,974.	24,125.
ě		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28,225.	18,005.
				1,814,410.	2,003,541.
\dashv		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		60,177.	64,352.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		00,177	04,552.
		Benefits paid to or for members (Part IX, column (A), line 4)		1,084,311.	1,111,307.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		· ·	<u> </u>
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.
χ	b	Total fundraising expenses (Part IX, column (D), line 25)	66.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		731,560.	721,023.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,876,048.	1,896,682.
		Revenue less expenses. Subtract line 18 from line 12		-61,638.	106,859.
or es				eginning of Current Year	End of Year
let Assets or und Balances	20	Total assets (Part X, line 16)		4,537,376.	4,510,045.
Ass Bal				444,405.	405,398.
ng/		Total liabilities (Part X, line 26)		4,092,971.	4,104,647.
_교		Net assets or fund balances. Subtract line 21 from line 20		4,034,311.	4,104,04/.
	rt II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich prepare	r has any knowledge.	
Sigr	1	Signature of officer		Date	
Here	Э	THOMAS C. HILL, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		JENNIFER SOLOT	14	10/11/19 if self-employe	P00749373
Prep		Firm's name BBD, LLP	1	Firm's EIN	23-2896692
Use		Firm's address 1835 MARKET STREET, 3RD FLOOR		I IIIII 3 LIIV	
555	Jilly	PHILADELPHIA, PA 19103		Dhana 21	5-567-7770
		EUTHWADERLIA' EW TAICO		I rnone no.∠⊥	J-J01-1110

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROMOTE RELIGIOUS, CHARITABLE, AND EDUCATIONAL INTERESTS OF ITS
	MEMBERS AND CONSTITUENT MONTHLY MEETINGS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,048,818 · including grants of \$) (Revenue \$ 870,959 ·)
	OPERATION OF FOUR QUAKER SUMMER CAMPS FOR APPROXIMATELY 600 CAMPERS.
	SIX WEEKEND FAMILY CAMPS AND ONE WEEKEND CAMP REUNION, EACH SERVING 10
	TO 30 MEMBERS.
4b	(Code:) (Expenses \$ 62,899 • including grants of \$) (Revenue \$ 75,771 •)
	ANNUAL SESSION IS A WEEKLONG PROGRAM ATTENDED BY APPROXIMATELY 400
	MEMBERS FROM VARIOUS MONTHLY MEETINGS. MEMBERS CONDUCT THE BUSINESS OF
	THE YEARLY MEETING, ATTEND WORKSHOPS AND WORSHIP TOGETHER DURING THE
	WEEK.
4c	
	OTHER PROGRAMS THROUGHOUT THE YEAR FOR THE BENEFIT OF VARIOUS MEMBERS
	INCLUDE 25 WEEKEND AND DAY LONG EVENTS FOR: HIGH SCHOOL AND MIDDLE
	SCHOOL CHILDREN, WOMEN'S RETREAT, RELIGIOUS EDUCATION, PEACE & SOCIAL
	JUSTICE, CLERKING, UNITY WITH NATURE AND SPIRITUAL GROWTH. THE NUMBER
	OF MEMBERS SERVED VARIES FOR EACH EVENT.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,325,916.
	Form 990 (2018)

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?	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		x
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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," 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		X
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		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	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
20a	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	ا م	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	77	

Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37	
	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	20		
	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	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	054		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٥.	If "Yes," complete Schedule N, Part I	31		х
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	
	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	65.		
00	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?	36		Х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
_	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	Х	<u> </u>

52-0856309

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

			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		res	NO
Za	filed for the calendar year ending with or within the year covered by this return 2a 112			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
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		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		N/	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	N/	
н 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711	-17	
Ü	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state? NA Note: See the instructions for additional information the approximation must report as School Ide C	13a		
J-	Note. See the instructions for additional information the organization must report on Schedule O.			
D	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 13b			
		14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדי		\vdash
.5	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
	· · · · · · · · · · · · · · · · · · ·	-	000	(0046)

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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 elect or appoint one or			
	more members of the governing body?	7a	X	
b				
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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 be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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 purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 301-774-7663			
	17100 QUAKER LANE, SANDY SPRING, MD 20860-1267			

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Form 990 (2018) RELIGIOUS SOCIETY OF FRIENDS INC. 52-08

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per		not c	Pos heck	more	l than is bot	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	ln stitutional trustee	od a d		Highest compensated employee	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KENNETH STOCKBRIDGE	20.00	,,		٠,,			0	0	0
TRUSTEE AND PRESIDING CLERK	1 00	Х		Х			0.	0.	0.
(2) HELEN TASKER	1.00	-		,,				0	0
RECORDING CLERK OF YEARLY MTG	15 00			Х			0.	0.	0.
(3) MARTHA BAKER SEITEL	15.00	1		٦,				_	0
CLERK OF INTERIM MEETING	2 00			Х	_		0.	0.	0.
(4) ARTHUR DAVID OLSON	2.00	1		,				_	0
REC. CLERK INTERIM MTG	13.00	-		Х	_		0.	0.	0.
(5) THOMAS C. HILL TRUSTEE AND TREASURER	13.00	X		x			0.	0.	0.
(6) JAMES T. RILEY	1.00	^		^			0.	0.	0.
ASSISTANT TREASURER	1.00	1		x			0.	0.	0.
(7) NATALIE ANN MCKEON FINEGER	3.00			^			0.	· ·	0.
TRUSTEE	3.00	X					0.	0.	0.
(8) FREDERICK W. LEONARD	2.00						0.	0.	0.
TRUSTEE	2,00	x					0.	0.	0.
(9) R. NEAL PETERSON	1.00	 							
TRUSTEE (UNTIL 8/2018)		x					0.	0.	0.
(10) GREGORY J. TOBIN	3.00	 					•		•
TRUSTEE		х					0.	0.	0.
(11) HARRY B. TUNIS	2.00						-		-
TRUSTEE (UNTIL 8/2018)		х					0.	0.	0.
(12) SUSAN KAUL	1.00								
TRUSTEE EFF 8/2018		Х					0.	0.	0.
(13) BYRON SANFORD	2.00								
TRUSTEE EFF 8/2018		Х					0.	0.	0.
(14) RICHARD LIVERSIDGE	2.00								
TRUSTEE EFF 8/2018		Х					0.	0.	0.
(15) EDWARD W. STOWE III	44.00								
GENERAL SECRETARY				Х			97,431.	0.	14,948.
832007 12-31-18	•					-			Form 990 (2018)

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Part VII Section A. Officer	s, Directors, Trus		ploy	ees			ighe	st C		es (continued)				
(A)		(B)			•	C) ition			(D)	(E)			(F)	
Name and tit	le	Average hours per		not c		more	than		Reportable	Reportable			stimate	
		week					is bot or/trus		compensation from	compensation from related			nount other	OI
		(list any	ctor						the	organization			pensa	ıtion
		hours for	or dire				ted		organization	(W-2/1099-MI	SC)	fr	om th	е
		related	stee (trustee			bensa		(W-2/1099-MISC)				anizat	
		organizations below	ual tru	ional		ploye	t com	١.					d relat anizati	
		line)	Individual trustee or director	Institutional trustee	Office r	Key employee	Highest compensated employee	Former				orga	ai iizati	5115
			_	_		×	T	_						
			1											
			1											
			-											
			1											
1b Sub-total									97,431.		0.	1	4,9	
c Total from continuation									97,431.		0.	1	4,9	0.
d Total (add lines 1b and2 Total number of individual										000 of reportab	-		- ,,	
compensation from the o		or minitod to ti	1000	· IIOCC	Ju u	5000	o, w.	10 1		,,000 01 10001 100				0
·	·												Yes	No
3 Did the organization list a														
line 1a? If "Yes," comple												3		X
4 For any individual listed	· ·	•							•	•		_		v
and related organizations												4		Х
5 Did any person listed on rendered to the organiza		-				-			ted organization or indivi			5		Х
Section B. Independent Con		piete corredar		01 00	2011	porc								
1 Complete this table for y	our five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation 1	from	
the organization. Report	compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
N	(A) ame and business	addraga	37/	~ ****	,				(B) Description of s	om do o o	_		C) nsatio	_
	arrie arru busiriess	auuress	1/1	INC	<u> </u>			\dashv	Description of s	ervices		ompe	IISalio	
								\dashv						
2 Total number of indepen	dent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than				
\$100,000 of compensati							0							
												Form	990 (i	2018)

Form 990 (2018) RELIGION
Part VIII Statement of Revenue

		Check if Schodule O cent	raine a raenanca	or note to any lin	as in this Dort VIII			
		Check if Schedule O cont	airis a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1b	479,143. 6,000. 468,169. 9,906.	953,312.			
				Business Code				
ø.	2 a	SUMMER CAMPS		611600	870,959.	870,959.		
P Z	b	ANNUAL SESSION		900099	75,771.	75,771.		
Se	С	YOUTH & OTHER F	ROGRAM	600099	61,369.	61,369.		
am	d	1						
Program Service Revenue	е							
Ą.	f	All other program service reve	enue					
		Total. Add lines 2a-2f			1,008,099.			
	3	Investment income (including other similar amounts)	dividends, intere	est, and	45,483.			45,483.
	5	Royalties						
		Gross rents Less: rental expenses	(i) Real 16,513.					
	С	Rental income or (loss)	16,513.					
	d	Net rental income or (loss)	· <u>·····</u>	<u></u>	16,513.			16,513.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	33,229.					
	b	Less: cost or other basis	F 4 F 6 F					
		and sales expenses	54,587.					
		Gain or (loss)			04 050			04 050
	d	Net gain or (loss)		<u></u>	-21,358.			-21,358.
Other Revenue	8 a	Gross income from fundraisin including \$ contributions reported on line	of					
r R		Part IV, line 18	,					
the l	b	Less: direct expenses						
0		Net income or (loss) from fund						
		Gross income from gaming ac	-					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances		3,768.				
	b	Less: cost of goods sold		A F A A				
		Net income or (loss) from sale			1,248.	1,248.		
		Miscellaneous Revenu		Business Code				
	11 a	OTHER INCOME		900099	244.	244.		
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d			244.			
	12	Total revenue. See instructions		•	2,003,541.	1.009.591	0.	40,638.

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).

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	21 725	21 705		
	and domestic governments. See Part IV, line 21	31,725.	31,725.		
2	Grants and other assistance to domestic	22 627	22 627		
	individuals. See Part IV, line 22	32,627.	32,627.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	112 270	62 022	40 222	1 1 2 2
	trustees, and key employees	112,379.	62,933.	48,323.	1,123
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	000 404	405 265	227 052	05 267
7	Other salaries and wages	808,484.	495,265.	227,852.	85,367
8	Pension plan accruals and contributions (include	27 044	11 500	10 (40	4 076
	section 401(k) and 403(b) employer contributions)	27,044. 95,691.	11,526. 64,346.	10,642.	4,876 1,306
9	Other employee benefits				1,306
10	Payroll taxes	67,709.	41,279.	19,825.	6,605
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	5 ······				
d	, s F				
е	ř –				
f	Investment management fees				
g	,	25 44 4	45 400	00 014	
	column (A) amount, list line 11g expenses on Sch 0.)	37,414.	15,100.	22,314.	
12	Advertising and promotion	1.60 2.52	00.000	41 006	00 604
13	Office expenses	162,353.	97,673.	41,986.	22,694
14	Information technology				
15	Royalties	4.5.640	4.40.000		
16	Occupancy	147,649.	140,203.	7,347.	99.
17	Travel	9,287.	5,541.	1,681.	2,065
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	05 004	00.000		
22	Depreciation, depletion, and amortization	95,084.	87,963.	7,121.	
23	Insurance	41,603.	32,188.	9,415.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) FOOD	98,663.	98,576.		87
a	VEHICLE EXPENSE	63,161.	63,102.	59.	0 7
b	EQUIPMENT EXPENSE	58,431.	38,5102.	17,377.	2,544
С.	WORKSHOP EXPENSE	7,378.	7,359.	17,377.	4,344
d		1,310.	1,339.	19.	
_е ^-		1,896,682.	1,325,916.	444,000.	126,766
25	Total functional expenses. Add lines 1 through 24e	1,030,004.	1,343,310.	444,000.	140,700
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2018

Part X Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or not	e to an	y line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			129,053.	1	273,441
2	Savings and temporary cash investments			150,748.	2	66,876
3	Pledges and grants receivable, net			51,180.	3	115,445
4	Accounts receivable, net			4		
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compensation	ated en	ployees. Complete			
	Part II of Schedule L		5			
6	Loans and other receivables from other disquali	sons (as defined under				
	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of sect	tion 501	(c)(9) voluntary			
ည	employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets 2	Notes and loans receivable, net			66,290.	7	28,787
₹ 8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			61,034.	9	57,194
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	3,874,624.			
b		10b	1,191,558.	2,702,852.	10c	2,683,066
11	Investments - publicly traded securities			1,376,219.	11	1,285,236
12	Investments - other securities. See Part IV, line	l1			12	
13	Investments - program-related. See Part IV, line			13		
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equ			4,537,376.	16	4,510,045
17	Accounts payable and accrued expenses	107,850.	17	109,160		
18	Grants payable				18	
19	Deferred revenue			21,555.	19	28,285
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ဖ္မ 22	Loans and other payables to current and former		<i>' ' ' ' ' ' ' ' ' '</i>			
	key employees, highest compensated employee					
Liabilities 8	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela			245 000	23	0.68 0.63
24	Unsecured notes and loans payable to unrelate			315,000.	24	267,953
25	Other liabilities (including federal income tax, pa	-				
	parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of			
	Schedule D			444 405	25	405 200
26	Total liabilities. Add lines 17 through 25			444,405.	26	405,398
	Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
Se	complete lines 27 through 29, and lines 33 an			2 050 202		2 002 202
27	Unrestricted net assets		2,950,392. 749,513.	27	2,993,303	
ਲ 28 Ω	Temporarily restricted net assets	393,066.	28	714,472 396,872		
g 29 E	Permanently restricted net assets	393,000.	29	390,014		
로	Organizations that do not follow SFAS 117 (A	SC 958	3), check here			
ō	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
ğ 31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances 2 2 2 2 3 2 2 3 2 2 3 2 3 2 3 3 2 3	Retained earnings, endowment, accumulated in			1 000 071	32	1 101 617
33	Total net assets or fund balances			4,092,971.	33	4,104,647
34	Total liabilities and net assets/fund balances			4,537,376.	34	4,510,045

Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,89		
3	3 Revenue less expenses. Subtract line 2 from line 1				6,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	,09		
5	Net unrealized gains (losses) on investments	5		-6	3,6	65.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-3	1,5	18.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	4	,10	4,6	47.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	s,			
	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 oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (٥.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

BALTIMORE YEARLY MEETING OF THE

OMB No. 1545-0047 **2018**

Open to Public Inspection

Employer identification number

RELIGIOUS SOCIETY OF FRIENDS INC. 52-0856309 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 X A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Total

Schedule A (Form 990 or 990-EZ) 2018 RELIGIOUS SOCIETY OF FRIENDS INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	` ,	. ,	. ,		, ,	,,
8	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						
	Gross receipts from related activities,	etc. (see instructi	ons)	•	•	12	
	First five years. If the Form 990 is for	· ·		d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2017					15	%
16a	33 1/3% support test - 2018. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o						nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and stop h	nere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	~					
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the				-		
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 RELIGIOUS SOCIETY OF FRIENDS INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

qualify under the tests listed	below, please com	plete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization'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				<u> </u>	<u> </u>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						I.
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6		, ,	, ,	, ,		.,
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	;					
whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	_			-		
check this box and stop here Section C. Computation of Pub						P
•					45	
15 Public support percentage for 2018						9/
16 Public support percentage from 201					16	9
Section D. Computation of Inve					Tarl	
17 Investment income percentage for 2						9
18 Investment income percentage from					•	9
19a 33 1/3% support tests - 2018. If th	-					I / is not
more than 33 1/3%, check this box b 33 1/3% support tests - 2017. If th	e organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization	on did not check a	box on line 14 19	a or 19b check t	his box and see in	nstructions	

832023 10-11-18

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
Sa		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

	dule A (Form 990 or 990-EZ) 2018 RELIGIOUS SOCIETY OF FRIENDS INC. 52-08	5630	9 Pa	age 5
Pai	t IV Supporting Organizations _(continued)			
			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	truction	o)	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		No
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	a		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
о a	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? <i>Provide details in Part VI</i> .	3a		

of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*832025 10-11-18

Sch

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Sche	dule A (Form 990 or 990-EZ) 2018 RELIGIOUS SOCIETY OF FR	IEND	S INC.	52-0856309 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain ir	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

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

Schedule A (Form 990 or 990-EZ) 2018

6

emergency temporary reduction (see instructions)

instructions).

Schedule A (Form 990 or 990-EZ) 2018 RELIGIOUS SOCIETY OF FRIENDS INC.

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
ī	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 RELIGIOUS SOCIETY OF FRIENDS INC.

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, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

BALTIMORE YEARLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS INC.

Employer identification number

52-0856309

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
X		of filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),				
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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				

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Nume, address, and 211 + 4	\$\$_45,450.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 30,484.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions - \$ 26,004.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Turno, addi 655, und Eli TT	\$ 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
6	Haine, audi ess, and EIF T T	\$ 11,396.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$6,804.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$6,000.	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
12	Turney address; and En TT	\$ 5,628.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a)	(b)	(c)	(d)					
	Name, address, and ZIP + 4	Total contributions	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		_	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
15			Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	_	Person Payroll Complete Part II for noncash contributions.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
			Person Payroll 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

	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	STOCKS						
6							
		\$\$	08/01/18				
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received				
Part I		(See instructions.)					
		\$					
(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				
(a) No.	(b)	(c)	(d)				
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received				

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** BALTIMORE YEARLY MEETING OF THE 52-0856309 RELIGIOUS SOCIETY OF FRIENDS INC. 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (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 Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (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 Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BALTIMORE YEARLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS INC.

Employer identification number 52-0856309

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts tal number at end of year ggregate value of contributions to (during year) ggregate value of grants from (during year) ggregate value of the organization inform all donors and donor advisors in writing that the assets held in donor advised funds of the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only reformed to the benefit of the donor or donor advisor, or for any other purpose conferring permissible private benefit? I Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. urpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a conservation asement and preservation of a conservation of a conservation of a conservation of open space omplete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last and a urban of conservation easements included in (a) at a creage restricted by conservation easements tal all areage restricted by conservation easements at a left at the Ead of the Tax Year but a urban of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax sair burban of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year sair burban of states where property subject to conservation easem		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
_			
Pai			rt IV, line 7.
1			
		Preservation of a certific	ed historic structure
_			
2		fied conservation contribution in the form of	
	•		
			····
u			I I
3			
Ü		icasca, extinguished, or terminated by the o	rganization during the tax
4	<u> </u>	sement is located	
5			
_			Yes No
6			
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
_	conservation easements.		
Pai		· · · · · · · · · · · · · · · · · · ·	er Similar Assets.
1a			
			e of public service, provide, in Part XIII,
b			
		ducation, or research in furtherance of public	c service, provide the following amounts
	•		•
			· · · · · · · · · · · · · · · · · · ·
0	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tree	-	airi, provide
~	the following amounts required to be reported under SFAS 1		> \$
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2018

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, c	r Othe	er Simila	ır Asse	ts (contir	nued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	e following tha	t are a s	ignificant ι	se of its	collectio	n items
	(check all that apply):								
а	Public exhibition	d	Loan or exc	change progra	ıms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	on's exe	mpt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	asures, or othe	er simila	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran		te if the organizati	on answered "	Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributio	ns or other as	sets not	included		_	
	on Form 990, Part X?						L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	t
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on Fo						L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided on	Part XIII	l			
Par	t V Endowment Funds. Complete it	f the organization an	swered "Yes" on F	orm 990, Part	IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance	696,082.	634,540	. 554	1,583.	3′	78,019.		365,984
b	Contributions	3,806.	8,234	. 16	5,538.	20	02,146.		12,035
	Net investment earnings, gains, and losses	-18,914.	75,008	. 75	,819.		3,482.		
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	29,000.	21,700	. 12	2,400.	:	22,100.		
f	Administrative expenses								
g	End of year balance	651,974.	696,082	. 634	,540.	5!	54,583.		378,019
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment ► 57.02	%	_						
С	Temporarily restricted endowment ▶ 4	2.9 8 %							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administe	red for t	he organiz	ation		
	by:								Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations								X
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990	, Part X,	, line 10.			
	Description of property	(a) Cost or of	ther (b) Cos	t or other	(c) A	ccumulate	d	(d) Bool	k value
		basis (investm	nent) basis	(other)	de	preciation			
1a	Land		1,10	06,496.				1,10	6,496
	Buildings		2,13	35,400.		766,81	.3.	1,36	8,587
	Leasehold improvements		25	52,388.		111,95			0,431
	Equipment		19	95,174.		171,40	2.	2	3,772
	Other		18	35,166.		141,38			3,780
	. Add lines 1a through 1e. (Column (d) must e		X. column (B), line	10c.)				2,68	3,066

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	F 000 D+ IV/	line 44 - One Farms 000 Back V. line	- 10
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation:	e 13. Cost or end-of-year market value
	(b) Book value	(c) Welfied of Valuation.	oost of end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11d. See Form 990. Part X. line	e 15.
	Description	,,	(b) Book value
(1)	<u>-</u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f. See Form 990, Par	t X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		

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

Schedule D (Form 990) 2018

RELIGIOUS SOCIETY OF FRIENDS INC.

Reconciliation of Revenue per Audited Financial Sta		Revenue per H	teturr	1.
Complete if the organization answered "Yes" on Form 990, Part IV, lir 1 Total revenue, gains, and other support per audited financial statements			4	1,950,594
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			'	1,550,551
a Net unrealized gains (losses) on investments	2a	-63,665.		
b Donated services and use of facilities		8,198.	-	
c Recoveries of prior year grants		- ,	-	
d Other (Describe in Part XIII.)			-	
e Add lines 2a through 2d	·		2e	-55,467
3 Subtract line 2e from line 1			3	2,006,061
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		-2,520.		
c Add lines 4a and 4b	-		4c	-2,520
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	.)		5	2,003,541
Part XII Reconciliation of Expenses per Audited Financial St	atements Wit	h Expenses per	Retu	ırn.
Complete if the organization answered "Yes" on Form 990, Part IV, lir				1 020 010
Total expenses and losses per audited financial statements			1	1,938,918
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	0 100		
a Donated services and use of facilities		8,198.	-	
b Prior year adjustments			-	
c Other losses		34,038.	-	
d Other (Describe in Part XIII.)		-	_	42,236
e Add lines 2a through 2d			2e 3	1,896,682
3 Subtract line 2e from line 14 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	1,000,002
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)			-	
	-		4c	0.
 c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 			5	1,896,682
Part XIII Supplemental Information.	,			· ·
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			4; Part	X, line 2; Part XI,
PART V, LINE 4:				
THE YEARLY MEETING HAS ADOPTED INVESTMENT	AND SPEN	DING POLIC	EIES	FOR ITS
ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE	A PREDICT	ABLE STREA	M O	F FUNDING
TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WH	HILE SEEKI	NG TO MAIN	TAI	N THE
PURCHASING POWER OF THESE ENDOWMENT ASSET	S OVER TH	E LONG-TER	M.	THE YEARLY
MEETING'S SPENDING AND INVESTMENT POLICIE	ES WORK TO	GETHER TO	ACH	IEVE THIS
OBJECTIVE. THE INVESTMENT POLICY ESTABLI				
			KEI	OKN
OBJECTIVE THROUGH DIVERSIFICATION OF ASSE	T CLASSES	· •		
PART X, LINE 2:				
GAAP PRESCRIBES A MINIMUM RECOGNITION THR	RESHOLD TH	AT A TAX P	osi	TION IS
REQUIRED TO MEET IN ORDER TO BE RECOGNIZE	D IN THE	FINANCIAL	STA	TEMENTS.
832054 10-29-18			Sched	dule D (Form 990) 201

Schedule D (Form 990) 2018 RELIGIOUS SOCIETY OF FRIENDS	NC. 52-0856309 Page 5
Part XIII Supplemental Information (continued)	
THE YEARLY MEETING BELIEVES THAT IT HAD NO UNCERTA	IN TAX POSITIONS AS
DEFINED IN GAAP.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	-2,520.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	2,520.
BAD DEBTS	31,518.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	34,038.
	0 1 1 1 5 7 000 000

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization BALTIMORE YEARLY MEETING OF THE

Employer identification number 52-0856309

RELIGIOUS	SOCIETY	OF FRIENDS	INC.				52-0856309
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate th	ne amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assi	stance?						No
2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of gran	t funds in the United	d States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments. C	omplete if the org	anization answered "	Yes" on Form 990, Part	: IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	tional space is need	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							TO SUPPORT FRIENDS WORLD
FRIENDS WORLD COMMITTEE FOR							COMMITTEE FOR
CONSULTATION - 1506 RACE STREET -							CONSULTATION (FWCC) IN
PHILADELPHIA, PA 19102	23-1353392	501(C)(3)	7,830.	0.			PROVIDING A WORLD-WIDE
							TO SUPPORT THE FRIENDS
FRIENDS GENERAL CONFERENCE							GENERAL CONFERENCE
1216 ARCH STREET, 2B							(FGC)'S WORK PROVIDING
PHILADELPHIA, PA 19107	23-1352148	501(C)(3)	10,260.	0.			RESOURCES TO SUPPORT
							TO SUPPORT FRIENDS UNITED
FRIENDS UNITED MEETING							MEETING (FUM)'S WORK WITH
101 QUAKER HILL DRIVE							FRIENDS MEETINGS,
RICHMOND, IN 47374	35-0877573	501(C)(3)	8,910.	0.			CHURCHES AND COMMUNITY
2 Enter total number of section 501(c)(3) a			L he line 1 table	<u> </u>	<u> </u>		
3 Enter total number of other organization	is listed in the line	1 table					0.

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

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 noncash assistance
EDUCATION GRANTS TO HELP FRIENDS SECURE					
POST-SECONDARY EDUCATION	9	18,000.	0.		
SUE THOMAS TURNER GRANTS TO EDUCATORS AT QUAKER SCHOOLS TO SUPPORT THE USE OF QUAKER FAITH &					
PRACTICE	12	13,577.	0.		
INDIAN AFFAIRS	5	1,050.	0.		

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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

Schedule (Form 990) RELIGIOUS SOCIETY OF FRIENDS INC. 52-0856309 Page
Part IV Supplemental Information
FRIENDS WORLD COMMITTEE FOR CONSULTATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FRIENDS WORLD COMMITTEE
FOR CONSULTATION (FWCC) IN PROVIDING A WORLD-WIDE NETWORK OF SUPPORT FOR
FRIENDS MEETINGS AND CHURCHES.
NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS GENERAL CONFERENCE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FRIENDS GENERAL
CONFERENCE (FGC)'S WORK PROVIDING RESOURCES TO SUPPORT FRIENDS MEETINGS
AND THEIR OUTREACH EFFORTS ACROSS THE USA AND CANADA.
NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS UNITED MEETING
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FRIENDS UNITED MEETING
(FUM)'S WORK WITH FRIENDS MEETINGS, CHURCHES AND COMMUNITY PROGRAMS IN
NORTH AMERICA, AFRICA AND THE MIDDLE EAST.

Schedule I (Form 990)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

BALTIMORE YEARLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS INC.

Employer identification number 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 COMPTROLLER,

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

BALTIMORE YEARLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS INC.

Employer identification number 52-0856309

(a)	(b)	(c)	(d)	(e)		(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total incor	me End-of-year		ontrolling ntity
	1					
Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	pecause it had one	e or more related tax-exe	empt
(a)	(b)	(c)	(d)	(e)	(f)	(g Section 5
Name address and FIN	Drimon, activity	Lagal damiaila (atata ar	Evenent Carle	Dublic charity	Direct controlling	Section 5

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)			contr	512(b)(13) rolled ity?	
				501(c)(3))		Yes	No
MILES WHITE BENEFICIAL SOCIETY OF BALTIMORE	PROVIDES GRANTS TO OTHER				BALTIMORE YEARLY		
CITY - 52-0794615, 5116 N. CHARLES STREET,	TAX EXEMPT WELFARE				MEETING OF THE		
BALTIMORE, MD 21210	ENTITIES	MARYLAND	501(C)(3)	LINE 12A, I	RELIGIOUS SOCIETY	X	

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

Page 2

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	((k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling		Predominant income	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General or	al or Perce	centage
or related organization		(state or foreign	entity		led from tax under	income end-of-year assets		ntions?	amount in box 20 of Schedule K-1 (Form 1065)	partr	er?	iersnip		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No			
										\Box	+-			
											——			

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)			(h) Percentage ownership	512(t contr ent	tion b)(13) rolled tity?
		country)		S. 1. 25.y		400010		Yes	No
									<u> </u>

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one of	or more re	lated organizations listed	in Parts II-IV?			X	
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
	b Gift, grant, or capital contribution to related organization(s)							
	c Gift, grant, or capital contribution from related organization(s)							
	d Loans or loan guarantees to or for related organization(s)							
е	Loans or loan guarantees by related organization(s)				1e		X	
f	f Dividends from related organization(s)							
g	g Sale of assets to related organization(s)							
h Purchase of assets from related organization(s)								
	Exchange of assets with related organization(s)				1i		X	
	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
-								
k Lease of facilities, equipment, or other assets from related organization(s)								
	Performance of services or membership or fundraising solicitations for related organization(s)				11		X	
	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X	
	Sharing of paid employees with related organization(s)				10		X	
р	Reimbursement paid to related organization(s) for expenses				1p		Х	
	nbursement paid by related organization(s) for expenses						X	
•								
r	Other transfer of cash or property to related organization(s)				1r		X	
	S Other transfer of cash or property from related organization(s)				1s		X	
	If the answer to any of the above is "Yes," see the instructions for information on who must co							
	(a) (b)		(c)	(d)				
	Name of related organization Transact type (a		Amount involved	Method of determining amount invo	olvea			
1)								
۵.								
2)								
۵۱								
3)								
4)								
7)								
5)								
<u>√,</u>								
6)								
3216	163 10-02-18	39		Schedule F	R (Forr	n 990)	2018	
-					•	,	-	

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)(orgs.	sec. (3)	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca Yes	opor- nate tions?	Gener mana partn Yes	ral or Faging ner?	(k) Percentage ownership

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.

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or BALTIMORE YEARLY MEETING OF THE print 52-0856309 RELIGIOUS SOCIETY OF FRIENDS INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 17100 QUAKER LANE City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions SANDY SPRING, MD 20860-1267 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 THE ORGANIZATION The books are in the care of ► 17100 QUAKER LANE - SANDY SPRING, MD 20860-1267 Telephone No. ► 301-774-7663 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2019, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning , and ending Initial return If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period

using EFTPS (Electronic Federal Tax Payment System). See instructions.

| 3c | \$ | Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

any nonrefundable credits. See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)

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