** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

and ending A For the 2022 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number BALTIMORE YEARLY MEETING OF THE Address change RELIGIOUS SOCIETY OF FRIENDS INC. Name change 52-0856309 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 301-774-7663 17100 QUAKER LANE termin-ated 2,830,689. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended SANDY SPRING, MD 20860-1267 H(a) Is this a group return Applica-F Name and address of principal officer: JIM RILEY Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)(4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.BYM-RSF.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Association L Year of formation: 1968 M State of legal domicile: MD Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTE RELIGIOUS, CHARITABLE, Activities & Governance AND EDUCATIONAL INTERESTS OF ITS MEMBERS AND CONSTITUENTS. oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 161 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 325 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 1,256,833. 1,101,946. Contributions and grants (Part VIII, line 1h) Revenue 1,052,604. 1,636,178. Program service revenue (Part VIII, line 2g) 43,174. 60,015. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 29,138. 32,550. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,381,749. 2,830,689. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 28,950. 34,275. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,200,716. 1,455,434. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 745,647. 1,123,758. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,975,313. 2,613,467. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 406,436. 217,222. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5,063,736. 5,573,222. 20 Total assets (Part X, line 16) 505,893. 194,575. 21 Total liabilities (Part X, line 26) 5,067,329**.** 4,869,161. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JIM RILEY, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature if self-employed JENNIFER SOLOT JENNIFER SOLOT 10/19/23 P00749373 Paid Firm's EIN 23-2896692 BBD, LLP Preparer Firm's name Firm's address 1835 MARKET STREET, 3RD FLOOR Use Only Phone no. 215 - 567 - 7770 PHILADELPHIA, PA 19103 May the IRS discuss this return with the preparer shown above? See instructions X Yes

	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	1 (8) 810
	OPERATION OF FOUR QUAKER SUMMER CAMPS FOR APPROXIMATELY 600 CAMPERS AND
	ONE WEEKEND CAMP REUNION WITH 40 PARTICIPANTS.
4b	(Code:) (Expenses \$ 66,246 • including grants of \$) (Revenue \$ 57,428 •)
	ANNUAL SESSION IS A WEEKLONG PROGRAM ATTENDED BY APPROXIMATELY 300
	MEMBERS FROM VARIOUS MONTHLY MEETINGS. MEMBERS CONDUCT THE BUSINESS OF
	THE YEARLY MEETING, ATTEND WORKSHOPS AND WORSHIP TOGETHER DURING THE
	WEEK.
4c	(Code:) (Expenses \$ 238,294. including grants of \$ 34,275.) (Revenue \$ 26,352.)
	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 on Schedule O.)
Tu	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,981,253.
<u></u>	Form 990 (2022)

Part IV Checklist of Required Schedules

	·			T
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١,		x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		25
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
U	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? <i>If</i> "Yes," <i>complete</i>			
Ŭ	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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			٦,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		 **
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b		<u> </u>		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,
	complete Schedule G, Part III	19		X
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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			, v
	comessic covernment on Part IX, column (A), line 17 II, ites - comblete Schedule I, Parts Land II	・フィ		. 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			140
	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	23		x
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	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	04-		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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	22		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
0.7	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ v
07	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	36		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	5,		<u> </u>
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O 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			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 28 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	(gambling) winnings to prize winners?	1c	Х	
	1G G U I			

232004 12-13-22

Form **990** (2022)

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 161			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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).			37
5a	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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		Х
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	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		Х
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
·	to file Form 8282?	7c		х
d		-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? 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: Gross income from members or shareholders N/A 11a			
a		-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	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	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the 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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

232005 12-13-22

Form **990** (2022)

RELIGIOUS SOCIETY OF FRIENDS INC.

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 9 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 on Schedule O. 9 **b** Enter the number of voting members included on line 1a, above, who are independent _____ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Х 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 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? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 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

232006 12-13-22

Form 990 (2022)

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do box	not c	Pos heck ss pe	ition		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) SARAH GILLOOLY	46.00							111 - 11		14 270
GENERAL SECRETARY	15 00			Х				111,541.	0.	14,379.
(2) STEPHANIE BEAN	15.00	٠,,		,,						0
TRUSTEE AND PRESIDING CLERK	10 00	Х		Х				0.	0.	0.
(3) JAMES T. RILEY	10.00	٠,,		,,					_	0
TRUSTEE AND TREASURER	F 00	Х		Х				0.	0.	0.
(4) MARION BALLARD	5.00	٠,,								0
TRUSTEE	1 00	Х						0.	0.	0.
(5) DANTE BUCCI	1.00	\ \							_	0
TRUSTEE	2 00	Х				_		0.	0.	0.
(6) THOMAS FARQUHAR	2.00	\ \						0.	0.	0
TRUSTEE	8.00	Х						0.	0.	0.
(7) RICHARD LIVERSIDGE	0.00	Х						0.	0.	0.
TRUSTEE (FROM SEP. 2022) (8) BYRON SANFORD	2.00	Δ						0.	0.	0.
TRUSTEE	2.00	Х						0.	0.	0.
(9) KATHRYN SCHUTZ	0.50	^						0.	0.	0.
TRUSTEE	0.50	Х						0.	0.	0.
(10) RICHARD THAYER	1.00	^						0.	0.	· ·
TRUSTEE (FROM SEP. 2022)	1.00	Х						0.	0.	0.
(11) ANNA MCCORMALLY	1.00	<u>^`</u>						· ·	0.	•
RECORDING CLERK OF YEARLY MEETING	1.00			x				0.	0.	0.
(12) BETTE HOOVER	15.00								•	
CLERK OF INTERIM MEETING (FROM SEP.				х				0.	0.	0.
(13) MEG MEYER	15.00							•	•	
CLERK OF INTERIM MEETING (UNTIL SEP.				х				0.	0.	0.
(14) DEBORAH HAINES	1.00							-		<u> </u>
RECORDING CLERK OF INTERIM MEETING				х				0.	0.	0.
(15) TERENCE MCCORMALLY	2.00									
ASSISTANT TREASURER				х				0.	0.	0.
										- 000

	990 (2022) RELIGIOUS									52-08	356	309	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle: cer an	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Est am	(F) imate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	comp fro orga and		e on ed
											-			
											\dashv			
											\dashv			
											\dashv			
1b	Subtotal		<u> </u>	<u> </u>			<u> </u>	<u> </u>	111,541.		0.	14	.,3	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 111,541.		0.	14	.,3	0. 79.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportabl	е			1
3	Did the organization list any former officer,			•	•	•	-	_		•			Yes	No
4	line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	and	d otl	•	the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indiv			4		X
Sec	rendered to the organization? If "Yes," comption B. Independent Contractors	piete Scriedui	e J i	Or St	JCH	pers	SOII .					5		
1	Complete this table for your five highest co	•	•							*	pensa	ation fr	om	
	(A) Name and business			ONE		*****	<u> </u>		(B) Description of s		C	(C) ompen		า

Form **990** (2022)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Pai	Check if Schedule O contains a response or note to any line in this Part VIII												
		Check if Schedule O contains a response	or note to any lir	7.5		(C)							
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded						
				Total revenue		business revenue	from tax under						
							sections 512 - 514						
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a											
Sra lou	b	Membership dues1b	514,572.										
Am Am	С	Fundraising events 1c											
盲	d	Related organizations 1d	5,000.										
s, (Government grants (contributions) 1e	178,241.										
ioi		All other contributions, gifts, grants, and											
the lat			404,133.										
ا وظِ	а	Noncash contributions included in lines 1a-1f	20,079.										
Sol	_	Total. Add lines 1a-1f		1,101,946.									
		Total / Ida iii loo Ta Ti	Business Code										
o l	2 0	SUMMER CAMPS		1,556,630.	1 556 630.								
Š		ANNUAL SESSION	900099	57,428.									
šer	D	YOUTH & OTHER PROGRAM	600099	22,120.	22,120.								
m Sen	С.	TOUTH & OTHER PROGRAM	000033	22,120.	22,120.								
gra Re	d												
Program Service Revenue	е												
۱ ۳		All other program service revenue		1 626 170									
\rightarrow		Total. Add lines 2a-2f		1,636,178.									
	3	Investment income (including dividends, intere	•	60 015			60,015.						
		other similar amounts)		60,015.			60,013.						
	4	Income from investment of tax-exempt bond p											
	5	Royalties											
		(i) Real	(ii) Personal										
	6 a	Gross rents 6a 28,318.											
	b	Less: rental expenses 6b 0 •											
	С	Rental income or (loss) 6c 28,318.											
	d	Net rental income or (loss)		28,318.			28,318.						
	7 a	Gross amount from sales of (i) Securities	(ii) Other										
		assets other than inventory 7a											
	b	Less: cost or other basis											
ne		and sales expenses 7b											
Revenue	С	Gain or (loss) 7c											
Re		Net gain or (loss)											
Jer	8 a	Gross income from fundraising events (not											
₹		including \$ of											
		contributions reported on line 1c). See											
		Part IV, line 18											
	b	Less: direct expenses 8b											
	С	Net income or (loss) from fundraising events											
	9 a	Gross income from gaming activities. See											
		Part IV, line 19 9a											
	b	Less: direct expenses 9b											
		Net income or (loss) from gaming activities											
	10 a	Gross sales of inventory, less returns											
		and allowances10a											
	b	Less: cost of goods sold 10b											
	С	Net income or (loss) from sales of inventory											
S			Business Code										
e eon	11 a	OTHER INCOME	900099	4,232.	4,232.								
and	b												
e Sel	С												
Miscellaneous Revenue	d	All other revenue											
	е	Total. Add lines 11a-11d		4,232.									
	12	Total revenue. See instructions	2,830,689.	1,640,410.	0.	88,333.							

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).

Dο	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	24 275	24 275		
_	individuals. See Part IV, line 22	34,275.	34,275.		
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,	125,920.	81,849.	37,776.	6,295
_	trustees, and key employees	123,920•	01,049.	31,110.	0,293
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	1,078,556.	791,065.	185,255.	102,236
7	Other salaries and wages Pension plan accruals and contributions (include	±,070,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	103,233.	102,230
8	·	30,882.	15,860.	9,056.	5 966
9	section 401(k) and 403(b) employer contributions) Other employee benefits	130,225.	114,971.	12,066.	5,966 3,188
		89,851.	64,883.	16,594.	8,374
10	Payroll taxes	05,051.	04,003.	10,354.	0,314
11	Fees for services (nonemployees):				
a					
b					
q	5 ······ F				
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees	5,224.		5,224.	
g	// //	3,221		3,221	
9	column (A), amount, list line 11g expenses on Sch 0.)	142,917.	81,652.	59,805.	1,460
12	Advertising and promotion		0_,00_0		
13	Office expenses	135,868.	59,666.	40,597.	35,605
14	Information technology		00,000	20,007	
15	Royalties				
16	Occupancy	132,931.	123,866.	9,065.	
17	Travel	31,745.	29,657.	1,694.	394
., 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				
 22	Depreciation, depletion, and amortization	125,118.	117,294.	7,824.	
 23	Insurance	73,912.	62,750.	11,162.	
24	Other expenses. Itemize expenses not covered			,	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	FOOD	142,876.	142,498.	378.	
b	EQUIPMENT EXPENSE	112,395.	69,363.	42,042.	990
c	VEHICLE EXPENSE	67,540.	67,252.	288.	
d	MAINTENANCE	62,370.	52,114.	10,256.	
e	A.II	90,862.	72,238.	18,553.	71
25 25	Total functional expenses. Add lines 1 through 24e	2,613,467.	1,981,253.	467,635.	164,579
<u></u> 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** (2022)

Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			905,754.	1	503,801.
	2	Savings and temporary cash investments			155,539.	2	2,696.
	3	Pledges and grants receivable, net			1,199.	3	16,163.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disquali	rsons (as defined				
		under section 4958(f)(1)), and persons described	ction 4958(c)(3)(B)		6		
şţs	7	Notes and loans receivable, net		10,178.	7	7,959	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			49,862.	9	47,056
	10a	Land, buildings, and equipment: cost or other		4 400 000			
		basis. Complete Part VI of Schedule D		4,183,079.			
	b	Less: accumulated depreciation			2,636,796.	10c	2,685,985 1,800,076
	11	Investments - publicly traded securities		1,813,894.	11	1,800,076	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		F FE2 000	15	F 060 F06	
	16	Total assets. Add lines 1 through 15 (must equa		_ _	5,573,222.	16	5,063,736
	17	Accounts payable and accrued expenses			113,686.	17	185,506
	18	Grants payable			C 0.C0	18	0.060
	19	Deferred revenue	6,060.	19	9,069		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I			21		
ies	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela			386,147.	23	
	24	Unsecured notes and loans payable to unrelated			300,147.	24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). Complete Part X		05	
	26	of Schedule D			505,893.	25 26	194,575.
	20	Organizations that follow FASB ASC 958, che			303,033.	20	171,373
ès		and complete lines 27, 28, 32, and 33.	CK HE				
anc	27	Net assets without donor restrictions			3,731,482.	27	3,880,284.
Bal	28	Net assets with donor restrictions			1,335,847.	28	988,877
pu		Organizations that do not follow FASB ASC 9					, , , , , ,
Ŀ		and complete lines 29 through 33.	JO, J				
Š	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,067,329.	32	4,869,161.
_	33	Total liabilities and net assets/fund balances			5,573,222.	33	5,063,736.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
			2 22	^ ~	00		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,83				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,61	$\frac{3,4}{}$	67.		
3	Revenue less expenses. Subtract line 2 from line 1	3			22.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,06				
5	Net unrealized gains (losses) on investments	5	-41	<u>5,3</u>	<u>90.</u>		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	4,86	9,1	61.		
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 on Schedule	e O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were 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	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BALTIMORE YEARLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS INC.

Employer identification number 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).) 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 on 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	
	organization, check this box and stop	here					<u></u>
	tion C. Computation of Publ					l I	
	Public support percentage for 2022 (I					14	<u>%</u>
	Public support percentage from 2021					15	. %
16a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2021. If the constant have The experientian such						
47-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact					_	
L	meets the facts-and-circumstances tes	~		• • •	-		
O	10% -facts-and-circumstances tes						10% Of
	more, and if the organization meets the organization meets the facts-and-circle				-		
10							
10	Private foundation. If the organization	n did flot check a	DUX UIT III IE 13, 16	a, 100, 17a, 01 171	D, CHECK THS DOX 8	uiu see iiistruction	<u> </u>

Schedule A (Form 990) 2022

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	elow, please con	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-					+	
4	•						
	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						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						i
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's '	I first second third	fourth or fifth tax	vear as a section	501(c)(3) organizat	ion
•	check this box and stop here	· ·		ŕ	•		.5.1,
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (column (f))		15	9,
	Public support percentage from 2021					16	9
	ction D. Computation of Investigation					1101	
	Investment income percentage for 20					17	9
	Investment income percentage from 2					18	9
	33 1/3% support tests - 2022. If the						
198							I / IS HOL
	more than 33 1/3%, check this box a						L
b	33 1/3% support tests - 2021. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a. or 19b. check t	his box and see i	nstructions	

Part IV | Supporting Organizations

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

Section A. All Supporting 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **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		
За		
3b		
3с		
4a		
4b		
4c		
10		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
9с		
40		
10a		
10b		
lule A (Forn	n 990	2022

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	_	zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
Sec		vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
-		7. Type it 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		163	140
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	U	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
S00		rted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
1 a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
		abstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	^ 1		
	OT ITS S	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

232025 12-09-22 Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ıst complete	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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in 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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
	Charly have if the guyrant year in the arganization's first as a non-function		ad Tura III aurora autica a aur	

Schedule A (Form 990) 2022

instructions).

Sche		TELL OF EXTEND			2-0856309 Page 7
Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				

Schedule A (Form 990) 2022

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

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

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

(Form 990)

Attach to Form 990 or Form 990-PF.

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-PF.

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

2022

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				
		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.				
General	Rule					
X		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					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).				

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No1	Name, address, and ZIP + 4	\$ 8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$\$	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			
3		\$7,500.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$10,668 .	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$10,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$5,100.	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	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$6,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$10,011.	Person X Payroll

52-0856309

RELIGIOUS SOCIETY OF FRIENDS INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 13 Person **Payroll** 13,400. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 14 Person **Payroll** 17,900. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 16 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 17 X Person Payroll 5,136. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 Person Pavroll 5,000. Noncash (Complete Part II for noncash contributions.)

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) (d) Total contributions Type of contribution
19		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
20		\$ 5,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
21		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
22		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
23		\$ 178,241. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions 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 F	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
	425 SHARES OF SSIAX		
4			
		_{\$} 10,068.	12/12/22
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of honeasti property given	(See instructions.)	Date received
	63 SHARES OF AAPL		
12			
		_{\$} 10,011.	08/30/22
	<u></u>	\$	00/30/22
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(2)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
· urti			
_			
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
raiti			
		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(SSS MICHAELIONS.)	
—	<u> </u>		
		_{\$}	

Employer identification number

Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	ons to organizations described	entry For or	D1(c)(7), (8), or (10) that total more than \$1,000 for the year rganizations e year. (Enter this info. once.) \$	
	Use duplicate copies of Part III if additional	space is needed.	0. 1000	, ,	
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, a	nd ZIP + 4	Re	elationship 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, a	na ZIP + 4	Ke	elationship 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		Re	elationship of transferor to transferee	
(a) No.					
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, al			elationship 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 Inspection

Name of the organization

BALTIMORE YEARLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS INC.

Employer identification number 52-0856309

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or <i>F</i>	Accounts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	-		
	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	·		
Da	impermissible private benefit?			
Pa			" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	` '		
	Preservation of land for public use (for example, recreation			orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribu	ition in the form of a c	onservation easement on the last Held at the End of the Tax Year
	day of the tax year.			
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic structure.			2c
a	Number of conservation easements included in (c) acquired af	•		
2	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or to	erminated by the orga	nization during the tax
4	year Number of states where property subject to conservation ease	oment is located		
5	Does the organization have a written policy regarding the period		on handling of	
3	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	otali and volunteer neare devoted to monitoring, inspecting, in	arraning or violations, arr	a cincioning conservat	ion oddornomo daning the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enf	orcina conservation e	asements during the year
	3,		g	g ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its reve	nue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education,	or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	statement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	research in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	mn			
2	If the organization received or held works of art, historical treas	sures, or other similar as	sets for financial gain,	provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) 2022

Par	t III	Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, o	r Othe	r Simila	ar Asse	ts (continu	ed)
3	Using t	he organization's acquisition, accessi	on, and other record	s, check any of the	following that	make si	gnificant	use of its		
	collecti	on items (check all that apply):								
а	F	Public exhibition	d	Loan or excl	hange prograr	m				
b		Scholarly research	е	Other						
С	L F	Preservation for future generations								
4	Provide	e a description of the organization's co	ollections and explain	n how they further th	he organizatio	n's exem	npt purpo	se in Par	t XIII.	
5	During	the year, did the organization solicit o	r receive donations of	of art, historical treas	sures, or othe	r similar a	assets		_	
		old to raise funds rather than to be ma						L	Yes	└── No
Par		Escrow and Custodial Arran		ete if the organization	n answered "\	Yes" on F	Form 990	, Part IV,	line 9, or	
		reported an amount on Form 990, Par	t X, line 21.							
1a		organization an agent, trustee, custodi							_	
	on Form 990, Part X? Yes No									
b	If "Yes,	explain the arrangement in Part XIII	and complete the fo	llowing table:						
									Amount	
		ing balance								
		ns during the year								
е		utions during the year								
f		balance					_ _ 1f _		1	
		organization include an amount on F	•	•			ty?		Yes	∐ No
		explain the arrangement in Part XIII.						<u></u>		
Par	ιv	Endowment Funds. Complete i						oare back	(a) Four v	pare back
4.	Di	in a reference to allow a c	(a) Current year	(b) Prior year	(c) Two years					
	-	ing of year balance	944,731. 6,190.	841,351. 7,439.		,581.	0	51,974.		3,806.
		outions	-175,636.	-		,327.	1	4,142.		
		estment earnings, gains, and losses	-175,636.	133,941.	116	,443.		03,465.	_	18,914.
		or scholarships								
е		expenditures for facilities	36,000.	38,000.	1.4	,000.		26,000.		29,000.
	•	ograms	30,000.	30,000.	11	,,,,,,		20,000.		25,000.
		strative expenses year balance	739,285.	944,731.	841	,351.	7	33,581.	-	551,974.
g 2		year balance	, ,	,		, •••	•			
		designated or quasi-endowment	ent year end balanc	e (iirie 19, coldiiii (a %	i)) Held as.					
		nent endowment 100	%							
·		rcentages on lines 2a, 2b, and 2c sho	, -							
За		ere endowment funds not in the posse	· ·	ation that are held a	nd administer	ed for th	е			
		ation by:	J						Y	'es No
	•	related organizations							3a(i)	X
		ated organizations							· - · ·	X
b		on line 3a(ii), are the related organiza								
4		be in Part XIII the intended uses of the								
Par	t VI	Land, Buildings, and Equipm	ent.							
		Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990,	Part X, I	ine 10.			
		Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Acc	cumulate	d	(d) Book	value
			basis (investn	·	` '	depi	reciation			
1a	Land				6,496.				1,106	
		gs			5,379.		22,14		1,323	
С	Leaseh	old improvements			5,601.		90,83			,768.
d	Equipm	nent			1,422.		40,24			,173.
					4,181.	1	43,86	55.		,316.
Total	. Add lin	nes 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)				2,685	
								Schodule	D /Form	200/ 2022

	SOCIETY OF FRI	ENDS INC.	52-0856309 Page 3
Part VII Investments - Other Securities.	ll am Fairm 000 David IV line	11h Can Farra 000 Dart V line 10	
Complete if the organization answered "Yes (a) Description of security or category (including name of security)		•	er and of year market value
· · · · · · · · · · · · · · · · · · ·	(b) Book value	(c) Method of valuation: Cost o	or end-or-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.			
Complete if the organization answered "Yes	" on Form 000 Port IV line	11a Saa Farm 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or and of year market value
	(b) Book value	(c) Welfied of Valuation. Cost of	il end-or-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
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 15	
	Description	Tra. dec Form 500, Fart X, line 10.	(b) Book value
(1)	,		(-)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. lir	ne 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	ne 25.)		
(2)	- ,		1

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

RELIGIOUS SOCIETY OF FRIENDS INC.

Complete if the organization answered "Yes" on Form 990, Part IV.		eturr	
1 Total revenue, gains, and other support per audited financial statements		1	1,348,835
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
A Net unrealized gains (losses) on investments			
b Donated services and use of facilities	2b 5,798.		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d -1,072,262.		
e Add lines 2a through 2d		2e	-1,481,854.
3 Subtract line 2e from line 1		3	2,830,689.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	2,830,689.
Part XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV		Ketu	ırn.
Total expenses and losses per audited financial statements		1	2,820,281.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a 5,798.		
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	212,038.
3 Subtract line 2e from line 1		3	2,608,243.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 5,224.		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	5,224.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	2,613,467.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		1; Part	X, line 2; Part XI,
PART V, LINE 4:			
THE YEARLY MEETING HAS ADOPTED INVESTMEN	T AND SPENDING POLIC	IES	FOR ITS
ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE	E A PREDICTABLE STREA	м О	F FUNDING
TO PROGRAMS SUPPORTED BY ITS ENDOWMENT V	WHILE SEEKING TO MAIN	TAI:	N THE
PURCHASING POWER OF THESE ENDOWMENT ASSE	TTS OVER THE LONG-TER	м.	THE YEARLY
MEETING'S SPENDING AND INVESTMENT POLICI	ES WORK TOGETHER TO	ACH	IEVE THIS
OBJECTIVE. THE INVESTMENT POLICY ESTABI	LISHES AN ACHIEVABLE	RET'	URN
OBJECTIVE THROUGH DIVERSIFICATION OF ASS	SET CLASSES.		
PART X I.TNE 2.			
PART X, LINE 2:			
GAAP PRESCRIBES A MINIMUM RECOGNITION TH			
REQUIRED TO MEET IN ORDER TO BE RECOGNIZE			
232054 09-01-22		Schoo	dule D (Form 990) 202:

Part XIII Supplemental Information (continued)	
THE YEARLY MEETING BELIEVES THAT IT HAD NO UNCERTAIN TAX POSITIONS AS	
DEFINED IN GAAP.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
INVESTMENT MANAGEMENT FEES -5,224	4.
MILES WHITE BENEFICIAL SOCIETY -1,067,038	8.
TOTAL TO SCHEDULE D, PART XI, LINE 2D -1,072,262	2.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
MILES WHITE BENEFICIAL SOCIETY 206,240	0.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

BALTIMORE YEARLY MEETING OF THE

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

RELIGIOUS	SOCIETY	OF FRIENDS	INC.				52-0856309
Part I General Information on Grants	and Assistance						
Does the organization maintain records		-					
criteria used to award the grants or ass	istance?						No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of gran	t funds in the Unite	ed States.			
Part II Grants and Other Assistance to recipient that received more than					anization answered "`	Yes" on Form 990, Part I\	/, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 							

Schedule I (Form 990) 2022

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III 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
DUCATION GRANTS TO HELP FRIENDS SECURE					
OST-SECONDARY EDUCATION	10	20,000.	0.		
UE THOMAS TURNER GRANTS TO EDUCATORS AT QUAKER					
CHOOLS TO SUPPORT THE USE OF QUAKER FAITH & RACTICE	15	14,275.	0.		
		,	-		

PART I, LINE 2:

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

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

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 FINANCE MANAGER,

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) 2022

232211 10-28-22

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.

2022
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization BALTIMORE YEARLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
				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)	(I	h)	(i)	(j	((k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of total Share of Disproportionate Code V-U		Code V-UBI	Gener	al or Perce	entage	
or related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	allocations?		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)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l contr ent	
		country)		J. 1. 201,		455515		Yes	No
									<u> </u>
-									
	-								
									
	-								
	-								
									
	-								
	1								
	1								
	1	2.0	l .						

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with one or	r more	related organizations listed	in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					1a		X		
	Gift, grant, or capital contribution to related organization(s)					1b		X		
	Gift, grant, or capital contribution from related organization(s)					1c	Х			
d	Loans or loan guarantees to or for related organization(s)					1d		X		
е	Loans or loan guarantees by related organization(s)									
f	f Dividends from related organization(s)									
	g Sale of assets to related organization(s)									
	Purchase of assets from related organization(s)					1h		Х		
i	Exchange of assets with related organization(s)					1i		X		
j	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)					1k		X		
	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		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					1n		X		
	Sharing of paid employees with related organization(s)					10		Х		
р	Reimbursement paid to related organization(s) for expenses					1p		Х		
q	Reimbursement paid by related organization(s) for expenses					1q		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		
	(a) (b) Name of related organization Transact type (a-	tion	(c) Amount involved		(d) ethod of determining amount invo	olved				
1	MILES WHITE BENEFICIAL SOCIETY OF									
(1) I	BALTIMORE CITY C		10,000.	CASH						
(2)										
(3)										
(4)										
(5)										
(0)										
(6)		<u> </u>			Cabadula F	\/F	000	2000		

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)	(b)	(c)	(d)	(e) Are all partners se 501(c)(3) orgs.?	(f)	(g)	(ł	n)	(i)	(j	j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners se	c. Share of	Share of	Dispr	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage
of entity		(state or foreign	lexcluded from tax under	orgs.?	total	end-of-year	allocat	tions?	of Schedule K-1	partr	ner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes	No	
				\vdash	+		_	_		\vdash		
										H		
												_
				\vdash						\vdash	\vdash	
				oxdot	1				ı	\perp		

Provide additional information 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.