



City of Annapolis

Department of Planning & Zoning

145 Gorman Street, 3rd Fl

Annapolis, MD 21401-2535

PlanZone@annapolis.gov • 410-263-7961 • Fax 410-263-1129 • TDD use MD Relay or 711 • www.annapolis.gov

Community Development Block Grant (CDBG) Program Project Request for Fiscal Year 2022 Funds

Deadline: Thursday, December 3, 2020, at 4:30 p.m.

Organization name _____

Address _____

Phone _____ Fax _____ Email _____

Contact _____ Title _____

Address _____

Phone _____ Fax _____ Email _____

Federal ID # _____ DUNS # _____

Incorporation Date _____ State _____

501(c) (3) Registration date _____

Project title _____

CDBG amount requested \$ _____ Total project amount \$ _____

Project location _____

Eligible activity _____

Faith-based Organization Yes No

Certification

"I certify that I have reviewed this application and that to the best of my knowledge and belief, all the information provided in this application is true."

Signature of Chief Executive Officer

Date

Print name _____ Title _____

EXECUTIVE SUMMARY

In one page or less, please provide a brief summary of your project. Please be sure to include the following items: purpose of the project, how many people will be served, and how the funds will be used.

A. DESCRIBE THE PROBLEM

Describe the specific problem(s) the project is intended to help solve and the people it is intended to help. Please include data used to identify and verify the need for the project such as Census data, waiting list information, and/or other statistics.

B. DESCRIBE THE PROJECT

Describe the project and the activities that your organization will perform or services that will be provided, i.e. how this project is the solution to the previously described problem, and how your organization will use the CDBG funds.

C. PROJECT LOCATION AND BENEFICIARIES

1. What is the location of the proposed project?
2. Are you serving clients ____citywide or is there a ____ service area? (Please check one)

If there is a service area(s) for this project, please describe the boundaries of the service area and provide census tract numbers and a map.

3. Does another organization provide the same service in the same service area?
Yes No

If yes, please explain why both projects are needed to meet a need.

4. Number of people will directly benefit from this project _____
Of those, number who are low and moderate income _____
CDBG cost per low and moderate income persons. _____

5. Please, identify the number of persons with special needs that this project will serve, if applicable.

Persons who are homeless	_____
Persons with physical disabilities	_____
Persons with mental illness	_____
Persons with HIV/AIDS	_____
Elderly persons	_____
At-risk children and youth	_____
Other (specify) _____	_____

6. Describe how you will provide documentation that the beneficiaries are low and moderate income persons or households. (Please see the income limits on page 2 of the application guidelines).

D. OUTCOME AND PERFORMANCE MEASUREMENT

Program Component (Please check **ONE** appropriate box that corresponds to the purpose for which funding is being requested.)

Housing

Public Facilities and Improvements

Public Services

Economic Development

Homeless Activities

Program Objective (Please check **ONE** appropriate box which corresponds to the Objectives established by HUD)

Suitable Living Environment

Decent Housing

Creating Economic Opportunities

OUTCOMES – The benefits to individuals, families, organizations and the community resulting from a program or activity. Outcomes are produced during or after their involvement in an activity. The outcomes may be one of the following: (1) Availability/Accessibility of services, (2) Affordability of services, or (3) Sustainability (Promoting livable or viable communities). Please check **ONE** desired outcome.

Availability/Accessibility

Affordability

Sustainability

OUTCOME MEASUREMENT – Describe evaluation tools, methods and benchmarks to measure achievements of the outcome

D. LOCAL GOALS

1. Which Consolidated Plan goal does your project meet? Please check ONE of the following:

Housing Goals

- ☐ Continue to provide financial assistance to low- and moderate-income homeowners to rehabilitate their existing owner-occupied housing.
- ☐ Provide support to affordable housing developers/owners, and public housing authorities to rehabilitate housing units that are rented to low- and moderate-income tenants.
- ☐ Provide support for new construction of affordable rental units.
- ☐ Provide funds to acquire and rehabilitate vacant buildings for homeownership for low- and moderate-income households.
- ☐ Provide settlement expense assistance to eligible households to purchase a home.

Homeless Goals

- ☐ Provide funding for outreach workers that provide services to street homeless.
- ☐ Assist providers in the operation of housing and support services for the homeless by providing operating funds for shelter, services, and capital improvements.

Special Needs Goals

- ☐ Provide funds for the rehabilitation of existing buildings which house individuals with special needs.

Community Development Goals

- ☐ Support improvement of public facilities serving low and moderate-income persons. Support Vital Public Services concerned with assisting children and youth, providing persons with office skills training and job training, providing persons with information and referral and other services that promote family stability and self-sufficiency.

Employment Goals

- ☐ Support and encourage job creation, job retention, and job training opportunities.

Administration Goals

- ☐ Provide program management and oversight for the successful administration of Federal, state, and local funded programs, including planning services for special studies, environmental clearance, fair housing, and compliance with all Federal, state, and local laws and regulations.

2. Please explain how the proposed project addresses the local goal selected.

E. ORGANIZATION EXPERIENCE AND CAPACITY

	Full time	Part time
1. Number of paid staff	_____	_____
2. Number of paid staff that will work on this project	_____	_____
3. Number of volunteer staff	_____	_____
4. Describe your organization's mission, current activities, and how your proposed project furthers that mission and current activities.		
5. Describe your organization's most recent key accomplishments.		
6. Please, discuss your organization's administrative capacity to carry out the project successfully, e.g., has previous experience with similar projects.		
7. Please discuss your organization's financial capacity. Please describe the fiscal management, disbursement methods, financial reporting, record keeping and accounting procedures.		

8. What is the amount of your organization's current annual operating budget?

\$ _____

9. List your major source(s) of funding:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

F. PROJECT BUDGET for PUBLIC SERVICES PROJECTS

Budget item	CDBG funds requested	Other funding	Source (Federal, State, Private)	Other funding committed or requested?	Total project cost
Salaries (list each position)	\$	\$			\$
Rent/Leasing Costs					
Telephone					
Travel					
Contract Services					
Equipment					
Insurance					
Office Supplies					
Printing/Postage					
Audit/Accounting					
Other (please describe)					
Total Budget	\$	\$			\$

2. Will you use volunteers or in-kind contributions for this project, please explain.

G. PROJECT BUDGET FOR CAPITAL PROJECTS

Budget Item	Total amount of CDBG Requested	Other Funds	Source (Federal, State, Private)	Other funding committed or requested?	Total Project Costs
<i>PROJECT COSTS</i>	\$	\$			\$
Acquisition					
a. Cost of Building or Land					
b. Settlement Costs					
Hard Construction Costs					
a. Cost of Construction					
b. Contingency					
Relocation Costs					
Holding Costs					
Architecture and Engineering					
Construction Administration					
Application Fee					
Environmental/Lead Survey					
Marketing					
Permits & Fees					
Appraisals					
Hazard & Builders Risk					
Taxes (Property)					
Accounting					
Legal					
Title/Recording					
Inspection Fees					
Other:					
TOTAL	\$	\$			\$

2. Will you use volunteers or in-kind contributions for this project, please explain.

FOR CAPITAL PROJECTS ONLY

PROPERTY INFORMATION

(Complete only if the project involves property acquisition, construction, and/or rehabilitation.)

1. Where is the project located or to be located?
2. If the project is to be located at a specific location, please give the address.
3. Please describe the current use of the proposed location for the project.
4. If the proposed project is for a specific location, do you have site control (deed, contract of sale)?

YesNo

If no, please describe plans for obtaining site control with an estimated date for when you plan to have site control.
5. If the proposed project is for a specific location, what is the current zoning for the site?
6. Demonstrate how the proposed project is in compliance with local zoning codes and land use designations or describe any zoning or land use challenges currently being reviewed that may affect the project.
7. Will Davis Bacon wages rates apply?

YesNo

CONFLICT OF INTEREST QUESTIONNAIRE

The Code of the City of Annapolis prohibits “employees” and “officials” of the City, as defined by [Chapter 2.08](#) of the City Code, from participating on behalf of the City in any matter in which they have certain financial or business interests. Each applicant for Community Development Block Grant (CDBG) funding from the City shall complete and submit this Conflict of Interest Questionnaire to allow the City to determine if the applicant or any of its staff, employees, Board of Directors, officers, and/or governing body would be in a conflict of interest under the City Code.

- a. Is there any member(s) of the applicant's staff, employees, Board of Directors, officers, and/or governing body who currently is or has/have been within one (1) year of the date of this application a City employee, official, or consultant, or a member of the City Council?

Yes No

If yes, please list the names(s) and City position below:

_____	_____
_____	_____

- b. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one (1) year of the date of this application a City employee, official, consultant, or a member of the City Council?

Yes No

If yes, please list the name(s) and City position below:

_____	_____
_____	_____

- c. Is there any member(s) of the applicant's staff, employees, Board of Directors, officers, and/or other governing body who are business partners and/or family members of a City employee, official, or consultant, or a member of the City Council?

Yes No

If yes, please list the name(s) and the business partner's/family member's City position below:

_____	_____
_____	_____

If you have answered “YES” to any of the above, the CDBG Office and the City shall review those financial and/or business interests to determine whether a real or apparent conflict of interest exists between the applicant and the acceptance of CDBG funding from the City.

Name of Applicant's Authorized Official: _____

Authorized Official's Title: _____

Signature of Authorized Official: _____

**CITY OF ANNAPOLIS
COMMUNITY DEVELOPMENT BLOCK GRANT FY 2022**

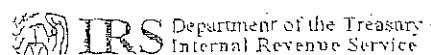
DOCUMENT CHECK LIST

- ☐ 1 original
- ☐ IRS tax-exempt determination letter
- ☐ Copy of your Articles of Incorporation
- ☐ Bylaws
- ☐ Project Map
- ☐ Recent (within 6 months) Certificate of Good Standing from the Maryland Department of Assessments and Taxation (Call 410-767-1340 to obtain a Certificate)
- ☐ Current list Board of Directors
- ☐ Name your accountant and/or attorney
- ☐ Copy of your latest Audit/Financial Statement or Federal Tax Form 990
- ☐ Signature of Chief Executive Officer
- ☐ If this is a rehabilitation or construction project, provide evidence of site control, e.g., deed, lease, etc.
- ☐ If capital project, provide evidence of zoning compliance
- ☐ Signed Conflict of Interest Form

CDBG Staff Only

All forms are included/complete: Yes No

Reviewer signature _____ Date _____



Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248364844
Aug. 11, 2010 LTR 4168C EO
51-0169423 000000 00

00015679

BODC: TE

ARNDEL LODGE INC
% RICHMOND FELLOWSHIP OF METRO WASH
2600 SOLOMONS ISLAND RD
EDGEWATER MD 21037-1102

Employer Identification Number: 51-0169423
Person to Contact: Mrs. Baker
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Aug. 02, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in July 1989.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

ARUNDEL LODGE, INC.

(a non-stock corporation)

501 3 C

ARTICLES OF INCORPORATION

FIRST: The undersigned, Oscar Morgan, whose address is: 32 Defense Street, Annapolis, Maryland 21401 being at least twenty-one years of age, does hereby form a corporation under the general laws of Maryland.

SECOND: The name of the corporation (which is hereinafter called the Corporation) is Arundel Lodge, Inc.

THIRD: The purposes of the corporation shall be to provide, construct, develop, acquire, lease, own, operate and maintain facilities to serve as half-way homes for individuals returning to society from mental hospitals, psychiatric care, mental and/or emotional illnesses.

To organize and operate the corporation exclusively for charitable purposes, no part of the net earnings of which is to inure to the benefit of any member, director, officer, or other individual.

For the general purposes aforesaid, and limited to those purposes, the Corporation shall have the following powers and purposes:

(a) To organize and operate an association exclusively for charitable purposes, including, for such purpose, the making of distributions to organizations that qualified as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

(b) To hold meetings of its members, to elect officers and directors, adopt by-laws and other regulations consistent with this charter, and to acquire, own, hold and dispose of property necessary to conduct the business of the Corporation and to carry out its general purposes.

(c) Generally to exercise the powers set forth in this charter and those granted by law and to do every other act or thing not inconsistent with law, which may be appropriate to promote and attain the purposes set forth in its charter. The Corporation is formed upon the articles, conditions and provisions herein expressed, and subject in all particulars to the limitations relative to corporations which are contained in the general laws of this state.

FOURTH: The post office address of the principal office of the Corporation in Maryland is:

32 Defense Street
Annapolis, Maryland 21401

The name and post office address of the resident agent of the Corporation in Maryland is:

Oscar Morgan
32 Defense Street
Annapolis, Maryland 21401
Anne Arundel County

Said resident agent is a citizen of Maryland and actually resides therein.

FIFTH: THE CORPORATION SHALL NOT BE AUTHORIZED TO ISSUE CAPITAL STOCK.

SIXTH: The Board of Directors of the Corporation may choose the first members in accordance with the by-laws of the Corporation. Members may resign or be removed, vacancies may be filled and additional members elected as provided in the by-laws.

SEVENTH: The Corporation shall have four Directors, and the following named individuals shall act as the original Board of Directors until the first annual meeting, or until their successors are duly chosen and qualified: Oscar Morgan, Herbert J. Butler, Carmen Procida, and John O'Hehir.

EIGHTH: The following provisions are hereby adopted for the purpose of defining, limiting and regulating the powers of the directors and officers of the Corporation.

(a) The original Board of Directors of this Corporation shall within 30 days call an organizational meeting by a majority vote following the filing of the Articles of Incorporation, for the purpose of adopting by-laws, electing officers, choosing the first members of the Corporation, and transacting other business as may be necessary or advisable in connection with the organization of the Corporation. The Officers of the Corporation duly elected by the original Directors shall serve until their respective successors are chosen and qualified, in accordance with the by-laws of the Corporation.

(b) The original Directors shall serve until the first annual meeting and thereafter until their respective successors are chosen and qualified, in accordance with the by-laws of the Corporation.

(c) The officers of the Corporation shall be elected in accordance with the by-laws of the Corporation.

(d) The powers of the Board of Directors and Officers of this Corporation shall otherwise be as specified by the by-laws of the Corporation, and the general laws of the State of Maryland.

NINTH: No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting, to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

TENTH: Upon the dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all the liabilities of the Corporation, dispose of all of the assets of the Corporation exclusively for the purposes of the Corporation in such manner, or to such organizations organized and operated exclusively for charitable and education purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue

Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Directors shall determine. Any of such assets not so disposed of shall be disposed of by the Circuit Court of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

IN WITNESS WHEREOF, I have signed these Articles of Incorporation this 21st day of December, 1981.

WITNESS:

Annette Richardson

Oscar Morgan
Oscar Morgan

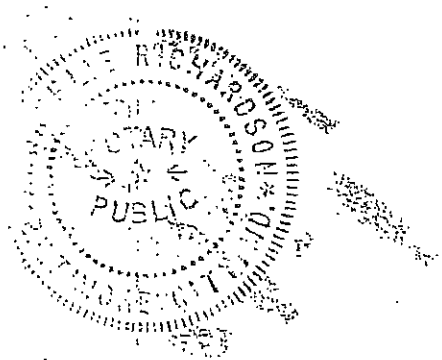
STATE OF MARYLAND, ANNE ARUNDEL COUNTY, TO WIT: THIS IS TO CERTIFY, that on December 21, 1981, before me, the subscriber, a Notary Public of the State of Maryland, County of Anne Arundel, personally appeared OSCAR MORGAN and acknowledged the foregoing Articles of Incorporation to be his act.

WITNESS my hand and Notarial seal, the day and year last above written.

Annette Richardson
Notary Public

My Commission Expires:

July 1, 1982





main office
2600 Solomons Island Rd.
Edgewater, MD 21037
ph 443.433.5900
fax 410.841.6045
video ph 443.569.6947

BYLAWS OF ARUNDEL LODGE, INC. (ALI)

Current as of November 2018

1419 Forest Dr., Ste. 104
Annapolis MD 21403
ph 410.280.2333
fax 410.280.9866

ARTICLE I – OFFICES

Arundel Lodge, Inc. (ALI) shall have its principal offices at 2600 Solomons Island Road, Edgewater, MD 21037.

ARTICLE II – MISSION

A. MISSION

Improving the lives of children, adults and families impacted by mental health and substance use disorders.

- B. Arundel Lodge, Inc. provides services to individuals and families without regard to race, religion, ethnicity, and/or sexual orientation.

ARTICLE III –BOARD OF DIRECTORS

A. COMPOSITION

The Board of Directors shall be composed of no fewer than six (6) and no more than twenty (20) duly elected individuals who are volunteers. The Board is committed to recruit a broad spectrum of members reflecting the community ALI serves.

B. TERMS OF SERVICE

Each Director shall hold a term of office of three (3) years and shall be limited to two (2) consecutive terms. However, in the case of conflict with the above rule, an Officer of the Board will be allowed to complete his/her term of office. Anyone finishing their tenure on the Board must leave the Board for a period of one year before becoming eligible for re-nomination.

ARTICLE IV – MEETINGS

A. QUORUM

A quorum shall consist of a majority (more than ½) of the current Directors.

B. REGULAR MEETINGS

Regular meetings of the Board of Directors shall be held at least six (6) times per year. The dates and places will be established by the Board upon recommendation of the Governance Committee.

C. SPECIAL MEETINGS

A special meeting of the Board of Directors may be held at any time upon the call of the President of the Board, and it shall be the duty of the President to call such a meeting whenever requested to do so by a quorum of the Directors. The maximum notice possible will be given of every special meeting. Only business stipulated for the special meeting may be transacted.

ARTICLE V – BOARD OF DIRECTORS

A. CORPORATE MEMBERSHIP

The Directors of the Board are the sole members of the corporation.

B. CORPORATE OFFICERS

The Board elects from among the ranks of its volunteer members, a President, Vice-President, Treasurer, and Secretary. Each officer shall hold a term of office of two (2) years. A nominee for President must have served on the Board for at least two (2) years. The Executive Director is an appointed officer of the corporation and serves an ex-officio, non-voting member of the Board.

C. TERMINATION OF MEMBERSHIP

Board members may be terminated for, but not limited to, the following reasons:

1. Failure to appear at three (3) consecutive meetings without just cause and without advance notification of the President.
2. Failure to comply with the Conflict of Interest Policy or providing an incomplete or inaccurate Annual Disclosure Statement.
3. Failure to support Arundel Lodge, Inc. in accordance with the Board Member Agreement.
4. Inappropriate conduct.

Prior to termination of membership, the President shall notify that member in writing of his/her alleged violation(s). Within ten (10) days of the date of such notice, the member so charged shall have the right to appear before the Governance Committee to present any evidence or witness in denial, defense, or mitigation. Within five (5) days thereafter, the Governance Committee shall issue its written decision.

D. AGENDA FOR BOARD MEETINGS

The agenda will be developed by the President in conjunction with the Executive Director and pertinent committee chairs. It will be sent out in advance.

ARTICLE VI – OFFICERS

A. PRESIDENT

The President of the Board is the senior volunteer leader of ALI who presides at all meetings of the Board of Directors, the Executive Committee, and other meetings as required. The President is an ex officio voting member of all committees. He/she oversees implementation of corporate and local policies and ensures that appropriate administrative systems are established and maintained. Upon completion of his/her term of office the retired President shall stay another year as a member ex officio of the Board.

B. VICE-PRESIDENT

In the absence of the President, the Vice-President presides at meetings of the Board of Directors and serves as the chair of the Executive Committee. He/she shall have such additional duties as may be assigned by the President of the Board of Directors. The Vice-President is expected to succeed the President. However, this is not automatic. It will require nomination by the Governance Committee and approval by the Board of Directors.

C. TREASURER

The Treasurer, who is chair of the Finance Committee, shall be responsible for the oversight of the collection, receipt, and deposit of funds of the organization as directed by the Board of Directors; shall render financial statements at board meetings, and such other reports and accounts of the financial condition of the organization as may from time to time be requested by the Board of Directors or the Executive Committee, and shall perform such other duties as are included in

the office of the Treasurer; and shall have such other powers and perform such other duties as the Board of Directors may from time to time determine.

D. SECRETARY

The Secretary shall ensure that the actions of the Board of Directors are documented. He/she shall review the board minutes and ensure their accuracy and safety. He/she shall perform such other duties as may be assigned by the President or the Board of Directors. All board records shall reside in the office of the Executive Director.

1419 Forest Dr., Ste. 104
Annapolis MD 21403
ph 410.280.2333
fax 410.280.9866

ARTICLE VII – COMMITTEES

A. STANDING COMMITTEES

The Board shall have five (5) standing committees: Finance, Governance, Compliance, Development, and Advocacy. Committee chairs must be members of the Board. They are appointed by the President, excepting the Finance Committee which is chaired by the Treasurer. Committee members are appointed by the chairs with the advice and consent of the President. Committees may include nonmembers of the Board. The President may create additional standing committees.

B. AD HOC COMMITTEE

The President may create special committees (ad hoc) that will exist for a limited time and purpose.

C. EXECUTIVE COMMITTEE

The Executive Committee consists of the Officers of the Board and the chairs of the Governance and Compliance Committees. It is authorized to make decisions requiring action between regularly scheduled board meetings. It is responsible for conducting an annual review of the performance of the Executive Director and determining his/her financial compensation.

ARTICLE VIII – AMENDMENTS

The bylaws may be amended by a vote of three-fourths (3/4) of those present at any regular or special meeting at which a quorum is present, provided notice of the proposed amendment(s) has/have been given at least ten (10) days prior to such meeting.

ARTICLE IX – MISCELLANEOUS PROVISIONS

A. FISCAL YEAR

The fiscal year of the corporation shall be from July 1 to June 30 of the following year unless otherwise provided by the Board of Directors.

B. TELEPHONE MEETINGS

Pursuant to Section 2-409, Annotated Code of Maryland, members of the Board or a committee thereof, may participate in a meeting by means of a conference telephone or similar communication equipment if all persons participating in the meeting can hear each other at the same time. Participation in a meeting by these means constitutes presence in person at the meeting.

C. ELECTIONS

Prior to each election, the Governance Committee shall prepare a slate of nominees who have appropriate qualifications for the positions on the Board of

Directors that shall be vacated. At the regular meeting in July, the slate shall be reviewed and additional nominations from the floor permitted. At the election meeting in September, Directors and Officers shall be elected by a simple majority of those present, provided a quorum exists.

D. RELATIONSHIP WITH FOR-PROFIT ENTITIES

This agency is not controlled by, nor receives directions from, individuals and/or entities seeking profit from the organization.

1419 Forest Dr., Ste. 104
Annapolis MD 21403
ph 410.280.2333
fax 410.280.9866

E. RELATIONSHIP WITH OTHER NONPROFIT ENTITIES

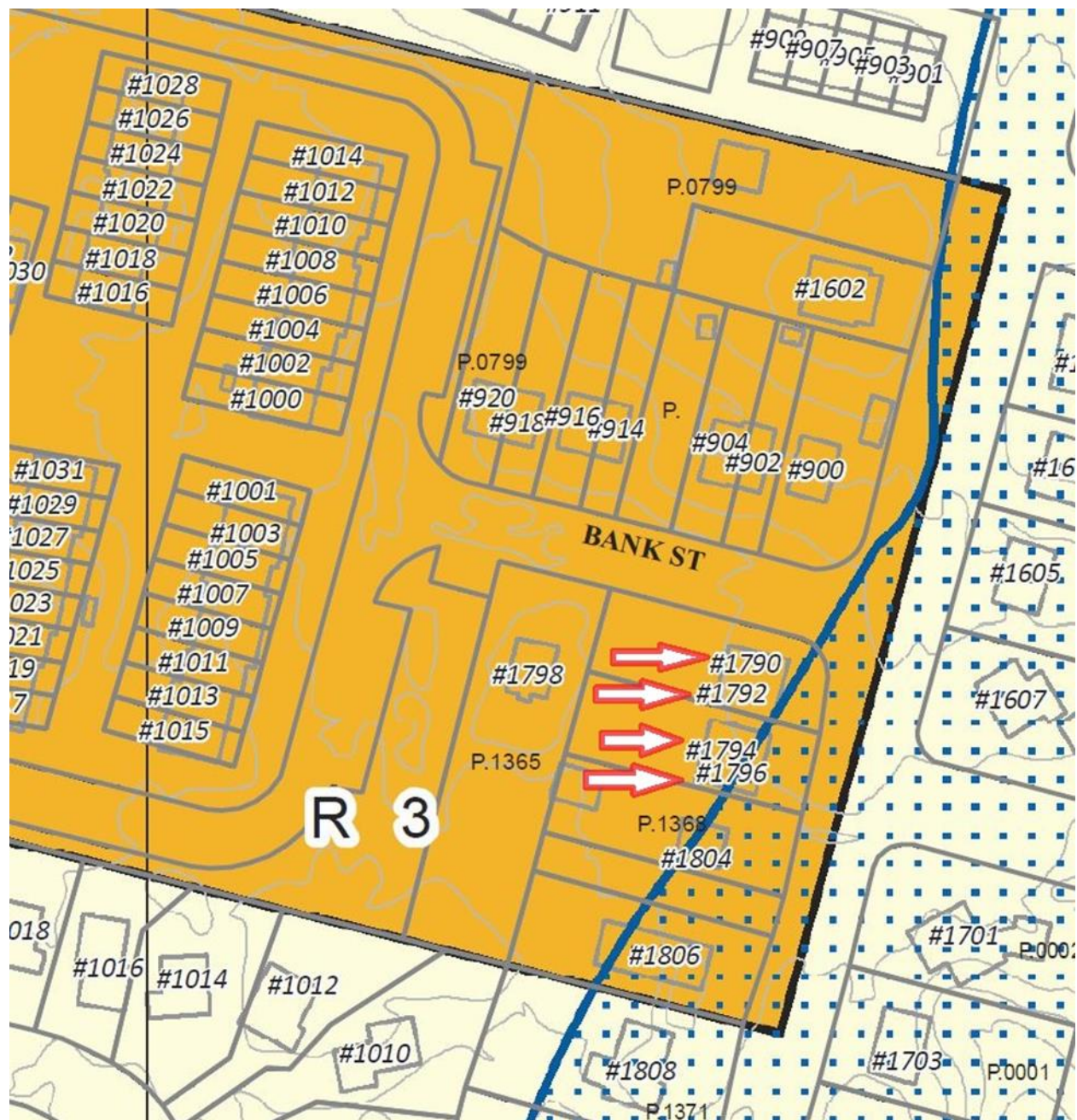
ALI may choose, in the sole discretion of its Board of Directors, to create corporate relationships with other nonprofit entities. It may enter into partnerships, collaborate with other corporations, or assume authority for subsidiary corporations by becoming the sole corporate member of those subsidiary corporations. ALI will enter only those relationships that are in furtherance of its mission, and that advance its charitable purposes.

F. This agency is free to contract for goods and services from vendor(s) of its own choosing.

G. The Board of Directors has an Attorney of Record.

H. The Board of Directors is responsible for the hiring and supervision of the Executive Director in terms of criteria established by the Board upon recommendation of the Governance Committee.

I. The Board retains an audit firm to complete an annual audit and report its results directly to the Board each year.



coronavirus (COVID-19) resources for businesses: <https://businessexpress.maryland.gov/coronavirus>

General Information

Filing History

Annual Report/Personal Property

General Information

Department ID Number: D01353630

Business Name: ARUNDEL LODGE, INC.

Principal Office: 2600 SOLOMONS ISLAND ROAD
EDGEWATER MD 21037

Resident Agent: WAYNE T. KOSMERL
125 WEST STREET, 4TH FLOOR
P.O. BOX 2289
ANNAPOLIS MD 21401

Status: INCORPORATED

Good Standing: THIS BUSINESS IS IN GOOD STANDING

Business Type: CORPORATION

Business Code: 04 ORDINARY BUSINESS - NON-STOCK

Date of Formation/ Registration: 12/21/1981

State of Formation: MD

Stock Status: NONSTOCK

Close Status: NO

Appendix 1: List of the Board of Directors

Beverly Marcus, President

Michael Marvin, Vice President and Treasurer

Melinda Lee Cannon, Secretary

Laura Anderson

James Banwell

Frederick Delp

Claire Fitzpatrick

Barbara Isaacs

Nick Lacey

Jean White

Name of your accountant and/or attorney

Accountant

Mullen Sondberg Wimbish & Stone, PA
2553 Housley Road, Suite 200
Annapolis, MD 21401
410-224-4920

Attorney

Wayne Kosmerl
Council, Baradel, Koshmerl & Nolan, PA
125 West Street
Annapolis, MD 21401-2289
410-268-6600, Ext 115

PUBLIC DISCLOSURE COPY

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019**2018**Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

ARUNDEL LODGE, INC.**51-0169423**

Name and title of officer

L NICK LACEY**PRESIDENT****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>10,204,818.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **MULLEN, SONDBERG, WIMBISH & STONE, PA**

ERO firm name

to enter my PIN **69423**Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52149997902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ **07/08/20**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

15130708 756446 019052.00

2018.06000 ARUNDEL LODGE, INC.

019052.1

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable:

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

C Name of organization

ARUNDEL LODGE, INC.

Doing business as

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

2600 SOLOMONS ISLAND ROAD

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

EDGEWATER, MD 21037

F Name and address of principal officer: **L. NICK LACEY**

SAME AS C ABOVE

D Employer identification number

51-0169423

E Telephone number

443-433-5900

G Gross receipts \$ **10,212,632.**

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ **WWW.ARUNDELLODGE.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1975** **M** State of legal domicile: **MD**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ARUNDEL LODGE, INC. IS A NON-PROFIT CORPORATION ESTABLISHED FOR THE PURPOSE OF PROVIDING
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 10
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 10
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 211
	6	Total number of volunteers (estimate if necessary) 6 140
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 38 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 1,054,781. 1,208,050.
	9	Program service revenue (Part VIII, line 2g) 8,671,306. 8,950,031.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 371,325. 13,095.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 25,778. 33,642.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,123,190. 10,204,818.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,790,920. 7,308,599.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 157,566.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,007,897. 2,783,289.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,798,817. 10,091,888.
19	Revenue less expenses. Subtract line 18 from line 12 324,373. 112,930.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 8,266,224. 8,668,564.
	21	Total liabilities (Part X, line 26) 4,724,401. 5,013,811.
	22	Net assets or fund balances. Subtract line 21 from line 20 3,541,823. 3,654,753.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	L. NICK LACEY, PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	PATRICK M. HANTSKE, CPA		07/13/20		P00440640
Firm's name	MULLEN, SONDBERG, WIMBISH & STONE, PA		Firm's EIN ▶		52-1197902
	Firm's address ▶ 888 BESTGATE ROAD, SUITE 310 ANNAPOLIS, MD 21401		Phone no.		410-224-4920

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE MISSION OF ARUNDEL LODGE, INC. (ALI) IS TO WORK IN FULL
 PARTNERSHIP TO INSPIRE AND RESPECTFULLY ASSIST EACH PERSON'S RECOVERY
 FROM MENTAL ILLNESS BY INTEGRATING SUPPORTS, SKILLS, AND
 ENCOURAGEMENT, SO THAT EACH INDIVIDUAL ACHIEVES A SATISFYING AND

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,028,022. including grants of \$) (Revenue \$ 8,983,673.)

ARUNDEL LODGE, INC. PROVIDES COMMUNITY BASED OUTPATIENT TREATMENT,
 PSYCHIATRIC REHABILITATION, AND RESIDENTIAL REHABILITATION PROGRAMS FOR
 INDIVIDUALS WHO SUFFER FROM MENTAL ILLNESSES. THE ORGANIZATION
 OPERATES OUTPATIENT TREATMENT, RESIDENTIAL, DAY, OFF-SITE SERVICES, AND
 SUPPORTED EMPLOYMENT PROGRAMS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **9,028,022.**Form **990** (2018)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	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 211		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	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	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2018)

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	10			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 443-433-5900**
2600 SOLOMONS ISLAND ROAD, EDGEWATER, MD 21037

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) L. NICK LACEY PRESIDENT	2.00	X		X				0.	0.	0.
(2) BEVERLY MARCUS VICE PRESIDENT	2.00	X		X				0.	0.	0.
(3) MELINDA LEE CANNON SECRETARY	2.00	X		X				0.	0.	0.
(4) MICHAEL MARVIN TREASURER	2.00	X		X				0.	0.	0.
(5) ROSALIE ZAIA BOARD MEMBER	2.00	X						0.	0.	0.
(6) JAMES BANWELL BOARD MEMBER	2.00	X						0.	0.	0.
(7) FREDERICK R DELP BOARD MEMBER	2.00	X						0.	0.	0.
(8) CLAIRE FITZPATRICK BOARD MEMBER	2.00	X						0.	0.	0.
(9) JEAN WHITE BOARD MEMBER	2.00	X						0.	0.	0.
(10) STEPHEN KENT BOARD MEMBER	2.00	X						0.	0.	0.
(11) MICHAEL DRUMMOND EXECUTIVE DIRECTOR	50.00			X				105,834.	0.	6,755.
(12) JAMES BUCKEY CFO	40.00			X				96,533.	0.	133.
(13) PAUL GIANAKON, M.D. MEDICAL DIRECTOR	32.00				X			170,555.	0.	15,081.
(14) ROBERT ALLEN EMERSON NURSE PRACTITIONER	40.00					X		135,182.	0.	6,088.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								508,104.	0.	28,057.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								508,104.	0.	28,057.

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
IT 4 SHORE P.O. BOX 508, DELMAR, DE 19940	IT CONSULTANT	178,750.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	730,865.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	477,185.				
	g Noncash contributions included in lines 1a-1f: \$		109,967.				
	h Total. Add lines 1a-1f			1,208,050.			
Program Service Revenue	2 a MEDICAL ASSISTANCE	Business Code	623990	7,489,718.	7,489,718.		
	b OTHER PROGRAM SERVICE FEES		623990	1,460,313.	1,460,313.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			8,950,031.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,182.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)				9,913.			9,913.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a MISCELLANEOUS		623990	33,642.	33,642.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			33,642.				
12 Total revenue. See instructions			10,204,818.	8,983,673.	0.	13,095.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	215,724.		192,197.	23,527.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,055,995.	5,569,108.	416,968.	69,919.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	540,649.	507,215.	33,434.	
10 Payroll taxes	496,231.	441,492.	47,204.	7,535.
11 Fees for services (non-employees):				
a Management				
b Legal	6,268.		6,268.	
c Accounting	37,065.		37,065.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	197,078.	182,650.	12,538.	1,890.
12 Advertising and promotion	17,927.	11,991.	2,388.	3,548.
13 Office expenses	247,562.	235,369.	9,882.	2,311.
14 Information technology	133,078.	117,394.	10,257.	5,427.
15 Royalties				
16 Occupancy	598,541.	587,545.	9,802.	1,194.
17 Travel	126,101.	119,411.	6,690.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,896.	34,680.	1,055.	161.
20 Interest	178,396.	158,247.	10,561.	9,588.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	368,782.	327,890.	40,892.	
23 Insurance	214,618.	194,669.	17,082.	2,867.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROVISION FOR BAD DEBT	209,513.	209,513.		
b REPAIRS AND MAINTENANCE	140,822.	93,730.	46,712.	380.
c PERSONAL NEEDS ALLOWANC	129,363.	129,363.		
d FOOD EXPENSE	86,165.	86,119.	46.	
e All other expenses	56,114.	21,636.	5,259.	29,219.
25 Total functional expenses. Add lines 1 through 24e	10,091,888.	9,028,022.	906,300.	157,566.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	157,902.	1	322,281.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	104,541.	3	168,318.
	4 Accounts receivable, net	1,312,935.	4	871,797.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	49,106.	9	78,681.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,263,615.		
	b Less: accumulated depreciation	10b 4,407,576.	10c	6,856,039.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	88,633.	12	89,919.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	257,065.	15	281,529.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,266,224.	16	8,668,564.	
Liabilities	17 Accounts payable and accrued expenses	492,615.	17	638,554.
	18 Grants payable		18	
	19 Deferred revenue	6,550.	19	635.
	20 Tax-exempt bond liabilities	2,707,679.	20	2,521,439.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,168,550.	23	1,536,424.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	349,007.	25	316,759.
	26 Total liabilities. Add lines 17 through 25	4,724,401.	26	5,013,811.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,420,256.	27	3,410,012.
	28 Temporarily restricted net assets	121,567.	28	244,741.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,541,823.	33	3,654,753.
	34 Total liabilities and net assets/fund balances	8,266,224.	34	8,668,564.

Form 990 (2018)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,204,818.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,091,888.
3	Revenue less expenses. Subtract line 2 from line 1	3	112,930.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,541,823.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,654,753.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2018)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2018

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	418,378.	398,889.	915,000.	1,054,781.	1,208,050.	3,995,098.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	763,175.	805,360.	852,252.	867,130.	895,003.	4,182,922.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	805,013.	845,249.	943,752.	972,608.	1,015,801.	4,582,432.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						4,582,432.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	805,013.	845,249.	943,752.	972,608.	1,015,801.	4,582,432.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	517.	459.	602.	1,206.	3,182.	5,966.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	517.	459.	602.	1,206.	3,182.	5,966.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	30,686.	24,638.	35,417.	25,778.	33,642.	150,161.
13 Total support. (Add lines 9, 10c, 11, and 12.)	808,133.	847,759.	947,354.	975,307.	1,019,495.	4,598,042.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	99.66 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.70 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	.01 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	.01 %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

Supplemental Information.

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.)

Schedule B

(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

ARUNDEL LODGE, INC.

Employer identification number

51-0169423

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any 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 or 990-EZ), 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 ▶ \$ _____

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

Name of organization	Employer identification number
ARUNDEL LODGE, INC.	51-0169423

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ 214,943.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ 525,459.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ 60,263.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
ARUNDEL LODGE, INC.	51-0169423

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 17,645.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
ARUNDEL LODGE, INC.	51-0169423

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 109,967.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 64,292.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ARUNDEL LODGE, INC.**51-0169423****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

2018**Open to Public Inspection****Name of the organization**

ARUNDEL LODGE, INC.

Employer identification number

51-0169423

Part I**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

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

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

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

a Revenue included on Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

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

Schedule D (Form 990) 2018

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

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

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,520,894.		1,520,894.
b Buildings		6,525,713.	2,686,378.	3,839,335.
c Leasehold improvements		1,722,488.	660,930.	1,061,558.
d Equipment		1,494,520.	1,060,268.	434,252.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,856,039.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 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, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) EQUITY PARTICIPATION LIABILITY	178,166.	
(3) MEMBER FUNDS LIABILITY	80,835.	
(4) CAPITAL LEASES	57,758.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	316,759.	

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

Schedule D (Form 990) 2018

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,204,818.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	10,204,818.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,204,818.

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

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

1	Total expenses and losses per audited financial statements	1	10,091,888.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	10,091,888.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,091,888.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE GUIDANCE OF ASC 740-10, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" WHICH CLARIFIES THE ACCOUNTING FOR THE RECOGNITION AND MEASUREMENT OF THE BENEFITS OF INDIVIDUAL TAX POSITIONS IN THE FINANCIAL STATEMENTS, INCLUDING THOSE OF NON-PROFIT ORGANIZATIONS. TAX POSITIONS MUST MEET A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT IN ORDER FOR THE BENEFIT OF THOSE TAX POSITIONS TO BE RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

THE ORGANIZATION ANALYZES TAX POSITIONS TAKEN, INCLUDING THOSE RELATED TO THE REQUIREMENTS SET FORTH IN IRS SEC. 501(C) TO QUALIFY AS A TAX-EXEMPT ORGANIZATION, ACTIVITIES PERFORMED BY VOLUNTEERS AND BOARD MEMBERS, THE

Part XIII Supplemental Information *(continued)*

REPORTING OF UNRELATED BUSINESS INCOME, AND ITS STATUS AS A TAX-EXEMPT ORGANIZATION UNDER MARYLAND STATE STATUTE. THE ORGANIZATION DOES NOT KNOW OF ANY TAX BENEFITS ARISING FROM UNCERTAIN TAX POSITIONS AND THERE WAS NO EFFECT ON THE ORGANIZATION'S FINANCIAL POSITION OR CHANGES IN NET ASSETS AS A RESULT OF ANALYZING ITS TAX POSITIONS. FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2016 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

ARUNDEL LODGE, INC.

Employer identification number

51-0169423

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

[illegible]

Part III	Supplemental Information
-----------------	---------------------------------

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Supplemental Information on Tax-Exempt Bonds

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
► **Attach to Form 990.** ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization

ARUNDEL LODGE, INC.

Employer identification number
51-0169423

Part I	SEE PART VI FOR COLUMN (F) CONTINUATIONS											
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
MARYLAND ECONOMIC DEVELOPMENT CORPORATION			NONE	06/27/13	3,563,960.	CONSTRUCTION FINANCING FOR BUI		X		X		X
B												
C												
D												

Part II Proceeds									
		A	B		C		D		
1	Amount of bonds retired	990,034.							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	3,563,960.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	69,881.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2018

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: MARYLAND ECONOMIC DEVELOPMENT CORPORATION

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION FINANCING FOR BUILDING LOCATED ON SOLOMONS ISLAND ROAD

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

ARUNDEL LODGE, INC.

Employer identification number

51-0169423

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	7,811.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (CONSTRUCTION)	X	1	109,967.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2018

Schedule Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

ARUNDEL LODGE, INC.

Employer identification number

51-0169423

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY BASED OUTPATIENT TREATMENT, PSYCHIATRIC REHABILITATION, AND
RESIDENTIAL REHABILITATION PROGRAMS FOR INDIVIDUALS WHO SUFFER FROM
MENTAL ILLNESSES WHO ARE LIVING IN ANNE ARUNDEL AND PRINCE GEORGE'S
COUNTIES. ARUNDEL LODGE, INC. PROVIDES EVIDENCE-BASED AND
RECOVERY-FOCUSED MENTAL HEALTH SERVICES, PROMOTES THE USE OF NATURAL
SUPPORTS, AND PARTNERS WITH COMMUNITY-BASED ORGANIZATIONS AND SOCIAL
SERVICE AGENCIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MEANINGFUL LIFE IN THE COMMUNITY.

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

THE BOARD OF DIRECTORS REVIEW THE FORM 990 BEFORE IT IS FILED.

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY FOR SIGNATURE TO
ALL EMPLOYEES AND THE BOARD OF DIRECTORS.

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

THE SALARIES OF OFFICERS ARE DETERMINED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

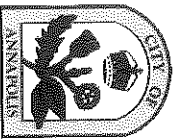
ARUNDEL LODGE, INC.

Employer identification number

51-0169423

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE
AUDIT WHICH IS DONE ANNUALLY BY AN INDEPENDENT PUBLIC ACCOUNTANT.



City of Annapolis
Department of Planning & Zoning
145 Gorman Street, 3rd Fl
Annapolis, MD 21401-2535


PlanZone@annapolis.gov • 410-263-7961 • Fax 410-263-1129 • TDD use MD Relay or 711 • www.annapolis.gov

Community Development Block Grant (CDBG) Program
Project Request for Fiscal Year 2022 Funds
Deadline: Thursday, December 3, 2020, at 4:30 p.m.

Organization name Arundel Lodge Inc.
Address 2600 Solomons Island Road
Phone 443-433-5900 Fax 410-841-6045 Email mdrummond@arundellodge.org
Contact Michael Drummond Title Executive Director
Address 2600 Solomons Island Road
Phone 443-433-5900 Fax 410-841-6045 Email mdrummond@arundellodge.org
Federal ID # 51-0169423 DUNS # 0890052550
Incorporation Date 12/2/1981 State MD
501(c) (3) Registration date July 1989
Project title Roof and Siding Repair for 4 Residential Homes
CDBG amount requested \$ \$15242.00 Total project amount \$ 16,391.00
Project location 1790,1792,1794,1796 Bay Ridge Avenue
Eligible activity Yes
Faith-based Organization ☐ Yes ☒ No

Certification

"I certify that I have reviewed this application and that to the best of my knowledge and belief, all the information provided in this application is true."

 12/5/2020
Signature of Chief Executive Officer Date
Print name Michael Drummond Title Executive Director

CONFLICT OF INTEREST QUESTIONNAIRE

The Code of the City of Annapolis prohibits "employees" and "officials" of the City, as defined by Chapter 2.08 of the City Code, from participating on behalf of the City in any matter in which they have certain financial or business interests. Each applicant for Community Development Block Grant (CDBG) funding from the City shall complete and submit this Conflict of Interest Questionnaire to allow the City to determine if the applicant or any of its staff, employees, Board of Directors, officers, and/or governing body would be in a conflict of interest under the City Code.

- a. Is there any member(s) of the applicant's staff, employees, Board of Directors, officers, and/or governing body who currently is or has/have been within one (1) year of the date of this application a City employee, official, or consultant, or a member of the City Council?

☐ Yes ☒ No

If yes, please list the names(s) and City position below:

- b. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one (1) year of the date of this application a City employee, official, consultant, or a member of the City Council?

☐ Yes ☒ No

If yes, please list the name(s) and City position below:

- c. Is there any member(s) of the applicant's staff, employees, Board of Directors, officers, and/or other governing body who are business partners and/or family members of a City employee, official, or consultant, or a member of the City Council?

☐ Yes ☒ No

If yes, please list the name(s) and the business partner's/family member's City position below:

If you have answered "YES" to any of the above, the CDBG Office and the City shall review those financial and/or business interests to determine whether a real or apparent conflict of interest exists between the applicant and the acceptance of CDBG funding from the City.

Michael Drummond

Name of Applicant's Authorized Official: _____

Executive Director

Authorized Official's Title: _____

Signature of Authorized Official:  _____

BOOK 4535 PAGE 570

THIS DEED, made this 22nd day of April 1988, by and between STANLEY E. GOLDMAN and EVIE S. GOLDMAN, his wife, hereinafter referred to as "GRANTORS" and ARUNDEL LODGE, INC., a Maryland Corporation, hereinafter referred to as "GRANTEE".

WITNESSETH: That for and in consideration of the sum of TWO HUNDRED-FIFTY THOUSAND AND NO/100 DOLLARS (\$250,000.00), and other good and valuable considerations, the receipt of which is hereby acknowledged, the said STANLEY E. GOLDMAN and EVIE S. GOLDMAN, his wife, GRANTORS, have bargained and sold and do hereby grant and convey unto the said ARUNDEL LODGE, INC., a Maryland Corporation, GRANTEE, its successors and assigns, in fee simple, all that lot or parcel of ground, situate, lying and being in the Sixth Assessment District, Anne Arundel County, State of Maryland, and more particularly described as follows:

BEING KNOWN AND DESIGNATED as Lots 4 and 5, as shown on the Plat of Tall Cedars, as recorded among the Land Records of Anne Arundel County in Plat Book 19, folio 27. The improvements thereon being known as 1790, 1792, 1794, & 1796 Bay Ridge Avenue.

BEING the same property which by deed dated November 2, 1984, and recorded among the Land Records of Anne Arundel County in Liber 3812, folio 641, was granted and conveyed by TWOMAC ASSOCIATES, unto STANLEY E. GOLDMAN and EVIE S. GOLDMAN, his wife.

TOGETHER with the buildings and improvements thereupon erected, made or being, and all and every the rights, alleys, waters, privileges, appurtenances and advantages to the same belonging or in anywise appertaining. **RECORD FEE 13.00**
TO HAVE AND TO HOLD the lot of ground above described unto and to the proper use and benefit of the said ARUNDEL LODGE, INC., a Maryland Corporation, and hereby intended to be conveyed, unto and to the proper use and benefit of the said ARUNDEL LODGE, INC., a Maryland Corporation, GRANTEE, its successors and assigns, in fee simple. **ENTY TAX 2500.00**
POSTAGE .50
GRANTEE'S 114.11
05/05/88

SUBJECT, HOWEVER to the following condition:

If at any time within 15 years after payment of State Mental Health funds to Arundel Lodge, Inc., the property is sold or transferred to any person, agency or organization which would not itself qualify as an applicant under the terms of this Act or which is not approved as a transferee by the Board of Public Works, or if within the same period, Arundel Lodge, Inc., ceases to be a facility as defined in Chapter 542 of the 1985 Laws of

RECEIVED FOR TRANSFER
State Department of
Assessments & Taxation
for Anne Arundel County
MAY 11 1988

LAW OFFICES
TAYT & CHER, P.A.
1818 WEST STREET
P. O. BOX 1682
ANAPOLIS, MD. 21404
(410) 266-0628

This will certify that the
Deed in this Deed has been duly
recorded as provided by Act of 1935.

Patricia L. Benda, Clerk

CITY OF ANAPOLIS
WATER DEPARTMENT
20000 0004 0066

MAY 22 1988

ACCT. 0000-0867-0003

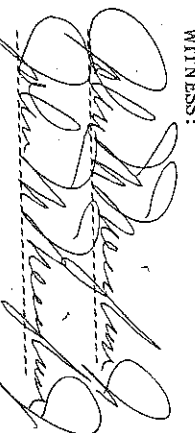
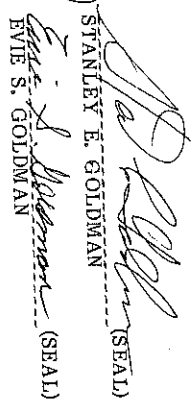
ALL LIENS ARE PAID AS
OF 5/3/88 A.A. COUNTY
CONTROLLER BY

Maryland, then the State shall be entitled to recover from either the owner, transferor, or transferee an amount bearing the same ratio to the then current value of so much of the property as constituted an approved project, as the amount of the State participation bore to the total eligible cost of the approved project, together with all costs and reasonable attorney's fees incurred by the State in the recovery proceedings.

AND the said GRANTORS covenant that they have not done or suffered to be done, any act, matter or thing whatsoever to encumber the property hereby conveyed; that they will warrant specially the property hereby granted and that they will execute such other and further assurances of the same as may be requisite.

WITNESS the hands and seals of the said STANLEY E. GOLDMAN and EYIE S. GOLDMAN, his wife, GRANTORS.

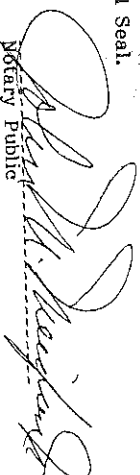
WITNESS:

 
STANLEY E. GOLDMAN (SEAL)
EVIE S. GOLDMAN (SEAL)

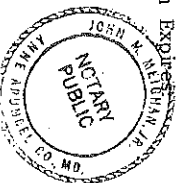
STATE OF MARYLAND, COUNTY OF ANNE ARUNDEL, to wit:

I HEREBY CERTIFY, that on this 22 day of April, 1988, before me, the subscriber, a Notary Public in and for the State and County aforesaid, personally appeared STANLEY E. GOLDMAN and EYIE S. GOLDMAN, his wife, "GRANTORS", and they acknowledged the foregoing Deed to be their act and deed.

WITNESS my hand and Notarial Seal.


Notary Public

My Commission Expires
1 July 1990



JOHN M. WEICHMAN, JR.,
Notary Public
Anne Arundel Co., MD
My Comm. Exps. July 1, 1990

LAW OFFICES
ATT & CHER, P.A.
819 WEST STREET
P. O. BOX 1082
NAPOLIS, MD. 21404
(301) 266-0828

J.D. Hayden LLC
1955 Parkers Creek Spur, Port Republic, MD
Phone: 410-507-8994

12/07/2020
Claim Information

MJDH
REMODELING

Peter Palmquist
2600 Solomons Island Road
Annapolis, MD 21401 (443) 433-5900

Job: Peter Palmquist

Roofing Section

- Remove existing shingles down to deck.
- Re-nail any loose wood. If bad or rotten wood is discovered, it will be replaced at a price of \$75 per sheet. (4) Sheets included.
- Install 3' of ice and water shield at all gutter lines and valleys.
- Install Owens Corning ProArmor Synthetic underlayment to keep roof dry.
- Install Owens Corning Starter Strip Shingles along all gutter lines, rake edges, and valleys.
- Install Owens Corning TriDefinition Duration Limited Lifetime Dimensional Shingles per specifications using 1 1/4" roofing nails.
- Install Owens Corning ProEdge Hip & Ridge Shingles
- Install new ridge vent.
- Install new pipe and chimney flashings.
- Shingle Color- Onyx Black
- Clean up all job related debris
- Provide 5 yr workmanship warranty and provide owner with an OWENS CORNING PREFERRED PROTECTION WARRANTY
- Our Crews are licensed and insured.
- Crews will maintain safety requirement at all times during the construction process

Subtotal

TOTAL

\$7,621.00

X2

Buyers Right to Cancel

You, the buyer(s), may cancel this transaction at any time prior to midnight of the _____ business day after the date of this contract.

Notice of cancellation: You may cancel this transaction, without any penalty or obligation, within three business days from the date above. If you cancel, any property traded in, any payments made by you wanted the contract or sale, and any negotiable instruments executed by you will over are The seller of your cancellation notice, and any security interest arising out of the transaction will be canceled. If you cancel, you must make available to the seller at your residence, in substantially the same condition as when received, any goods delivered to you under this contract for sale or you may, if you wish, comply with the instructions on the seller regarding the return shipment of the goods at the sellers expense and risk. If you do make the goods available to the seller and the seller does not pick them up within 20 days of your notice of cancellation, he may retain or dispose of the goods without any further obligation. If you fail to make the goods available to the seller, or if you agree to return the goods to the seller and failed to do so, then you remain liable for performance of all obligations under this contract. To cancel this transaction, mail or deliver a signed and dated copy of this notice of cancellation or any other written notice to J.D Hayden at _____ no later than midnight of _____ (Date), I hereby cancel this transaction.

ESTIMATE



Peter

1790

Bay Ridge Av Annapolis

Md

(610) 235-7828

MHIC#119668

4920 Edwood Rd
College Park Md 20740

Phone: (301) 256-2408

Email: ayalarony345@gmail.com

Web: www.ayalaconstructionllc.co

Estimate #

000025

Date

12/07/2020

Description	Total
Roofing	\$19,840.00
Remove the existing roof downspout And reinstall 37 square new architectural shingle the price labor and material be \$17,390 for the two places And reinstall the Guterr and downspout labor and material be \$2,450 The total price be \$19,840	

Subtotal	\$19,840.00
Discount	\$793.60
tax	\$1,142.78
Total	\$20,189.18

By signing this document, the customer agrees to the services and conditions outlined in this document.

Peter