000 T	Exempt Organization Business Income Tax Return	OMB No 1545-0687
Form - 990-T	(and proxy tax under section 6033(e))	
	For calendar year 2018 or other tax year beginning $06/01$ , 2018, and ending $05/31$ , 20 $1$	<u> </u>
Department of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest information	Open to Public Inspection for
Internal Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	501(c)(3) Organizations Only
A Check box if address changed		Employer identification number (Employees' trust, see instructions )
B Exempt under section	MARYLAND INSTITUTE	
X 501( C <u>x 03 )</u>		2-0591661
408(e) 220(e)	/  Type	Unrelated business activity code (See instructions )
408A530(a)	1300 MOUNT ROYAL AVENUE	,
529(a)	City or town, state or province, country, and ZIP or foreign postal code	05000
C Book value of all assets at end of year		<u>25990</u>
	F Group exemption number (See instructions ) ▶	
317,603,083.		O1(a) trust Other trust
		e only (or first) unrelated
	re ▶ PARTNERSHIP INVESTMENTS If only one, complete Parts I-V	
	ace at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each a	uditional
	nen complete Parts III-V	▶ Yes X No
	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ame and identifying number of the parent corporation.	Its [14] NO
	e of ▶DOUGLAS MANN  Telephone number ▶ (410)	) 225-2352
	Trade or Business Income (A) Income (B) Expenses	
	sales (A) means (A) means (B) Expanses	(0) 1.00
b Less returns and allow		
	old (Schedule A, line 7)	
	otract line 2 from line 1c	
· · · · · · · · · · · · · · · · · · ·	income (attach Schedule D)	2.
	orm 4797, Part II, line 17) (attach Form 4797) . 4b	
	action for trusts	
·	partnership or an S corporation (attach statement)	889.
	nedule C) 6	
·	nanced income (Schedule E)	
	rallies, and rents from a controlled organization (Schedule F)	
9 Investment income of	a section 501(c)(7), (9), or (17) organization (Schedule G)	
10 Exploited exempt	activity income (Schedule I) 10	
11 Advertising incor	ne (Schedule J)	
12 Other income (Se	ee instructions, attach schedule) 12	
13 Total. Combine li	nes 3 through 12	891.
Part II Deductio	ns Not Taken Elsewhere (See instructions for limitations on deductions ) (Exc	ept for contributions,
deduction	ns must be directly connected with the unital die business income.)	
	f officers, directors, and trustees (Schedule R)	14 31.
15 Salaries and wag	es	15 33.
16 Repairs and mair	ntenance	16
		17
18 Interest (attach s	schedule) (see instructions)	18
19 Taxes and license	· · · · · · · · · · · · · · · · · · ·	19
	butions (See instructions for limitation rules)	
	ach Form 4562)	225
•	n claimed on Schedule A and elsewhere on return	22b
	deferred componenting plans	23
	deferred compensation plans	25
	t programs	26
	p costs (Schedule J)	27
	s (attach schedule)	28 5,792.
	Add lines 14 through 28.	29 5,856.
	ess taxable income before net operating loss deduction. Subtract line 29 from line 13	30 -4,9,55.
	t operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31 2
32 Unrelated busine	ess taxable income Subtract line 31 from line 30	32 -4,965.
For Paperwork Reduct	tion Act Notice, see instructions	Form 990-T (2018)
8X2740 1 000 JSA	1070277	DACE.

#### MARYLAND INSTITUTE

Pai	990-T (2018)		Page
	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
•	instructions)	33	11,446
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	-	
33	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	11,446
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36.		
	enter the smaller of zero or line 36	38	10,446
Pai	rt IV Tax Computation	· 	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39	2,194
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on	1	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
11	Proxy tax. See instructions	41	
12	Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·	42	
3	Tax on Noncompliant Eacility Income See instructions	43	
4	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	2,194
	t V Tax and Payments	- <del></del>	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		·····
5 a			
	Other credits (see instructions)		
C	General business credit Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	J.	
е	Total credits Add lines 45a through 45d	45e	2 10
16	Subtract line 45e from line 44	46	2,194
17	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	2.10
8	Total tax Add lines 46 and 47 (see instructions)	48	2,194
19	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018		
h	2018 estimated tax payments		
С	Tax deposited with Form 8868		
ď	Foreign organizations Tax paid or withheld at source (see instructions)		
۵	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
	Other credits, adjustments, and payments Form 2439		
9	Form 4136 Other Total 50g		
- 4		51	23,900
	Total payments. Add lines 50a through 50g	52	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	
	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		21,706
			21,700
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
54 55	Enter the amount of line 54 you want  Credited to 2019 estimated tax ▶2,194. Refunded	55	
54 55	Enter the amount of line 54 you want	<b>5</b> 5	19,512
54 อร์ Par	Enter the amount of line 54 you want  Credited to 2019 estimated tax > 2,194.  Refunded  **EVI Statements Regarding Certain Activities and Other Information (see instructions  At any time during the 2018 calendar year, did the organization have an interest in or a signature or	55 other a	19,512 outhority Yes N
54 อร์ Par	Enter the amount of line 54 you want	55 other a	19,512 outhority Yes N
54 కర్ Par	Enter the amount of line 54 you want  Credited to 2019 estimated tax > 2,194.  Refunded  **EVI Statements Regarding Certain Activities and Other Information (see instructions  At any time during the 2018 calendar year, did the organization have an interest in or a signature or	55 other a y have	19,512 uthority Yes N to file
54 కర్ Par	Enter the amount of line 54 you want. Credited to 2019 estimated tax > 2,194. Refunded  **Example 1.194.**  **Example 2.194.**  **Refunded **  **Example 2.194.**  **Example 2.194.**  **All 2.194.**  **Example 2.194.**  **All 2.194.**  **Example 2.194.**  **All 2.194.**  **Example 2.194.**  **All 2.194.**  **All 2.194.**  **Example 2.194.**  **All 2.194.**  **All 2.194.**  **All 2.194.**  **Example 2.194.**  **All 2.194.**  **	55 other a y have	19,512 uthority Yes N to file
54 Số Par 56	Enter the amount of line 54 you want. Credited to 2019 estimated tax > 2,194. Refunded  **TVI Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization materials Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here **	55 other a ny have foreign	19,512  uthority Yes N  to file country X
54 Par 56	Enter the amount of line 54 you want. Credited to 2019 estimated tax > 2,194. Refunded  **Time Note: The statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here  **During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign country in the star year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign country in the star year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign country in the star year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign country in the star year.	55 other a ny have foreign	19,512  uthority Yes N  to file country X
54 Par 56	Enter the amount of line 54 you want. Credited to 2019 estimated tax > 2,194. Refunded  Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file	55 other a ny have foreign	19,512  uthority Yes N  to file country X
54 Par 56	Enter the amount of line 54 you want. Credited to 2019 estimated tax > 2,194. Refunded  **Total Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here   **During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file  **Enter the amount of tax-exempt interest received or accrued during the tax year **  **Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bound of the content of the statements of the content of the conten	other any have foreign	19,512  iuthority Yes Note to file country X
54 Par 56	Enter the amount of line 54 you want. Credited to 2019 estimated tax > 2,194. Refunded  **Notatements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here   **During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year **  **Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	other and the state of the stat	19,512  Tuthority Yes Not to file country X  Knowledge and belief, it
54 Par 556 57 58	Enter the amount of line 54 you want    Credited to 2019 estimated tax    2,194.    Refunded  **  **  **  **  **  **  **  **  **	s) other a ay have foreign gn trust?	19,512  Tuthority Yes Not to file country X  Knowledge and belief, it S discuss this return
54 Par 556 57 58	Enter the amount of line 54 you want    Credited to 2019 estimated tax    2,194.    Refunded  TWI Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here   During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year   Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the burder of the penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the burder of the penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the burder of the penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the burder of the penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the burder of the penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the burder of the penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the burder of the penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements.	other any have foreign gn trust? est of my y the IR h the p	to file country  Knowledge and belief, it S discuss this returreparer shown below
54 Par 556 57 58	Enter the amount of line 54 you want    Credited to 2019 estimated tax    2,194.    Refunded  Total Statements Regarding Certain Activities and Other Information (see instructions of the instruction of the instructi	other any have foreign gn trust? est of my y the IR h the p	to file country  knowledge and belief, it  S discuss this return reparer shown below s)? X Yes No.
54 Par 55 56 57 58 Sigu	Enter the amount of line 54 you want    Credited to 2019 estimated tax    2,194.    Refunded  Type:  Statements Regarding Certain Activities and Other Information (see instructions of the instruction of the instruction of the instructions of the instruction of the instruct	other a ay have foreign gn trust?	to file country  knowledge and belief, it  S discuss this return reparer shown below sy?  PTIN
Paid Paid	Enter the amount of line 54 you want    Credited to 2019 estimated tax    2,194.    Refunded  To Statements Regarding Certain Activities and Other Information (see instructions of the instruction of the instruction of the instructions of the instruction	other a ay have foreign gn trust?	to file country  Knowledge and belief, it  S discuss this returreparer shown below sy?  PTIN  P01498698
56 57 58 Sigi Her Paid	Enter the amount of line 54 you want    Credited to 2019 estimated tax    2,194.    Refunded  To Statements Regarding Certain Activities and Other Information (see instructions of the instruction of the instruction of the instructions of the instruction	other a ay have foreign gn trust?	to file country  knowledge and belief, it  S discuss this return reparer shown below sy? X Yes No

Form 990-T (2018)									!	Page 3
Schedule A - Cost of Goo		iter method	d of inventor				,	· · · · · · · · · · · · · · · · · · ·		
1 Inventory at beginning of year						ar	6			
2 Purchases					J	old Subtract line				
3 Cost of labor	3					nter here and in				
4a Additional section 263A cos							7			
(attach schedule)				8 Do the	rules of	section 263A (w	ith re	espect to	Yes	No
<b>b</b> Other costs (attach schedule						or acquired for				
5 Total Add lines 1 through 4				to the or	ganization? .	<u></u>	<u> </u>	<u></u>		X
Schedule C - Rent Income (	From Real P	roperty a	nd Persoi	nal Propert	y Leased V	Vith Real Proper	ty)			
(see instructions)										
1 Description of property										
(1)										
(2)						<del>.</del>				
(3)						<del></del>				
(4)										
	2 Rent recei	ved or accrue	ed							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)		percenta	age of rent fo	personal propert r personal proper based on profit o	ty exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			me	
(1)							-			
(2)										
(3)										
(4)										
Total		Total			-					
(c) Total income Add totals of columbere and on page 1, Part I, line 6, c		•				(b) Total deduction Enter here and on Part I, line 6, colum	page 1			
Schedule E - Unrelated Deb			e instruction	ons)		T art i, inte o, colan	III (D)			
Ocheane E Omelated Det	A T Marioca II	icome (se			3 1	Deductions directly con	nected	with or allocab	le to	
1 Description of debt-f	inanced property			income from or to debt-financed		debt-finance				
·			property		(a) Straight line depreciation (attach schedule)		(b) Other deduction (attach sched			
(1)			<del> </del>		<del> </del>			<u> </u>		
(2)		<del></del> -			<del> </del>					
(3)					<del> </del>					
(4)					<del> </del>					
4 Amount of average	5 Average adjus	sted basis			<del> </del>					
acquisition debt on or allocable to debt-financed property (attach schedule)	of or allocal debt-financed (attach sche	ole to property	4	Column divided column 5		income reportable n 2 x column 6)		Allocable ded mn 6 x total c 3(a) and 3(i	of colum	
(1)				%	)					
(2)				%	)					
(3)	<u>-</u>			%	,					
(4)				%	,					
						e and on page 1, le 7, column (A)	Ente Part	r here and o I, line 7, coli	n page umn (B	- 1, - 3)
Totals					·			····		

Form 990-T (2018)

Schedule F-Interest, Anni	and of the yard of		pt Contro					oou dou	,o/			
1 Name of controlled organization	2 Employer identification numb	Jer,	et unrelated income s) (see instructions)				<b>I</b>		I Inciduced in the control		olling	6 Deductions directly connected with income in column 5
(1)												
(2)												
(3)												
(4)				_	<u> </u>							
Nonexempt Controlled Organi	zations											
7 Taxable Income	8 Net unrelated in (loss) (see instruc			of specific ints made		ınclı	art of column ded in the co ization's gros	ontrolling		Deductions directly inected with income in column 10		
(1)			_									
(2)			_						<u> </u>			
(3)			_									
(4)			-				d columns 5 a			ld columns 6 and 11		
Totals		 ction 501(c	)(7), (9) <u>,</u>	or (17	▶ ) Orga	Ente Par	r here and on I, line 8, colu	page 1, ımn (A)	Ent	er here and on page 1, rt I, line 8, column (B)		
1 Description of income	2 Amount of	Income	d:	3 Deduction of the second of t	nected			et-asides schedule)		5 Total deductions and set-asides (col. 3 . plus col. 4)		
(1)												
(2)	<del></del>		ļ									
(3)												
(4)	Enter here and		<u> </u>							Enter here and on page 1		
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c		er Than A	Adverti	ising Ir	icome	(see instru	ictions)		Part I, line 9, column (B)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	with of lf	Net incom m unrelat business minus col a gain, co bls 5 thro	ed tradé (column umn 3) ompute	from a	oss income activity that unrelated ess income	6 Expe attributa colum	ible to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)	-											
(2)			<del>-  </del>	-								
(3)												
(4)						_						
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Par line 10, col	nti,					-		Enter here and on page 1, Part II, line 26		
Schedule J- Advertising In	come (see instr	uctions)					<del></del>	<del>-</del>				
Part I Income From Per			nsolidat	ed Bas	sis							
1 Name of periodical	2 Gross advertising income	3 Direct advertising of	B Direct gartising costs 2 i		4 Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7		5 Circulation income		ership s	7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(4)	<del> </del>									<del> </del>		
(1)								<del> </del>		-		
(2)								<del> </del>		$\dashv$		
(3)										4		
(4)										<del> </del>		
• . • . · . · · · · · · · · · · · · · ·	1		1									
Totals (carry to Part II, line (5)) , . ▶	1			· · · · · ·				<u> </u>		Form <b>990-T</b> (2018)		

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)		•				<u></u>
(3)						
(4)		·				
Totals from Part I ▶			ļ			
•	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						<u> </u>

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2) ATCH 3		%	
(3)		%	•
(4)		%	
Total Enter here and on page 1, Part II, line 14			31.

Form 990-T (2018)

# SCHEDULE D (Form 1120)

Name

### **Capital Gains and Losses**

OMB No 1545-0123

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

2018

Department of the Treasury Internal Revenue Service

▶ Go to www irs gov/Form1120 for instructions and the latest information

Employer identification number

MAR'	YLAND INSTITUTE					52-0591661
Part	Short-Term Capital Gains and Losses	(See instructions	.)			
	See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Form 8949, Part I, line column (g)	ı(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1 b	O Totals for all transactions reported on Form(s) 8949 with Box A checked					
	Totals for all transactions reported on Form(s) 8949		_			
_	with Box B checked					
	Totals for all transactions reported on Form(s) 8949					
Ů	with Box C checked	2.				2.
4	Short-term capital gain from installment sales from F				<u>4</u> 5	
6	Unused capital loss carryover (attach computation) .				6	( )
7	Net short-term capital gain or (loss) Combine lines 1	a through 6 in column	h		7	2.
Pari					<u>, , , , , , , , , , , , , , , , , , , </u>	
· ui	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments t	o gain	(h) Gain or (loss)
	the lines below  This form may be easier to complete if you round off cents to whole dollars	Proceeds (sales price)	Cost (or other basis)	or loss from Form 8949, Part II, line column (g)		Subtract column (e) from column (d) and combine the result with column (g)
8 a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8 b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949					
	with Box F checked					
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from Fe	orm 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchan-	ges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	1
15	Net long-term capital gain or (loss) Combine lines 8a	a through 14 in column	ıh	<u> </u>	15	
Part	Summary of Parts I and II					
16	Enter excess of net short-term capital gain (line 7) ov	er net long-term capita	al loss (line 15)		16	2.
17	Net capital gain. Enter excess of net long-term capital				17	
18	Add lines 16 and 17 Enter here and on Form 1120,	page 1, line 8, or the	proper line on other re	turns	18	2.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Note If losses exceed gains, see Capital losses in the instructions

Schedule D (Form 1120) 2018

#### **SCHEDULE M** (Form 990-T)

#### **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning  $\underline{-06/01}$  , 2018, and ending  $\underline{-}$ 

► Go to www.irs.gov/Form990T for instructions and the latest information

(C) Net

Name of organization

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Employer identification number MARYLAND INSTITUTE 52-0591661

(A) Income

(B) Expenses

Unrelated business activity code (see instructions) ▶ 812930 Describe the unrelated trade or business ▶ PARKING

Part I Unrelated Trade or Business Income

1a	Gross receipts or sales 42,040.					,
b	Less returns and allowancesc Balance ▶	1c	42,040.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	42,040.			42,040.
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c		-		
5	Income (loss) from a partnership or an S corporation (attach			18		
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total Combine lines 3 through 12	13	42,040.			42,040.
Pai	deductions must be directly connected with the ur	relate	ed business income )			
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	0.641
19	Taxes and licenses				19	8,641.
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)					
22	Less depreciation claimed on Schedule A and elsewhere on re	turn	<u>22a</u>		22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I),				26	
27	Excess readership costs (Schedule J)				27	21 052
28	Other deductions (attach schedule)			ATCH 4	28	21,953.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Unrelated business taxable income Subtract line 31 from line 30 . . . . . . . . . . . .

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

29

31

30,594.

11,446.

11,446.

29

30

# SCHEDULE M (Form 990-T)

#### Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning 06/01, 2018, and ending 05/31, 20 1

► Go to www irs gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Name	of	organization	

Employer identification number

MARYLAND INSTITUTE 52-0591661

Unrelated business activity code (see instructions) ▶ 721000

Describe the unrelated trade or business ▶ FACILITY SVCS

Par	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9 _			
0	Exploited exempt activity income (Schedule I)	10			
1	Advertising income (Schedule J)	11			
2	Other income (See instructions, attach schedule) ATCH. 5.	12	39,655.		39,655
3	Total Combine lines 3 through 12	13	39,655		39,655

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions ) (Except for contributions, deductions must be directly connected with the unrelated business income)

Compensation of officers, directors, and trustees (Schedule K)	14_	
		57,892.
Repairs and maintenance	16	
Bad debts	17	
	1	
	1	
	1	
	22b	
	23	
•		
		121,314.
	$\overline{}$	179,206.
	30	-139,551.
, ,		
	31	
·		-139,551.
	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions).  Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions Add lines 14 through 28. Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).	Interest (attach schedule) (see instructions).  Taxes and licenses  Charitable contributions (See instructions for limitation rules)  Depreciation (attach Form 4562).  Less depreciation claimed on Schedule A and elsewhere on return  Depletion.  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I).  Excess readership costs (Schedule J).  Other deductions (attach schedule)  Total deductions (attach schedule)  Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

	A.	TTACHMENT 1	
			<del></del>
OR	S	CORPORATIONS	

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

INCOME FROM PARTNERSHIPS

889.

INCOME (LOSS) FROM PARTNERSHIPS

889.

#### FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INVESTMENT MANAGEMENT FEES TAX PREPARATION FEES

384.

5,408.

PART II - LINE 28 - OTHER DEDUCTIONS

5,792.

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

THIRD PARTY LABOR
TAX PREPARATION FEES

20,025.

1,928.

PART II - LINE 28 - OTHER DEDUCTIONS

21,953.

MARYLAN	D	INSTITUTE

	<del></del>
ATTACHMENT	5

SCHEDULE M - LINE 12 - OTHER INCOME

FACILITY RENTAL SERVICE INCOME

LINE 12 - OTHER INCOME

39,655.

39,655.

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

FACILITY RENTAL SERVICE EXPENSE TAX PREPARATION FEES

119,387.

1,927.

PART II - LINE 28 - OTHER DEDUCTIONS

121,314.

## · 8949

## Sales and Other Dispositions of Capital Assets

► Go to www irs gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s)	shown	on retu	ım

MARYLAND INSTITUTE

Social security number or taxpayer identification number

52-0591661

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions) For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was

reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B X Adjustment, if any, to gain or loss 1 If you enter an amount in column (q) (e) (h) enter a code in column (f) Cost or other basis Gain or (loss) (c) (d) (a) (b) See the separate instructions Proceeds See the Note below Subtract column (e) Date sold or Description of property Date acquired and see Column (e. disposed of (sales pnce) from column (d) and (Example 100 sh XYZ Co) (Mo , day, yr ) in the separate combine the result (Mo, day, yr) (see instructions) Code(s) from Amount of instructions with column (g) adjustment instructions 2 STCG FROM PARTNERSHIP VAR VAR 2 2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (q) to correct the basis. See Column (q) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions. JSA

Form 8949 (2018)

## Form 8949

## Sales and Other Dispositions of Capital Assets

▶ Go to www irs gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

Sequence No 12A

Name(s) shown on return

MARYLAND INSTITUTE

Social security number or taxpayer identification number

52-0591661

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions) For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS Х (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (g) (e) Cost or other basis (h) enter a code in column (f) Gain or (loss) (a) (b) See the separate instructions See the Note below Subtract column (e) Date sold or Proceeds Description of property Date acquired and see Column (e disposed of (sales pnce) from column (d) and (Example 100 sh XYZ Co) (Mo, day, yr) in the separate (Mo, day, yr) (see instructions) combine the result Code(s) from instructions Amount of with column (g) instructions adjustment 2 STCG FROM PARTNERSHIP VAR VAR 2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Note If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions

Form 8949 (2018)

SCHD.	Κ,	FORM	990-T.	COMPENSATION	OF	OFFICERS,	DIRECTORS,	&	TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
DOUGLAS R MANN	VP FINANCE & OPERATIONS	.008866	31.

TOTAL COMPENSATION 31.