

Form 500 Return Summary

For calendar year 2019, or tax year beginning **07/01/19** , and ending **06/30/20**
CECIL COUNTY MEN'S SHELTER, INC. **52-1583678**
CECIL COUNTY MEN'S SHELTER

Taxable Income

Federal taxable income		
Maryland addition adjustments		
Maryland subtraction adjustments	119	
Adjusted federal NOL carryforward available		
Addition modifications		
Subtraction modifications		
Modified income	-119	
Apportionment factor	0.500000	
Taxable income		-60

Total tax

Payments and Penalties

Payments		
Total credits		
Underpayment interest and penalty		
Late payment interest		
Total payments and penalties		_____

Overpayment credited to next year's estimated tax

Tax due

Refund

Next Year's Estimates

1st quarter		
2nd quarter		
3rd quarter		
4th quarter		
Total		_____

Annual Report Information

Filing fee		75
Report / extended due date		12/31/20

Annual Update of Registration Form

ALL ITEMS ON THIS FORM MUST BE COMPLETED

Office of the Secretary of State, State House, Annapolis MD 21401 Telephone: 410-974-5534

1. Fee submitted: \$ 75
2. Fiscal year end being reported: 6 Month 2020 Year
3. Name of Charitable Organization: Cecil County Men's Shelter, Inc.
Cecil County Men's Shelter
4. Mailing address of charity: 168 West Main Street
Elkton MD 21921
5. Physical address of charity: 168 West Main Street
Elkton MD 21921
6. Telephone Number: 410-392-8066
7. E-mail address: sheri@meetingground.org

8. Does your organization engage or have a contract with a professional solicitor or fund-raising counsel? If yes, please attach a copy of the contract(s). In order to process your organization's application, you must respond to this question.

Professional Solicitor: Yes No

Fund-raising Counsel: Yes No

9. Is your organization affiliated with any Maryland State agency (as defined in COMAR 01.02.04.01L)?

Yes No (If yes, and raised more than \$750,000 you must submit an Audit and Agreed upon Procedures Report with application)

If yes, list the name(s) of the Maryland State agencies of which you are affiliated (use a separate sheet of paper, if needed): _____

10. I have attached all forms required in the instructions. See Statement 1

I hereby certify that this registration statement and all supporting documents are true to the best of my knowledge, and the IRS Form 990 or IRS Form 990-EZ for the above noted fiscal year submitted to the Office of the Secretary of State under section 6-408 of the Business Regulation Article of the Annotated Code of Maryland is a copy of the form submitted to the Internal Revenue Service.

Signature of the President, Chairman or other Principal Officer

Date

Laura Cochran
Print or Type Name of President, Chairman, or Principal Officer

President
Title

Maryland Statements

Statement 1 - Annual Update of Registration - Updated List of Board of Directors

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
Laura Cochran	President				
Larry Gaultney	Treasurer				
Joan Swanson	Secretary				
Jean Schedler	Director				
Heidi Gaultney	Director				
Victor Palma	Director				
Tim Rothermel	Director				

MARYLAND FORM 500

CORPORATION INCOME TAX RETURN



2019 \$

OR FISCAL YEAR BEGINNING 0701 2019, ENDING 063020

521583678

Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)

010187

Date of Organization or Incorporation (MMDDYY) Business Activity Code No. (6 digits)

Print Using Blue or Black Ink Only

CECIL COUNTY MEN'S SHELTER, INC.

Name

168 WEST MAIN STREET

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

ELKTON

MD

21921

City or town

State

ZIP Code

+4

Do not write in this space. 06 20 ME YE

CHECK HERE IF:

- Name or address has changed, Inactive corporation, First filing of the corporation, Final Return, This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

SEE CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2.

- 1a. Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C line 25c.) See Instructions. Check applicable box: 1120, 1120-REIT, 990T, Other: IF 1120S, FILE ON FORM 510. 1a.
1b. Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.) 1b.
1c. Federal Taxable Income before net operating loss deduction (Subtract line 1b from 1a) u 1c.

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME

(All entries must be positive amounts.)

ADDITION ADJUSTMENTS

- 2a. Section 10-306.1 related party transactions u 2a.
2b. Decoupling Modification Addition adjustment (Enter code letter(s) from instructions.) u 2b.
2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) 2c.

SUBTRACTION ADJUSTMENTS

- 3a. Section 10-306.1 related party transactions u 3a.
3b. Dividends for domestic corporation claiming foreign tax credits (Federal form 1120/1120C Schedule C line 18) u 3b.
3c. Dividends from related foreign corporations (Federal form 1120/1120C Schedule C line 14, 16b and 16c) u 3c.
3d. Decoupling Modification Subtraction adjustment (Enter code letter(s) from instructions.) DM u 3d. 119
3e. Total Maryland Subtraction Adjustments to Federal Taxable Income (Add lines 3a through 3d.) 3e. 119
4. Maryland Adjusted Federal Taxable Income before NOL deduction is applied (Add lines 1c and 2c, and subtract line 3e.) 4. -119

MARYLAND FORM 500

CORPORATION INCOME TAX RETURN



195000135

NAME CECIL COUNTY MEN'S FEIN 521583678

- 5. Enter Adjusted Federal NOL Carry-forward available from previous tax years...
6. Maryland Adjusted Federal Taxable Income (If line 4 is less than or equal to zero, enter amount from line 4.)

MARYLAND ADDITION MODIFICATIONS

(All entries must be positive amounts.)

- 7a. State and local income tax
7b. Dividends and interest from another state, local or federal tax exempt obligation
7c. Net operating loss modification recapture (Do not enter NOL carryover. See instructions.)
7d. Domestic Production Activities Deduction
7e. Deduction for Dividends paid by captive REIT
7f. Other additions (Enter code letter(s) from instructions and attach schedule)
7g. Total Addition Modifications (Add lines 7a through 7f.)

MARYLAND SUBTRACTION MODIFICATIONS

(All entries must be positive amounts.)

- 8a. Income from US Obligations
8b. Other subtractions (Enter code letter(s) from instructions and attach schedule)
8c. Total Subtraction Modifications (Add lines 8a and 8b.)

NET MARYLAND MODIFICATIONS

- 9. Total Maryland Modifications (Subtract line 8c from 7g. If less than zero, enter negative amount.)
10. Maryland Modified Income (Add lines 6 and 9.)

APPORTIONMENT OF INCOME

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13.)

- 11. Maryland apportionment factor (from page 4 of this form) (If factor is zero, enter .000001.)
12. Maryland apportionment income (Multiply line 10 by line 11.)

- 13. Maryland taxable income (from line 10 or line 12, whichever is applicable.)
14. Tax (Multiply line 13 by 8.25%)

- 15a. Estimated tax paid with Form 500D, Form MW506NRS and/or credited from 2018 overpayment
15b. Tax paid with an extension request (Form 500E)
15c. Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.)
15d. Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.)
15e. The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR. Check here if you are a non-profit corporation.
15f. Nonresident tax paid on behalf of the corporation by pass-through entities (Attach Maryland Schedule K-1.)

You must file this form electronically to claim business tax credits from Form 500CR.

- 15g. Total payments and credits (Add lines 15a through 15f.)
16. Balance of tax due (If line 14 exceeds line 15g, enter the difference.)
17. Overpayment (If line 15g exceeds line 14, enter the difference.)
18. Interest and/or penalty from Form 500UP or late payment interest
19. Total balance due (Add lines 16 and 18, or if line 18 exceeds line 17 enter the difference.)

**MARYLAND
FORM
500**

**CORPORATION INCOME
TAX RETURN**



195000235

2019
page 3

NAME CECIL COUNTY MEN'S FEIN 521583678

- 20. Amount of overpayment to be applied to estimated tax for 2020
(not to exceed the net of line 17 less line 18) **u** 20. _____
- 21. Amount of overpayment TO BE REFUNDED
(Add lines 18 and 20, and subtract the total from line 17.) **u** 21. _____

DIRECT DEPOSIT OF REFUND (See Instructions.) Be sure the account information is correct.

If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box and see Instructions.

u

For the direct deposit option, complete the following information clearly and legibly.

22a. Type of account: **u** Checking Savings

22b. Routing Number (9-digits): **u** _____

22c. Account number: **u** _____

INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)

- 23. NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss **ONLY**).
(If line 6 is less than zero, enter on line 23.) 23. -119
- 24. NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per
Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the
amount from line 9 on line 24.) 24. _____

**MARYLAND
FORM
500**

**CORPORATION INCOME
TAX RETURN**



NAME CECIL COUNTY MEN'S FEIN 521583678

Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate corporations. See instructions.)

	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
<p>NOTE: Special apportionment formulas are required for rental/leasing, financial institutions, transportation and manufacturing companies. Worldwide headquartered companies see instructions.</p>			
1A. Receipts			
a. Gross receipts or sales less returns and allowances u		u	
b. Dividends			
c. Interest			
d. Gross rents			
e. Gross royalties			
f. Capital gain net income			
g. Other income (Attach schedule.)			
h. Total receipts (Add lines 1A(a) through 1A(g), for Columns 1 and 2.) u		u	- - - - - t
1B. Receipts Multiply factor on line 1A, Column 3 by 3. Disregard this line if special apportionment formula is used			- - - - -
2. Property			
a. Inventory			
b. Machinery and equipment	8192	8192	
c. Buildings	340554	340554	
d. Land	13000	13000	
e. Other tangible assets (Att. sch.) STMT 1	5384	5384	
f. Rent expense capitalized (multiply by eight)			
g. Total property (Add lines 2a through 2f, for Columns 1 and 2.) u	367130	u 367130	<u>1 000000</u> t
3. Payroll			
a. Compensation of officers			
b. Other salaries and wages			
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) u		u	- - - - - t
4. Total of factors (Add entries in Column 3.)			<u>1 000000</u>
5. Maryland apportionment factor Divide line 4 by six for three-factor formula, or by the number of factors used if special apportionment formula required. (If factor is zero, enter .000001 on line 11 page 2.)			<u>0 500000</u>

u Check here if special apportionment formula is used.



195000435

NAME CECIL COUNTY MEN'S FEIN 521583678

SCHEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)

- 1. Telephone number of corporation tax department: 4103928066
2. Address of principal place of business in Maryland (if other than indicated on page 1):
3. Brief description of operations in Maryland:
4. Has the Internal Revenue Service made adjustments...
5. Did the corporation file employer withholding tax returns/forms...
6. Is this entity part of the federal consolidated filing?
7. Is this entity a multistate corporation that is a member of a unitary group?
8. Is this entity a multistate manufacturer with more than 25 employees?

SIGNATURE AND VERIFICATION

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.

Check here [] if you authorize your preparer to discuss this return with us.

Officer's Signature Date
PRESIDENT
Officer's Name and Title

ANTHONY R COLONNELLO, EA
Preparer's Signature (Required by Law)
AC TAX GROUP, LLC
8443781040
Preparer's name/or Firm's name, address and telephone number
1050 INDUSTRIAL DR SUITE 110
MIDDLETOWN DE 19709-2802

P01800577
Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)

INCLUDE ALL REQUIRED PAGES OF FORM 500

Make checks payable to and mail to:

Comptroller Of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001
(Write Your FEIN On Check Using Blue Or Black Ink.)

MARYLAND FORM 500DM

DECOUPLING MODIFICATION



19500N035

2019

OR FISCAL YEAR BEGINNING 0701 2019, ENDING 063020

CECIL COUNTY MEN'S SHELTER, INC.

521583678

Name of taxpayer(s)

Taxpayer Identification Number

Use this form only if the Maryland return is affected by the use (for any tax year) of any of the following federal provisions from which Maryland has decoupled (Decoupled Provisions):

- Special Depreciation Allowance under the federal Job Creation and Worker Assistance Act of 2002 (JCWAA) as increased and extended under the federal Jobs and Growth Tax Relief Reconciliation Act of 2003 (JGTRRA); and subsequent federal legislation, including the American Recovery and Reinvestment Act of 2009 (ARRA).
- Carryover of a net operating loss (NOL) under IRC Section 172 without regard to an election under IRC Section 172(b)(1)(H) for a carryback period of up to 2 years (Farming loss only).
- Federal Section 179 depreciation deductions taken for a tax year beginning on or after January 1, 2003. For Maryland tax purposes, a taxpayer only is allowed to expense up to \$25,000, reduced dollar-for-dollar by the amount over \$200,000, of the cost of Section 179 property that is purchased and put in service for a trade or business for the tax year. For vehicles placed in service after May 31, 2004, Maryland also has decoupled from the higher depreciation deduction for certain heavy duty SUVs allowed under Internal Revenue Code Section 280F.
- Deferral of recognition of income from discharge of indebtedness under the ARRA.
- Deferral of deduction for original issue discount in debt for debt exchanges under the ARRA.

Read instructions and complete the worksheet.

	Column 1 Federal Return as Filed	Column 2 Federal Return without Decoupled Provisions	Column 3 Difference Increase/ Decrease (-)
1. Depreciation Deductions Subtract the amount in Column 2 from the amount in Column 1 and enter in Column 3. If less than 0, enter as a negative amount (-).	0	0	
2. NOL Deductions Subtract the amount in Column 2 from the amount in Column 1 and enter in Column 3. If less than 0, enter as a negative amount (-).			
3. Original Issue Discounts Subtract the amount in Column 1 from the amount in Column 2 and enter in Column 3. If less than 0, enter as a negative amount (-).			
4. Discharge of Business Indebtedness Subtract the amount in Column 1 from the amount in Column 2 and enter in Column 3. If less than 0, enter as a negative amount (-).			
5. Other Changes (See instructions.)			-119
6. Net Decoupling Modification Net the amounts on lines 1 through 5 of Column 3. This is the Decoupling Modification. Enter here and include as a positive number on the appropriate line of the Maryland return being filed. Also enter the applicable letter code(s) on the lines provided on the return. See table below.			-119
7. Decoupling from PTE. Enter code letter dp. (See instructions.)			

Return Filed	If line 6 above is positive enter on the line for:	Use the following code if there is an amount above on:				If line 6 above is negative enter on the line for:	Use the following code if there is an amount above on:			
		Line 1 only	Line 2 only	Line 4 only	Multiple Lines		Line 1 only	Line 2 only	Line 4 only	Multiple Lines
500	Addition Adjustments	e	f	cd	dm	Subtraction Adjustments	j	k	cd	dm
502	Other Additions	l	m	cd	dm	Other Subtractions	bb	cc	cd	dm
504 Sch A	Other Additions	No code required				Other Subtractions	No code required			
505	Other Additions	j	k	cd	dm	Other Subtractions	bb	cc	cd	dm
500X	Total Addition Modifications	No code required				Total Subtraction Modifications	No code required			
502X	Additions to Income	No code required				Subtractions from Income	No code required			
505X	Additions to Income	No code required				Subtractions from Income	No code required			

Maryland Statements**Statement 1 - Form 500, Page 3, Line 2e - Other Tangible Assets**

<u>Description</u>	<u>Maryland Amount</u>	<u>Total Amount</u>
Furniture and Fixtures	\$ <u>5,384</u>	\$ <u>5,384</u>
Total	\$ <u><u>5,384</u></u>	\$ <u><u>5,384</u></u>

Form 500	Maryland Depreciation and Section 179 Adjustment Worksheet	2019
For calendar year 2019 or tax year beginning 07/01/19 , ending 06/30/20		

Name Cecil County Men's Shelter, Inc.	Federal Identification Number 52-1583678
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Election To Expense Certain Tangible Property (Section 179) Using State Limits

1 Maximum dollar limitation	1	25,000
2 Total cost of section 179 property placed in service	2	
3 Threshold cost of section 179 property before reduction in limitation	3	200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-	5	25,000
(a) Description of property (b) Cost (business use only) (c) Elected cost		
6		
7 Total elected cost of section 179 property. Add amounts in column (c) line 6	7	
8 Tentative deduction. Enter the smaller of line 5 or line 7	8	
9 Carryover of disallowed deduction from line 13 of your 2018 Form 4562	9	
10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	10	
11 Section 179 expense deduction. Add lines 8 and 9, but do not enter more than line 10	11	
12 Carryover of disallowed deduction to 2020. Add lines 8 and 9, less line 11	12	

Analysis of Disallowed Section 179 Deduction Carryover to 2020

Carryover of state Section 179 deduction for qualified real property

Carryover of state Section 179 deduction for personal property

Adjustment for Differences in Section 179 and Depreciation Expense

Section 179 Decoupling Modification

Total federal Section 179 expense

Total state Section 179 expense (maximum allowed \$25,000)

Addition to state for Section 179 difference

Form 500DM Decoupling Modification

Federal depreciation and Section 179 election	9,018	
Total Section 179 election		
Federal depreciation		9,018
State depreciation and Section 179 election	9,130	
Total state Section 179 election		
State depreciation		9,130
Adjustment for difference between federal and state depreciation		-112
Total adjustment for depreciation and Section 179 expense (Form 500DM)		-112

Form 500	Maryland Adjustment for Disposition of Assets Worksheet	2019
For calendar year 2019 or tax year beginning 07/01/19 , ending 06/30/20		

Name Cecil County Men's Shelter, Inc.	Federal Identification Number 52-1583678
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A Description of property sold or disposed	B Date placed in service month/day/year	C Date sold or disposed	D Total federal depreciation taken	E Total Maryland depreciation taken	F Adjustment (subtract column E from column D)
Bunk Beds	02/05/15	01/01/20	302	183	119
Total amounts in column F					119

Totals from additional worksheets	
Total adjustment for disposition of assets	119