efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492248001079

Form **990EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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/Form990EZ* for the latest information.**

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NORTHEASTERN MD TECHNOLOGY COUNCIL INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
2021 PULASKI HIGHWAY SUITE D

City or town, state or province, country, and ZIP or foreign postal code
HAVRE DE GRACE, MD 21078

D Employer identification number
52-1807245

E Telephone number
(410) 638-4466

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶WWW NMTC ORG

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 116,637

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	30,700
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	24,075
	4	Investment income		4	255
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	61,607	
	c	Less direct expenses from gaming and fundraising events	6c	32,938	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	28,669
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	83,699
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	2,000
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	50,400
	13	Professional fees and other payments to independent contractors		13	1,976
	14	Occupancy, rent, utilities, and maintenance		14	468
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	10,944
	17	**Total expenses.** Add lines 10 through 16		▶ 17	65,788
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	17,911
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	67,292
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	85,203

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	67,792	22	85,903
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	67,792	25	85,903
26 **Total liabilities** (describe in Schedule O)	500	26	700
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	67,292	27	85,203

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
PROMOTION OF TECHNOLOGY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32**

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MICHAEL JANUS PRESIDENT	2 00	0	0	0
SUE MANNING BRESUCIAK TREASURER	3 00	0	0	0
MELISSA KUZMA SECRETARY	3 00	0	0	0
JOHN CASNER EXECUTIVE DIRECTOR	40 00	50,400	0	0

Additional Data

Software ID:

Software Version:

EIN: 52-1807245

Name: NORTHEASTERN MD TECHNOLOGY COUNCIL INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 THE NMTC MISSION EARNS BROAD RECOGNITION AS A MEMBER DRIVEN TECHNOLOGY COUNCIL CHAMPIONING STEM EDUCATION AND EXPANDING THE TECHNOLOGY COMMUNITY FOR THE SUSQUEHANNA REGION (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	0

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: NORTHEASTERN MD TECHNOLOGY COUNCIL INC

EIN: 52-1807245

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492248001079

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
NORTHEASTERN MD TECHNOLOGY COUNCIL INC

Employer identification number
52-1807245

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 255

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME CECIL COLLEGE AMOUNT GIVEN 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAYMENTS RECEIVED FOR OTHERS BEG OF YEAR AMOUNT 500 END OF YEAR AMOUNT 500 DESCRIPTION MEMBER PREPAYMENT BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 200