ANNUAL REPORT

MARYLAND DEPARTMENT OF ASSESSMENTS AND TAXATION

Taxpayer Services - Charter Division P.O. Box 17052, BALTIMORE, MARYLAND 21297-1052

2026 Form 1

Due April 15

Date Received by Department

04/06/2026

	Type of Business	Dept. ID Prefix	Filing Fee		Type of Business	Dept. ID Prefix	Filing Fee
☐	Domestic Stock Corporation	(D)	$300	☐	Domestic Limited Liability Company	(W)	$300
☐	Foreign Stock Corporation	(F)	$300	☐	Foreign Limited Liability Company	(Z)	$300
☑	Domestic Non-Stock Corporation	(D)	-0-	☐	Domestic Limited Partnership	(M)	$300
☐	Foreign Non-Stock Corporation	(F)	-0-	☐	Foreign Limited Partnership	(P)	$300
☐	Foreign Insurance Corporation	(F)	$300	☐	Domestic Limited Liability Partnership	(A)	$300
☐	Foreign Interstate Corporation	(F)	-0-	☐	Foreign Limited Liability Partnership	(E)	$300
☐	SDAT Certified Family Farm	(A,D,M,W)	$100	☐	Domestic Statutory Trust	(B)	$300
☐	Real Estate Investment Trust	(D)	$300	☐	Foreign Statutory Trust	(S)	$300

SECTION I

Name of Business: **TOUCH STONES FINANCIAL WELLNESS SERVICES COMPANY**

Mailing Address: **RENEE MCELROY, 9005 MOVING WATER LANE, COLUMBIA, MD 21046**

☐ *Address has been changed*

Department ID Number: **D20902979**

Federal Employee Identification Number: **852977433**

State of Incorporation/Formation: **MD**

Date of Incorporation/Formation: **09/14/2020**

NAICS/Federal Principal Business Code:

Email: **TOUCHSTONESFINANCIALWELLNESS@GMAIL.COM**

Nature of Business: **N/A**

Trading As Name:

Total Gross Sales: $**0**

Workers affiliated with business: **0**

Employer Information:

SECTION II

A. Corporate Officers

President:
JUDITH DAVIS
9770 PATUXENT WOODS DRIVE, #319 COLUMBIA MD 21046

Vice President:

Secretary:
LENESHA BROWN
9770 PATUXENT WOODS DRIVE COLUMBIA MD 21046

Treasurer:
JOAN JOHNSON
9770 PATUXENT WOODS DRIVE COLUMBIA MD 21046

B. Directors

RENEE MCELROY

Total Number of Directors: **1**

Total Number of Female Directors: **1**

Department ID Number: **D20902979**

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SECTION III

A. Is this business a ☑ YES ☐ NO
1. commercial enterprise or business that is formed in Maryland or does business in Maryland; or
2. a corporation, foundation, school, hospital, or other legal entity for which none of the earnings inure to the benefit of any private shareholder or individual holding an interest in the entity?

B. Is this business a limited liability company (LLC) owned by a single member? ☐ YES ☑ NO

C. Is this business a privately held company with at least 75% of the company's shareholders who are family members? ☐ YES ☑ NO

D. Is this business an entity that ☐ YES ☑ NO
1. Is this business an entity that (1) has an annual operating budget or annual sales less than $5,000,000 and
2. has neither qualified for nor applied for, and does not intend to apply for, a State benefit*?

**A "State benefit" means*
1. *a State capital grant funding totaling $1.00 million or more in a single fiscal year;*
2. *State tax credits totaling $1.00 million or in a single fiscal year; or*
3. *the receipt of a State contract with a total value of $1.00 million or more. "State contract" means a contract that (a) resulted from a competitive procurement process and (b) is not federally funded in any way.*

SECTION IV

A. Does the business own, lease, or use personal property, including inventory and excluding licensed vehicles, located in Maryland with a total original cost of $20,000 or more? ☐ YES ☑ NO

B. Did the entity dispose, sell or transfer ANY of its business personal property prior to January 1? ☐ YES ☑ NO

SECTION V

By signing this form below, you declare, under the penalty of perjury, and pursuant to Tax-Property Article 1-201 of the Annotated Code of Maryland, that this Annual Report, including any accompanying forms, schedules, and/or statements, has been examined by you and, to the best of your knowledge and belief, is a true, correct, and complete Annual Report for the Entity listed in Section I.

A. Corporate Officer or Principal of Entity

Name: **RENEE MCELROY**

Mailing Address:

Email: **TOUCHSTONESFINANCIALWELLNESS@GMAIL.COM**

Phone: **410-707-1378** Date: **04/06/2026**

B. Firm or Individual, other than taxpayer, preparing this Annual Report/Personal Property Tax Return

Name:

Mailing Address:

Email:

Phone: Date:

CORPORATE DIVERSITY ADDENDUM

1. Are you an entity that is required to be in good standing with the State Department of Assessments and Taxation ("SDAT"), and meets the following definition:
   1. A commercial enterprise or business that is formed in the State or registered with SDAT to do business in the State; or
   2. A corporation, foundation, school, hospital, or other legal entity for which none of the net earnings inure to the benefit of any private shareholder or individual holding an interest in the entity?

☑ **YES** ☐ **NO**

2. Check the appropriate box if you are any of the following types of entities:

☐ **Limited Liability Company (LLC) owned by a single member**

☐ **Privately held company if at least 75% of the company's shareholders are family members**

☐ **Entity that:**
1. has an annual operating budget or annual sales less than $5,000,000; and
2. has not qualified for or applied for, and does not intend to apply for, a State benefit

☑ **None of the above**

CORPORATE DIVERSITY ADDENDUM

I. Select below the underrepresented communities which are represented on this entity's board or in executive leadership. Select all that apply.

☐ **Alaska Native**

☐ **Asian-Pacific Islander**

☑ **Black or African-American**

☑ **Hispanic or Latino**

☐ **Native American**

☐ **Native Hawaiian**

☐ **One or more of the racial or ethnic groups listed above**

☐ **None of the above**

II. Check the box next to the following Corporate Diversity indicators that pertain to this entity. Note that references to underrepresented communities refer to communities listed in the question above. The examples provided are intended to be representative, not exclusive. Select all that apply.

☐ **Entity maintains written workforce diversity, equity, and inclusion (DEI) policies.**

☐ **Entity offers DEI training to its workforce.**

CORPORATE DIVERSITY ADDENDUM

- ☐ **Entity assigns a senior-level employee as responsible for oversight and direction of the entity's DEI efforts.**
- ☐ **Entity reports performance of its workforce DEI programs on its website.**
- ☐ **Entity includes DEI objectives in performance plans of its managers.**
- ☐ **Entity publishes information on its website about its DEI commitments and efforts.**
- ☐ **Entity provides career advancement training/opportunities for employees, including members of underrepresented communities.**
- ☐ **Entity collaborates with educational institutions, or is an educational institution, serving significant or predominant student populations or affinity groups from underrepresented communities (e.g., career fairs, scholarships, internships, apprenticeships).**
- ☐ **Entity has a supplier diversity policy that provides business opportunities to diverse suppliers, including businesses owned by members of underrepresented communities, such as State-certified Minority Business Enterprises (MBEs).**
- ☐ **Entity publicizes its procurement opportunities to encourage participation from businesses owned by members of underrepresented communities.**
- ☐ **Entity measures percentage of contract dollars awarded to businesses owned by members of under represented communities, including MBEs.**
- ☑ **Entity provides support and outreach to underrepresented communities and/or organizations that represent underrepresented communities.**

AFFIDAVIT

UNDER PENALTIES OF PERJURY, I declare that I have examined this Corporate Diversity Addendum, and to the best of my knowledge and belief, it is true, correct, and complete.

Entity/Business Name: **TOUCH STONES FINANCIAL WELLNESS SERVICES COMPANY**

Federal Employer ID Number (FEIN): **852977433**

SDAT ID Number: **D20902979**

Entity's representative completing this Affidavit

Name: **RENEE MCELROY**

Title: **CHIEF EXECUTIVE OFFICER**

Signature: **RENEE MCELROY**

Date: **4/6/2026 1:07:10 PM**

Touch Stones Financial Wellness Services, Inc.
Balance Sheet M&T Bank
FY25 Year-End (7/1/2024-6/30/2025)

Assets				
Net Assets Beginning of Year	7/1/2024	$	1,332.12	
Grants		$	11,104.00	
Contracts		$	6,670.00	
Donations		$	1,074.22	
Total Receipts:		$	20,180.34	
Liabilities				
Professional Dev & Training				$1,220.89
Utilitites & Insurance				$648.05
Computer/Printer				$159.78
Web Domain & Closed Captioning Fees				$990.90
Printing/Copy Expense				
Telephone/Cable & Internet				$205.66
Web Design & Maintenance				$7,364.30
Other Fees & Taxes				$403.90
Membership Fees				$992.69
Office Supplies/Materials				$371.84
Meals/Transportation				$533.31
Program/Project Expense				$4,221.88
License Registration				$0.00
Direct Client Expense				$1,160.35
Postage & Mailing Fees				
Mailbox Rental				$324.00
Total Assets			**$20,180.34**	
Outstanding Invoices				
Total Liabilities				**$18,597.55**
Net Balance:			**$1,582.79**	