

# ANNUAL REPORT

MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION  
Taxpayer Services - Charter Division P.O. Box 17052, BALTIMORE, MARYLAND 21297-1052

**2023  
Form 1**

Due April 17  
Date Received  
by Department  
**02/15/2023**

Type of Business	Dept. ID Prefix	Filing Fee	Type of Business	Dept. ID Prefix	Filing Fee
<input type="checkbox"/> Domestic Stock Corporation	(D)	\$300	<input type="checkbox"/> Domestic Limited Liability Company	(W)	\$300
<input type="checkbox"/> Foreign Stock Corporation	(F)	\$300	<input type="checkbox"/> Foreign Limited Liability Company	(Z)	\$300
<input checked="" type="checkbox"/> Domestic Non-Stock Corporation	(D)	-0-	<input type="checkbox"/> Domestic Limited Partnership	(M)	\$300
<input type="checkbox"/> Foreign Non-Stock Corporation	(F)	-0-	<input type="checkbox"/> Foreign Limited Partnership	(P)	\$300
<input type="checkbox"/> Foreign Insurance Corporation	(F)	\$300	<input type="checkbox"/> Domestic Limited Liability Partnership	(A)	\$300
<input type="checkbox"/> Foreign Interstate Corporation	(F)	-0-	<input type="checkbox"/> Foreign Limited Liability Partnership	(E)	\$300
<input type="checkbox"/> SDAT Certified Family Farm	(A,D,M,W)	\$100	<input type="checkbox"/> Domestic Statutory Trust	(B)	\$300
<input type="checkbox"/> Real Estate Investment Trust	(D)	\$300	<input type="checkbox"/> Foreign Statutory Trust	(S)	\$300

## SECTION I

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

Mailing Address: **RENEE R. MCELROY**  
**9005 MOVING WATER LANE**  
 Address has been changed. **COLUMBIA, MD 21046**

Department ID Number: **D20902979**

Federal Employee Identification Number: **852977433**

State of Incorporation/Formation: **MD**

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

Federal Principal Business Code:

Nature of Business: **N/A**

Trading As Name:

Email Address: **TOUCHSTONESFINANCIALWELLNESS@GMAIL.COM**

## SECTION II

### A. Corporate Officers

President:	Vice President:	Secretary:	Treasurer:
<b>NETTE STOKES</b>		<b>JUDY DAVIS</b>	<b>BRUCE MCELROY</b>
<b>COLUMBIA MD 21046</b>		<b>COLUMBIA MD 21046</b>	<b>COLUMBIA MD 21046</b>

### B. Directors

**RENEE MCELROY**

Total Number of Directors: **1**

Total Number of Female Directors: **1**

### 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?
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- B. Is this business a limited liability company (LLC) owned by a single member?  YES  NO
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- C. Is this business a privately held company with at least 75% of the company's shareholders who are family members?  YES  NO
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- 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 located in Maryland with a total original cost of \$20,000 or more?  YES  NO
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- B. Did the entity dispose, sell or transfer ALL 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: RENE MCELROY

Date: 02/15/2023

Mailing Address:

Email: RENEEMCELROY51@GMAIL Phone: 410-707-1378

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

Name:

Date:

Mailing Address:

Email:

Phone:

## CORPORATE DIVERSITY ADDENDUM

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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:  YES  NO

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?

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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

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## CORPORATE DIVERSITY ADDENDUM

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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

## CORPORATE DIVERSITY ADDENDUM

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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.
- 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 underrepresented communities, including MBEs.
- Entity provides support and outreach to underrepresented communities and/or organizations that represent underrepresented communities.

### AFFIDAVIT

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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**

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

SDAT ID Number: **D20902979**

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Entity's representative completing this Affidavit

Name: **RENEE MCELROY**

Title: **CHIEF EXECUTIVE OFFICER**

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Signature: **RENEE MCELROY**

Date: **2/15/2023 2:15:24 PM**

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# Touch Stones Financial Wellness Services, Inc.

## Balance Sheet M&T Bank

For the Year Ending 6/30/2022

### Assets

Net Assets Beginning of Year	\$	1,936.92
Program Receipts	\$	10,360.32
Grant Receipts	\$	6,366.43
Donations	\$	<u>1,035.12</u>
<b>Total Receipts:</b>	\$	19,698.79

### Liabilities

Professional Dev & Training	\$	158.00
Utilities & Insurance	\$	324.96
Computer/Printer	\$	3,865.43
Web Domain & Closed		
Captioning Fees	\$	370.80
Printing & Copying Costs	\$	2,015.63
Telephone/Cable & Internet	\$	214.28
Web Design & Maintenance	\$	2,995.00
Other Fees & Taxes	\$	165.20
Membership Fees	\$	1,643.66
Office Rental	\$	465.00
Travel & Transportation	\$	1,438.93
Postage & Mailing Costs	\$	361.00
License Registration		\$0.00
Office Supplies	\$	2,273.19
Other Expenses	\$	343.06
Mailbox Rental	\$	300.00
<b>Total Assets</b>		<b>\$19,698.79</b>
<b>Total Liabilities</b>		<b>\$16,934.14</b>
<b>Net Balance:</b>		<b>\$2,764.65</b>