### **ANNUAL REPORT**

#### MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

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

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

2023		
Form 1		
Due April 17		
Date Received		
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04/24/2023

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SECTION I				
Name of Business:				
THE BRO	OTHERHOOD OF	SAINT GRE	GORY, INC.	
Mailing Address:  Address has been change	JAMES TEETS 305 W LAFAY BALTIMORE,		3627	
Department ID Number: F1	6696866	Federal E	mployee Identification Nui	mber:
State of Incorporation/Form	nation: NY	Date of In	corporation/Formation: 06	5/15/2015
Federal Principal Business C	Code:	Email: BR	JAMESBSG@COMCAST.NE	Т
Nature of Business: N/A				
Trading As Name:				
SECTION II				
A. Corporate Officers				
President:	Vice President:		Secretary:	Treasurer:
RICHARD THOMAS BIERNA BELFORD NJ 07718	ERIC SHELLEY ROANOKE VA 2	4014	JOSEPH BASIL GAUSS CHICAGO IL 60660	JAMES TEETS BALTIMORE MD 21217
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**B.** Directors

**JAMES TEETS** 

**JOSEPH BASIL GAUSS** 

**ERIC SHELLEY** 

**RICHARD THOMAS BIERNACKI** 

**Total Number of Directors: 4** 

- Maryland

Total Number of Female Directors: 0

301 WEST PRESTON STREET, BALTIMORE, MARYLAND 21201-2395

Department ID Number: F16696866	2023 Form 1 Annual Report	
SECTION III		
<ul> <li>A. Is this business a</li> <li>1. commercial enterprise or business that is formed in Maryland or does business in Maryland; or</li> </ul>	<b>✓</b> YES	NO
<ol><li>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?</li></ol>		
B. Is this business a limited liability company (LLC) owned by a single member?	YES	<b>✓</b> NO
C. Is this business a privately held company with at least 75% of the company's shareholders who are family members?	YES	<b>✓</b> NO
<ul> <li>D. Is this business an entity that</li> <li>1. Is this business an entity that (1) has an annual operating budget or annual sales less than \$5,000,000 and</li> <li>2. has neither qualified for nor applied for, and does not intend to apply for, a State benefit*?</li> </ul>	YES	NO
*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	

## **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	<b>✓</b> NO
B. Did the entity dispose, sell or transfer ALL of its business personal property prior to January 1	? <b>YES</b>	<b>✓</b> NO

(a) resulted from a competitive procurement process and (b) is not federally funded in any way.

#### **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 Princ	ipal of Entity	B. Firm or Individual, other than taxpayer, preparing this Annual Report/Personal Property Tax Return		
Name: JAMES TEETS	Date: 04/24/2023	Name: BOYER 2 ACCOUNTANTS INC	Date: <b>04/21/2023</b>	
Mailing Address:		Mailing Address:		
Email: BRJAMESBSG@COMCAST.IPhone: 4437082304		Email: KEITHCBOYER@GMAIL.COPhor	ne: <b>9146936022</b>	



## **CORPORATE DIVERSITY ADDENDUM**

1.	Are you an entity that is required to be in good standing with the State Department of YES NO
	Assessments and Taxation ("SDAT"), and meets the following definition:
	<ol> <li>A commercial enterprise or business that is formed in the State or registered with SDAT to do business in the State; or</li> </ol>
	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?
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
C	ORPORATE DIVERSITY ADDENDUM
l.	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.



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# **CORPORATE DIVERSITY ADDENDUM**

Entity assigns a senior-level employee as responsible the entity's DEI efforts.	ole for oversight and direction of		
Entity reports performance of its workforce DEI pr	ograms 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/oppo underrepresented communities.	ortunities for employees, including members of		
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 underreport represent underrepresented communities.	resented communities and/or organizations that		
AFFIDAVIT			
UNDER PENALTIES OF PERJURY, I declare that I have examined my knowledge and belief, it is true, correct, and complete.	d this Corporate Diversity Addendum, and to the best of		
Entity/Business Name: THE BROTHERHOOD OF SAINT GRE	GORY, INC.		
Federal Employer ID Number (FEIN):	SDAT ID Number: <b>F16696866</b>		
Entity's representative completing this Affidavit			
Name: JAMES TEETS	Title: TREASURER		
Signature: JAMES TEETS Date: 4/24/2023 11:47:15 AM			
	5000. 472472025 11.47.15 AW		

