



Annual Financial Report for Charities- Form COF-85

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

This form should be filed annually as part of the charitable organization's annual update of registration. This form **must** be completed if the organization does not file a 990 or 990-EZ with the IRS. This form **must** also be completed if the organization files a 990-N with the IRS. You **do not** need to complete this if the organization files a 990 or 990-EZ with the IRS.

Name of organization Maximum Impact Media, Inc.

Mailing address of organization 2833 Smith Avenue Suite 351, Baltimore, MD 21209

EIN 82-2983250

Fiscal year end being reported: 12 Month 2017 Year

Part I- Statement of Revenue

1. Contributions/donations received:		\$ 440.00
2. Government Grants/Monies received:		\$ 0.00
3. Program Service Revenue received:		\$ 0.00
4. Membership Dues and Assessments received:		\$ 0.00
5. Investment Income received:		\$ 0.00
6. Fundraising/Special Events Income:		
a. Gross revenue received from fundraising events:	\$ 0.00	
b. Less Direct Expenses:	\$ 0.00	
c. Net revenue received from fundraising events (= line 6a- line 6b)		\$ 0.00
7. Gaming Activities Income:		
a. Gross revenue received from gaming activities:	\$ 0.00	
b. Less Direct Expenses:	\$ 0.00	
c. Net revenue received from gaming activities (= line 7a- line 7b)		\$ 0.00
8. Revenue from Sales of Inventory:		
a. Gross revenue received from sales of inventory:	\$ 0.00	
b. Less cost of goods sold:	\$ 0.00	
c. Net revenue received from sales of inventory (= line 8a- line 8b):		\$ 0.00
9. Other income (provide attachment explaining):		\$ 0.00
10. <u>Total Revenue (sum of lines 1 through 9):</u>		\$440.00

Part II- Statement of Expenses

11. Program Services Expenses incurred:	\$ 0.00
12. Management and General Expenses incurred:	\$ 0.00
13. Fundraising Expenses incurred:	\$ 0.00
14. Other Expenses incurred (provide attachment explaining):	\$ 0.00
15. <u>Total Expenses (sum of lines 11 through 14):</u>	\$ 0.00

Part III- Totals

16. Excess (or deficit) income for the year (= line 10- line 15)	\$ 440.00
17. Net assets or fund balances at beginning of year	\$ 0.00
18. Net assets or fund balances at end of year (=line 16+ line 17)	\$ 440.00

Part IV- Statement of Program Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Describe the services provided, the number of persons benefited, and other relevant information for each program.

DESCRIPTION OF PROGRAM SERVICES PROVIDED:	EXPENSES:
a.) Youtube videos for artists and nonprofit organizations (see attachment)	\$ 0.00
b.) Youtube channel: (https://www.youtube.com/channel/UCTBvad78hHfFvev3hBKcxEQ)	
c.)	

Part V- List of officers, directors, trustees, and key employees

List the officers, directors, trustees, and key employees. Give their name and address, title, average hours per week devoted to the position, and reportable compensation

NAME AND ADDRESS	TITLE	HOURS PER WEEK	REPORTABLE COMPENSATION
Kevin Kent 6022 Cross Country Blvd. Baltimore, MD 21215	Executive Director	40	\$0.00
Rabbi Zachary Friedman 2901 Taney Rd. Baltimore, MD 21209	Director	10	\$0.00
Rabbi Mordecai Shuchatowitz 6206 Lincoln Rd. Baltimore, MD 21209	Director	10	\$0.00

Part VI- Other Information

19. Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other charitable or non-charitable organization? ___ Yes X No

20. The financial books are in the care of: Kevin Kent
Located at: 6022 Cross Country Blvd. Baltimore, MD 21215
Telephone number: 4434538767
Email address: akiva@4themax.com

UNDER THE PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT, INCLUDING ACCOMPANYING STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

Name of Officer: Kevin Kent Title: Executive Director Date: 1/22/18

Signature of Officer: [Signature]