

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE MARYLAND FOOD BANK, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2200 HALETHORPE FARMS ROAD, S.W. City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21227 F Name and address of principal officer: CARMEN DEL GUERCIO SAME AS C ABOVE	D Employer identification number 52-1135690 E Telephone number 410-737-8282 G Gross receipts \$ 101,221,465. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.MDFOODBANK.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1978
		M State of legal domicile: MD

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O																																																							
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																							
	3 Number of voting members of the governing body (Part VI, line 1a)	3 20																																																						
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 20																																																						
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 156																																																						
	6 Total number of volunteers (estimate if necessary)	6 13978																																																						
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.																																																						
	7b Net unrelated business taxable income from Form 990-T, line 39	7b 0.																																																						
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CARMEN DEL GUERCIO, CEO Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name JAMES E. CRISP	Preparer's signature JAMES E. CRISP
	Firm's name ▶ GROSS, MENDELSON & ASSOCIATES, P.A. Firm's address ▶ 1801 PORTER STREET, SUITE 500 BALTIMORE, MD 21230	Date 01/28/21 Check if self-employed <input type="checkbox"/> PTIN P00025401 Firm's EIN ▶ 52-0982413 Phone no. 410-685-5512

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MARYLAND FOOD BANK IS A NONPROFIT HUNGER-RELIEF ORGANIZATION DEDICATED TO FEEDING PEOPLE, STRENGTHENING COMMUNITIES, AND ENDING HUNGER FOR MORE MARYLANDERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 67,136,140. including grants of \$ 1,022,052.) (Revenue \$ 3,229,606.) BY PARTNERING WITH COMMUNITY ORGANIZATIONS FROM THE WESTERN MOUNTAINS TO THE EASTERN SHORE, THE MARYLAND FOOD BANK'S STATEWIDE FOOD ASSISTANCE NETWORK DISTRIBUTED THE EQUIVALENT OF 125,000 MEALS EVERY DAY (OVER 45 MILLION MEALS ANNUALLY) IN FY20, MUCH OF WHICH WAS DEPLOYED IN DIRECT RESPONSE TO THE COVID-19 PANDEMIC DURING THE LAST QUARTER OF THE FISCAL YEAR. (SEE CONTINUATION ON SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 67,136,140.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		156
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 20		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE FINANCE OFFICE - (410) 737-8282**
2200 HALETHORPE FARMS ROAD, BALTIMORE, MD 21227

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENDAN FOLEY CHAIR	3.00	X		X				0.	0.	0.
(2) CHRIS BRANDENBURG VICE CHAIR	1.00	X		X				0.	0.	0.
(3) JENNIFER DARDIS VICE CHAIR	1.00	X		X				0.	0.	0.
(4) BILL DOCKMAN TREASURER	3.00	X		X				0.	0.	0.
(5) ANDREA WILLIAMS SECRETARY	1.00	X		X				0.	0.	0.
(6) TOM ALBERO DIRECTOR	1.00	X						0.	0.	0.
(7) DAWNAN S. DAVIS, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(8) DELEGATE SHANEKA HENSON DIRECTOR	1.00	X						0.	0.	0.
(9) ANDREW HOLMES DIRECTOR	1.00	X						0.	0.	0.
(10) MARY FRANCES ISAKOV DIRECTOR	1.00	X						0.	0.	0.
(11) JOHN MAROON DIRECTOR	1.00	X						0.	0.	0.
(12) JASON MCCARTHY DIRECTOR	1.00	X						0.	0.	0.
(13) ALLAN NOONAN, M.D. DIRECTOR	1.00	X						0.	0.	0.
(14) RICK SMULOVITZ DIRECTOR	1.00	X						0.	0.	0.
(15) STEVE SCHWALB DIRECTOR	1.00	X						0.	0.	0.
(16) KEITH SHAPIRO DIRECTOR	1.00	X						0.	0.	0.
(17) MARCUS STARTZEL DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TERRY SQUYRES DIRECTOR	1.00	X					0.	0.	0.	
(19) JOE URBAN DIRECTOR	1.00	X					0.	0.	0.	
(20) JAMES D. WITTY DIRECTOR	1.00	X					0.	0.	0.	
(21) CARMEN DEL GUERCIO PRESIDENT & CEO	40.00			X			258,154.	0.	46,458.	
(22) SUSAN ZAVOYNA CFO	40.00			X			100,430.	0.	10,568.	
(23) MARGARET KIMMEL EVP PROG & EXTERNAL AFFAIRS	40.00				X		197,111.	0.	15,426.	
(24) RICK CONDON SVP OPERATIONS	40.00				X		168,411.	0.	12,776.	
(25) TIMOTHY REGAN EXECUTIVE DIRECTOR, FOODBOOKS	40.00					X	149,415.	0.	27,634.	
(26) NANCY SMITH MAJOR GIFTS OFFICER	40.00					X	136,634.	0.	20,269.	
1b Subtotal							1,010,155.	0.	133,131.	
c Total from continuation sheets to Part VII, Section A							107,149.	0.	8,078.	
d Total (add lines 1b and 1c)							1,117,304.	0.	141,209.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RWT PRODUCTION LLC 8932 ORANGE FUNT LANE, ANNANDALE, VA 22003	DIRECT MAIL	729,541.
THE AVALON CONSULTING GROUP 805 15TH STREET NW, WASHINGTON, DC 20005	DIRECT MAIL	298,060.
NAMES IN THE NEWS 180 GRAND GRAND AVENUE, OAKLAND, CA 21550	DIRECT MAIL	157,484.
MILLERS MINUTEMAN PRESS, 11195 DOLFIELD BLVD, OWINGS MILLS, MD 21117	PRINTING	153,916.
RANDSTAD INCORPORATED PO BOX 7247-6655, PHILADELPHIA, PA 19170	STAFFING	138,929.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LAURA URBAN VP, GIVING	40.00					X		107,149.	0.	8,078.
Total to Part VII, Section A, line 1c								107,149.		8,078.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	20,871,798.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	71,718,936.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 55,772,491.				
	h Total. Add lines 1a-1f			92,590,734.			
Program Service Revenue	2 a CONTRACTED MEALS	Business Code	900099	1,499,280.	1,499,280.		
	b PROGRAM FEES & OTHER		900099	1,407,100.	1,407,100.		
	c SHARED MAINTENANCE		900099	316,426.	316,426.		
	d DELIVERY REVENUE		900099	6,800.	6,800.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			3,229,606.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			72,122.		72,122.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	356,940.	9,000.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	203,262.	6,809.			
c Gain or (loss)	7c	153,678.	2,191.				
d Net gain or (loss)			155,869.		155,869.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		1,155,316.				
		b Less: direct expenses	8b	194,866.			
c Net income or (loss) from fundraising events			960,450.		960,450.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		3,807,747.				
		b Less: cost of goods sold	10b	9,596,108.			
		c Net income or (loss) from sales of inventory			-5,788,361.		-5,788,361.
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			91,220,420.	3,229,606.	0.	-4,599,920.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,022,052.	1,022,052.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	874,510.	291,095.	475,702.	107,713.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,588,510.	4,580,731.	773,132.	1,234,647.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	351,110.	247,458.	45,096.	58,556.
9 Other employee benefits	1,252,285.	976,779.	158,432.	117,074.
10 Payroll taxes	560,748.	365,138.	93,179.	102,431.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,057,309.			1,057,309.
f Investment management fees	14,993.		14,993.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	550,677.	109,342.	149,329.	292,006.
12 Advertising and promotion				
13 Office expenses	639,457.	210,440.	47,930.	381,087.
14 Information technology	104,964.	6,681.	98,163.	120.
15 Royalties				
16 Occupancy	416,625.	404,330.	6,970.	5,325.
17 Travel	68,574.	55,743.	4,051.	8,780.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	17,703.	9,964.	887.	6,852.
20 Interest	312,975.	29,484.	283,491.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,103,508.	1,008,827.	32,881.	61,800.
23 Insurance	152,300.	111,202.	41,098.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VALUE OF GOODS DONATED	54,984,170.	54,984,170.		
b PROCESSING & OTHER COST	1,007,261.	1,007,261.		
c MAINTENANCE	895,390.	892,759.	1,772.	859.
d PUBLIC RELATIONS	540,598.	30,400.	307.	509,891.
e All other expenses	947,493.	792,284.	76,261.	78,948.
25 Total functional expenses. Add lines 1 through 24e	73,463,212.	67,136,140.	2,303,674.	4,023,398.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	224,104.	1	216,853.
	2 Savings and temporary cash investments	4,004,697.	2	26,141,416.
	3 Pledges and grants receivable, net	2,895,004.	3	3,210,906.
	4 Accounts receivable, net	441,205.	4	897,200.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,998,394.	8	6,215,930.
	9 Prepaid expenses and deferred charges	194,883.	9	124,543.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,823,175.		
	b Less: accumulated depreciation	10b 10,304,481.	10c	
	11 Investments - publicly traded securities	3,002,433.	11	3,091,562.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	409,242.	15	351,270.
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,079,032.	16	54,768,374.	
Liabilities	17 Accounts payable and accrued expenses	1,746,436.	17	3,581,492.
	18 Grants payable		18	
	19 Deferred revenue	68,348.	19	5,086,818.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,244,890.	23	8,503,673.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	409,242.	25	351,270.
	26 Total liabilities. Add lines 17 through 25	9,468,916.	26	17,523,253.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	17,063,837.	27	36,050,333.
	28 Net assets with donor restrictions	2,546,279.	28	1,194,788.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	19,610,116.	32	37,245,121.
	33 Total liabilities and net assets/fund balances	29,079,032.	33	54,768,374.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	91,220,420.
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,463,212.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,757,208.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,610,116.
5	Net unrealized gains (losses) on investments	5	-122,203.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	37,245,121.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization THE MARYLAND FOOD BANK, INC.
Employer identification number 52-1135690

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70047530.	67356913.	72413255.	72934156.	92590734.	375342588
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	70047530.	67356913.	72413255.	72934156.	92590734.	375342588
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						36806340.
6 Public support. Subtract line 5 from line 4.						338536248

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	70047530.	67356913.	72413255.	72934156.	92590734.	375342588
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	101,306.	89,604.	141,242.	148,716.	72,122.	552,990.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						375895578
12 Gross receipts from related activities, etc. (see instructions)					12	28,236,287.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	90.06	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	86.67	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

THE MARYLAND FOOD BANK, INC.

Employer identification number

52-1135690

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE MARYLAND FOOD BANK, INC.	Employer identification number 52-1135690
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>15,036,646.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,498,133.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE MARYLAND FOOD BANK, INC.	Employer identification number 52-1135690
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD PRODUCTS _____ _____ _____	\$ <u>6,765,233.</u>	<u>06/30/20</u>
2	FOOD PRODUCTS _____ _____ _____	\$ <u>2,378,525.</u>	<u>06/30/20</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization THE MARYLAND FOOD BANK, INC.	Employer identification number 52-1135690
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019 Open to Public Inspection

Name of the organization THE MARYLAND FOOD BANK, INC. Employer identification number 52-1135690

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including checkboxes and dollar amount fields.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		761,975.		761,975.
b Buildings		16,983,065.	5,201,908.	11,781,157.
c Leasehold improvements				
d Equipment		3,888,197.	2,938,392.	949,805.
e Other		3,189,938.	2,164,181.	1,025,757.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,518,694.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PAYABLE	351,270.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	351,270.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	100,679,332.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-122,203.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	9,596,108.
e	Add lines 2a through 2d	2e	9,473,905.
3	Subtract line 2e from line 1	3	91,205,427.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,993.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	14,993.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	91,220,420.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	83,044,327.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	9,596,108.
e	Add lines 2a through 2d	2e	9,596,108.
3	Subtract line 2e from line 1	3	73,448,219.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,993.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	14,993.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	73,463,212.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION HAD NO LIABILITY FOR UNCERTAIN TAX POSITIONS.

THE ORGANIZATION'S FEDERAL EXEMPT ORGANIZATION RETURNS ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR A PERIOD OF THREE YEARS AFTER THE RETURNS ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD SHOW NET ON FORM 990 9,596,108.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD SHOWN NET ON FORM 990 9,596,108.

FUNDRAISING EVENTS

Part XIII Supplemental Information *(continued)*

PART X1, LINE 2D:

COST OF GOODS SOLD SHOWN NET ON FORM 990

PART XII, LINE 2D:

COST OF GOODS SOLD SHOWN NET ON FORM 990

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

THE MARYLAND FOOD BANK, INC.

Employer identification number

52-1135690

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
AVALON CONSULTING GROUP - 805 15TH STREET NW, WASHINGTON,	DIRECT MAIL		X	3,993,279.	317,488.	3,675,791.
NAMES IN THE NEWS - 180 GRAND AVENUE, OAKLAND, CA	DIRECT MAIL		X	0.	157,484.	-157,484.
RWT PRODUCTION, LLC - 8932 ORANGE HUNT LANE, ANNANDALE,	DIRECT MAIL		X	0.	697,984.	-697,984.
Total				3,993,279.	1,172,956.	2,820,323.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- MD, AL, AK, CA, CT, DC, FL, GA, HI, IL, KS, KY, ME, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BLUE JEAN BALL		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,155,316.		1,155,316.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	1,155,316.		1,155,316.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	1,950.		1,950.
	6	Rent/facility costs	7,142.		7,142.
	7	Food and beverages	48,594.		48,594.
	8	Entertainment	9,500.		9,500.
	9	Other direct expenses	127,680.		127,680.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				960,450.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: AVALON CONSULTING GROUP

(I) ADDRESS OF FUNDRAISER: 805 15TH STREET NW, WASHINGTON, DC 20005

(I) NAME OF FUNDRAISER: NAMES IN THE NEWS

(I) ADDRESS OF FUNDRAISER: 180 GRAND AVENUE, OAKLAND, CA 94612-3716

(I) NAME OF FUNDRAISER: RWT PRODUCTION, LLC

Part IV Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER: 8932 ORANGE HUNT LANE, ANNANDALE, VA 22003

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **THE MARYLAND FOOD BANK, INC.** Employer identification number **52-1135690**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WESTMINSTER RESCUE MISSION 658 LUCABAUGH MILL RD WESTMINSTER, MD 21157	52-0891628	501(C)(3)	18,500.	0.			FOOD DISTRIBUTION
CITY OF REFUGE 901 PONTIAC AVENUE BALTIMORE, MD 21225	52-4416947	501(C)(3)	9,000.	7,019.	FAIR MARKET VALUE	EQUIPMENT AND SUPPLIES	FOOD DISTRIBUTION
FREDERICK RESCUE MISSION P.O. BOX 3389 FREDERICK, MD 21705	52-0813371	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
LIVING WATERS ASSEMBLY 9058 DOUBLE HILLS ROAD DENTON, MD 21629	52-1739446	501(C)(3)	12,000.	905.	FAIR MARKET VALUE	EQUIPMENT AND SUPPLIES	FOOD DISTRIBUTION
NEW LIFE FOOD PANTRY 2401 E NORTH AVE BALTIMORE, MD 21213	81-1437519	501(C)(3)	12,000.	5,706.	FAIR MARKET VALUE	EQUIPMENT AND SUPPLIES	FOOD DISTRIBUTION
END HUNGER IN CALVERT COUNTY PO BOX 758 HUNTINGTOWN, MD 20639	80-0456174	501(C)(3)	12,000.	585.	FAIR MARKET VALUE	EQUIPMENT AND SUPPLIES	FOOD DISTRIBUTION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **26.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE BAPTIST CHURCH FOOD PANTRY - 1740 FOREST DR - ANNAPOLIS, MD 21401	52-0683906	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
WELLS HOUSE 124 E BALTIMORE ST HAGERSTOWN, MD 21740	52-1368952	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
FISHES & LOAVES PANTRY 2422 W PATAPSCO AVE BALTIMORE, MD 21230	46-0803422	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
CATHOLIC CHARITIES - SETON CENTER 30632 HAMPDEN AVE PRINCESS ANNE, MD 21853	53-0196617	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
WESTMINSTER RESCUE MISSION 429 ASBURY DRIVE SEVERNA PARK, MD 21146	45-2509088	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
DELMARVA EVANGELISTIC CHURCH, INC 407 GORDY RD SALISBURY, MD 21804	73-6109354	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
AHAVAS YISRAEL CHARITY FUND 115 E SUDBROOK LN PIKESVILLE, MD 21208	52-1219478	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
TRINITY EVANGELICAL LUTHERAN CHURCH - 6600 LAUREL BOWIE RD - BOWIE, MD 20715	52-0799211	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
HARFORD COMMUNITY ACTION AGENCY 1321 WOODBRIDGE STATION WAY B EDGEWOOD, MD 21040	52-1306096	501(C)(3)	9,143.	844.	FAIR MARKET VALUE	EQUIPMENT AND SUPPLIES	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMAZING GRACE LUTHERAN CHURCH 2424 MCELDERRY ST BALTIMORE, MD 21205	52-1994645	501(C)(3)	3,693.	5,993.	FAIR MARKET VALUE	EQUIPMENT AND SUPPLIES	FOOD DISTRIBUTION
COMMUNITY ACTION COUNCIL HOWARD COUNTY - 9820 PATUXENT WOODS DR - COLUMBIA, MD 21046	52-0817684	501(C)(3)	9,483.	0.			FOOD DISTRIBUTION
CHESAPEAKE CARES FOOD PANTRY 6045 SOLOMONS ISLAND RD HUNTINGTOWN, MD 20639	52-1378847	501(C)(3)	8,108.	857.	FAIR MARKET VALUE	EQUIPMENT AND SUPPLIES	FOOD DISTRIBUTION
PROJECT PLASE 3549 OLD FREDERICK RD BALTIMORE, MD 21229	23-7367331	501(C)(3)	0.	8,218.	FAIR MARKET VALUE	EQUIPMENT AND SUPPLIES	FOOD DISTRIBUTION
TABITHA'S TABLE 17 S MAIN ST SMITHSBURG, MD 21783	45-5246971	501(C)(3)	7,352.	822.	FAIR MARKET VALUE	EQUIPMENT AND SUPPLIES	FOOD DISTRIBUTION
LANDSDOWNE INTERFAITH PANTRY AT ST CLEMENTS CHURCH - 2700 WASHINGTON AVE - HALETHORPE, MD 21227	52-0677063	501(C)(3)	8,000.	0.			FOOD DISTRIBUTION
STILLMEADOW COMMUNITY FELLOWSHIP 5110 FREDERICK AVE BALTIMORE, MD 21229	52-1316551	501(C)(3)	0.	7,216.	FAIR MARKET VALUE	EQUIPMENT AND SUPPLIES	FOOD DISTRIBUTION
JONAH HOUSE FOOD PANTRY 1301 MORELAND AVE BALTIMORE, MD 21216	86-1030922	501(C)(3)	5,600.	0.			FOOD DISTRIBUTION
BALTIMORE OUTREACH SERVICES 701 S CHARLES ST BALTIMORE, MD 21230	56-2291915	501(C)(3)	0.	5,570.	FAIR MARKET VALUE	EQUIPMENT AND SUPPLIES	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY 351 HILLTOP LN ANNAPOLIS, MD 21403	58-0660607	501(C)(3)	3,039.	2,399.	FAIR MARKET VALUE	EQUIPMENT AND SUPPLIES	FOOD DISTRIBUTION
CAPITAL AREA FOOD BANK 2708 ENTERPRISE ROAD MITCHELLVILLE, MD 20721	52-1167581	501(C)(3)	750,000.	0.			FOOD DISTRIBUTION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MFB MONITORS THE USE OF THE GRANTS AND MAINTAINS CONTACT WITH EACH GRANT RECIPIENT THROUGHOUT THE YEAR.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: **THE MARYLAND FOOD BANK, INC.**
 Employer identification number: **52-1135690**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CARMEN DEL GUERCIO PRESIDENT & CEO	(i)	203,660.	35,000.	19,494.	11,425.	35,033.	304,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARGARET KIMMEL EVP PROG & EXTERNAL AFFAIRS	(i)	148,111.	24,000.	25,000.	9,514.	5,912.	212,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RICK CONDON SVP OPERATIONS	(i)	136,354.	13,500.	18,557.	7,732.	5,044.	181,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TIMOTHY REGAN EXECUTIVE DIRECTOR, FOODWORKS	(i)	92,915.	12,500.	44,000.	7,308.	20,326.	177,049.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NANCY SMITH MAJOR GIFTS OFFICER	(i)	79,634.	13,000.	44,000.	6,583.	13,686.	156,903.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE MARYLAND FOOD BANK, INC.** Employer identification number **52-1135690**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN MAROON	MEMBER OF BOARD OF	54,000.	PUBLIC RELA		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOHN MAROON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF BOARD OF DIRECTORS

(C) AMOUNT OF TRANSACTION \$ 54,000.

(D) DESCRIPTION OF TRANSACTION: PUBLIC RELATIONS SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE MARYLAND FOOD BANK, INC.** Employer identification number **52-1135690**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	5	9,075.	FMV-SALES PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	40	204,102.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	34,644	55,559,314.	FEEDING AMERICA VALU
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION UTILIZES THE SERVICES OF BROWN ADVISORY TO PROCESS ALL
DONATED STOCKS. BROWN ADVISORY SELLS THE STOCK AND SENDS THE
ORGANIZATION THE PROCEEDS.

THE ORGANIZATION UTILIZES THE SERVICES OF CHARITABLE ADULT RIDES AND
SERVICES TO SELL THE DONATED CARS.

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

2019

Open to Public
Inspection

Name of the organization

THE MARYLAND FOOD BANK, INC.

Employer identification number

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MARYLAND FOOD BANK IS A NONPROFIT HUNGER-RELIEF ORGANIZATION
DEDICATED TO FEEDING PEOPLE, STRENGTHENING COMMUNITIES, AND ENDING
HUNGER FOR MORE MARYLANDERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE MARYLAND FOOD BANK (MFB) STARTED FY 2020 WITH GREAT MOMENTUM AFTER
COMING OFF OUR 40TH ANNIVERSARY CELEBRATION AND ENTERING THE SECOND
YEAR OF OUR STRATEGIC PLAN.

OUR MARKET DRIVEN APPROACH, EVOLVING PROGRAMS, NEWLY STRENGTHENED
PARTNERSHIPS, AND EMPHASIS ON ROOT CAUSE SOLUTIONS WERE TAKING HOLD,
AND WE COULD SEE THE BENEFITS OF OUR EFFORTS. WE WERE EXCITED AND
HOPEFUL. AND THEN COVID-19 STRUCK.

THAT'S WHEN OUR FOCUS SHIFTED TO BUILDING A RESPONSE TO THIS
UNPRECEDENTED GLOBAL THREAT. THE SPREAD OF COVID-19 CREATED A
FAST-MOVING EMERGENCY FOR CHARITABLE FOOD ASSISTANCE ORGANIZATIONS
EVERYWHERE, INCLUDING MFB. FORTUNATELY, WE WERE BUILT FOR THIS. OUR
STRONG PARTNERSHIPS, STATEWIDE NETWORK, HIGHLY TRAINED AND TALENTED
STAFF, AND STELLAR REPUTATION ALLOWED US TO PIVOT AND RESPOND TO THE
EXTRAORDINARY NEED CREATED BY THIS PANDEMIC.

IN MARYLAND, AS IN OTHER PLACES, THE ONSET OF THE PANDEMIC IN EARLY
2020 CREATED WAVES OF JOB LOSS AND ECONOMIC DISRUPTION, SEVERED ACCESS
TO SCHOOL MEALS FOR CHILDREN, AND FORCED SENIORS AND OTHER HIGH-RISK
POPULATIONS TO STAY AT HOME. ALMOST OVERNIGHT, HUNDREDS OF THOUSANDS OF
MARYLANDERS TURNED TO MFB'S CHARITABLE FOOD ASSISTANCE NETWORK TO HELP

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PUT FOOD ON THE TABLE, MANY FOR THE FIRST TIME.

THE FOOD BANK TEAM MOVED SWIFTLY THROUGH THOSE EARLY DAYS OF THE PANDEMIC, FOCUSING ON FINDING FOOD, DISTRIBUTING IT, AND THEN SECURING FUNDING TO PAY FOR A PROGRAMMATIC RESPONSE THAT HAD DOUBLED IN SIZE. COST ESTIMATES, INVENTORY LEVELS, AND PROGRAM STRATEGIES WERE EXAMINED AND BY MID-MARCH, MFB HAD A WORKING PLAN. ESTIMATES SHOWED THAT TO KEEP FOOD FLOWING INTO THE 22 JURISDICTIONS WE SERVE, THE COST FOR 90 DAYS OF ACTIVITIES WOULD TOTAL AN ESTIMATED \$12 MILLION DOLLARS.

DURING THOSE FIRST 90 DAYS, IT BECAME OBVIOUS THAT 'BUSINESS AS USUAL' WOULD BE COMPLETELY REDEFINED AND WOULD NOW INCLUDE DOUBLE THE AMOUNT OF FOOD DISTRIBUTED, AND OTHER DISRUPTIVE BUT NECESSARY SOLUTIONS. IT WAS ALSO CLEAR THAT THIS STRATEGY WAS GOING TO COST A LOT MORE MONEY, ESPECIALLY BECAUSE THE SINGLE MOST CRITICAL CHALLENGE WAS A SHORTAGE OF FOOD.

OF ALL THE FOOD TYPICALLY DISTRIBUTED BY THE FOOD BANK, ABOUT ONE THIRD IS PURCHASED AND TWO THIRDS IS DONATED FROM FOOD RETAILERS, MANUFACTURERS, OR ARRIVES IN THE FORM OF GOVERNMENT COMMODITIES. WITH THE COLLAPSE OF LARGE-SCALE FOOD DONATIONS, MFB FLIPPED ITS MODEL AND BEGAN BUYING FOOD BY THE TRUCKLOAD.

BETWEEN MARCH 1 AND JUNE 30, 2020, MFB SPENT MORE THAN \$8.1M ON PURCHASED PRODUCT, A 400% INCREASE OVER THE SAME PERIOD LAST YEAR.

DURING THE FIRST TURBULENT WEEKS OF THE PANDEMIC WHEN SCHOOLS, RESTAURANTS, AND BUSINESSES WERE CLOSED, MFB BECAME RELIANT ON THE

Name of the organization

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EFFORTS OF OUR FEARLESS NETWORK OF COMMUNITY PARTNERS. THESE NETWORK PARTNERS, AS WE CALL THEM, DISTRIBUTE FOOD THROUGH APPROXIMATELY 1,450 DISTRIBUTION CHANNELS - FOOD PANTRIES, SOUP KITCHENS, SHELTERS, SCHOOLS, AND OTHERS - ACROSS 21 COUNTIES AND BALTIMORE CITY. THEY ARE ON THE GROUND, GETTING FOOD DIRECTLY INTO THE HANDS OF THOSE WHO NEED IT MOST. NOBODY KNOWS THEIR COMMUNITIES BETTER, AND ITS BECAUSE OF THESE ORGANIZATIONS THAT MFB IS ABLE TO REACH SO MANY HUNGRY MARYLANDERS.

WEEKLY CALLS WERE ALSO LAUNCHED IN TANDEM WITH THE DEPARTMENT OF HUMAN SERVICES (DHS) OFFICE OF EMERGENCY OPERATIONS TO THESE NETWORK PARTNERS, LOCAL EMERGENCY MANAGEMENT PERSONNEL, NONPROFITS, AND OTHER STATE AGENCIES THAT BEGAN WITH ONE SIMPLE MESSAGE: "AS PART OF THE FOOD SUPPLY CHAIN, YOU ARE ESSENTIAL. PLEASE STAY OPEN AND STAY OPERATIONAL. AND WE WILL HELP YOU TO DISTRIBUTE FOOD SAFELY." THAT FIRST CALL WITH OVER 400 PARTICIPANTS SOON BECAME A BI-WEEKLY WEBINAR, WHERE INFORMATION, TRAININGS, BEST PRACTICES, SAFETY INFORMATION, FUNDING OPPORTUNITIES, AND MORE WERE SHARED WITH HUNDREDS OF LISTENERS STATEWIDE.

IN ADDITION, MFB ESTABLISHED CLOSE TO 200 TEMPORARY PARTNERSHIPS IN PLACES WHERE PARTNERS HAD TO CLOSE THEIR DOORS, COMMUNITIES THAT WERE UNDERSERVED, OR IN SOME CASES, AREAS THAT WERE HIT PARTICULARLY HARD AND NEEDED INCREASED SERVICE. THESE PARTNERSHIPS, ALONG WITH MFB'S EXISTING NETWORK, HELPED EXPAND OUR ABILITY TO DISTRIBUTE FOOD QUICKLY IN A SAFE, CONTACTLESS WAY TO THOSE WHO NEEDED IT MOST.

MFB PARTNERS HOSTED 1,055 "DRIVE THRU" PANTRY ON THE GO EVENTS FROM

Name of the organization

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MARCH 1 THROUGH JUNE 30, 2020, A 126% INCREASE OVER POTG EVENTS HELD DURING THE SAME TIME LAST YEAR.

SINCE MARCH OF 2020, MFB HAS REMAINED COMMITTED TO ENSURING THERE WAS ENOUGH FOOD AVAILABLE FOR OUR DISTRIBUTION PARTNERS USING FUNDING FROM PUBLIC AND PRIVATE SOURCES TO PURCHASE FOOD AND DISTRIBUTE IT AT NO COST ACROSS MARYLAND. THIS CRITICAL RESOURCE HAS MADE THE DIFFERENCE FOR MANY FOOD PANTRIES AND FEEDING PROGRAMS WHO TELL US THAT WITHOUT ACCESS TO FOOD FROM MFB, THEY WOULD HAVE CLOSED THEIR DOORS.

WITH THE HELP OF OUR STATEWIDE NETWORK OF COMMUNITY PARTNERS, MORE THAN 19.2M POUNDS OF FOOD WERE DISTRIBUTED FROM MARCH 1 TO JUNE 30, 2020, AN 85% INCREASE OVER LAST YEAR'S DISTRIBUTION RATE DURING THE SAME PERIOD.

AT THE SAME TIME, THE QUESTION OF HOW TO EXPAND FOOD ACCESS TO HUNGRY MARYLANDERS EMERGED QUICKLY INSIDE OUR CHARLES T. BAUER COMMUNITY KITCHEN, WHERE MEALS ARE PREPARED DAILY FOR CHILDREN IN AFTER-SCHOOL AND SUMMER PROGRAMS. TYPICALLY, MFB'S MEALS ARE SERVED "FAMILY STYLE," WHICH OFFERS TREMENDOUS BENEFITS BUT IS NOT SAFE ENOUGH DURING A PANDEMIC.

THE FOODWORKS TEAM KNEW THAT THEY WOULD HAVE TO BEGIN PRODUCING INDIVIDUAL GRAB & GO MEALS, BUT GETTING THERE TOOK LEADERSHIP, TEAMWORK, AND PATIENCE. ALONG THE WAY, THE ROLE OF VOLUNTEERS IN THE FOODWORKS KITCHEN COMPLETELY CHANGED. TODAY, VOLUNTEERS ARE FILLING CRITICAL ROLES, AND WITHOUT THEM, THE PROGRAM SIMPLY COULDN'T OPERATE.

ACROSS CENTRAL MARYLAND, 219,088 GRAB & GO MEALS WERE DISTRIBUTED TO

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KIDS AND THEIR FAMILIES FROM MARCH 1 TO JUNE 30, 2020.

EARLY IN THE PANDEMIC, MFB ALSO RECOGNIZED THAT INDIVIDUALS IN NEED OF CHARITABLE FOOD WOULD NO LONGER BE ABLE TO PERUSE THE SHELVES OF A FOOD PANTRY AND CHOOSE THE ITEMS THEY PREFERRED. IN RESPONSE TO SAFETY PROTOCOLS AND RAPIDLY RISING DEMAND, MANY FOOD BANKS INCLUDING MFB QUICKLY RETURNED TO AN OLD IDEA: PRE-BOXING FOOD.

IN EARLY APRIL, MFB'S "BACK UP BOX" WAS BORN. AFFECTIONATELY DUBBED "BUB," EACH BACK UP BOX PROVIDES 30-POUNDS OF SHELF-STABLE FOOD THAT CAN SAFELY AND EASILY BE TRANSPORTED, STORED, AND DISTRIBUTED WHERE THE NEED IS GREATEST. WITHIN THREE WEEKS, THE FOOD BANK STOOD UP A NEW "BUB" PRODUCTION FACILITY, STAFFED WITH 30 TEMPORARY WORKERS WHO HAD RECENTLY LOST THEIR JOBS IN LOCAL RESTAURANTS OR THE HOSPITALITY INDUSTRY.

APPROXIMATELY 106,155 BACK UP BOXES WERE DISTRIBUTED ACROSS THE STATE BETWEEN MARCH 1 AND JUNE 30, 2020.

IN ADDITION TO MFB'S INCREDIBLY STRONG FOOD ASSISTANCE NETWORK, THE FEDERALLY FUNDED SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) IS AN IMPORTANT COMPLEMENTARY PROGRAM FOR FOOD-INSECURE MARYLANDERS.

BECAUSE MANY PEOPLE ARE UNSURE OF HOW TO APPLY OR IF THEY EVEN QUALIFY FOR SNAP ASSISTANCE, MFB'S SNAP OUTREACH PROGRAM PROVIDES THE RESOURCES AND INFORMATION NECESSARY TO HELP LOW-INCOME INDIVIDUALS RECEIVE THESE FEDERAL BENEFITS. DUE TO THE INCREASED NEED FOR FOOD ASSISTANCE AS A RESULT OF COVID-19, MFB'S SNAP OUTREACH TEAM EXPANDED THEIR REACH

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FURTHER THAN EVER TO HELP MARYLANDERS APPLY FOR SNAP BENEFITS.

IN FY20, APPROXIMATELY 1,336 SNAP APPLICATIONS WERE SUBMITTED WITH THE HELP OF MFB'S SNAP OUTREACH TEAM.

IN THE LAST QUARTER OF FY20, THE FOOD BANK RECEIVED 962% MORE IN PHILANTHROPIC REVENUE THAN IT HAD DURING THE SAME TIMEFRAME THE YEAR BEFORE. AND, AS A RESULT OF STRONG RELATIONSHIPS WITH THE STATE AS WELL AS LOCAL JURISDICTIONS, MFB WAS ALSO THE BENEFICIARY OF FEDERAL RELIEF DOLLARS WITH APPROPRIATE RESTRICTIONS AND TIMELINES TO PROVIDE AN EQUITABLE DISTRIBUTION OF FOOD TO THE 22 JURISDICTIONS WE SERVE.

WE MOVED QUICKLY TO DEPLOY THOSE RESOURCES, SPENDING OVER \$8 MILLION ON FOOD PURCHASES BETWEEN MARCH AND JUNE (A 400% INCREASE), BUT DOING MORE DURING THE INITIAL STAGES WAS SIMPLY NOT AN OPTION. WHILE QUARANTINES AND STAY-AT-HOME ORDERS HELPED MARYLAND TO STAY SAFE, THE FOOD ECONOMY COLLAPSED. RESTAURANTS CLOSED, AND THE FOOD SUPPLY CHAIN BROKE. QUITE SIMPLY, THERE WAS NO FOOD TO BUY. SO, UNLIKE OTHER YEARS, THE FOOD BANK ENDED FY20 WITH A SIGNIFICANT CASH BALANCE.

(SEE ADDITIONAL INFORMATION BELOW ON PROGRAM ACCOMPLISHMENTS.)

PART 111, LINE 4A

IN FY21 (THE YEAR FOLLOWING THIS ANNUAL REPORT), WE'RE CONTINUING TO USE THOSE FUNDS TO FUEL OUR HEIGHTENED RESPONSE. IN ADDITION TO RECORD-SETTING FOOD PURCHASE LEVELS, WE HAVE ENHANCED CAPACITY THROUGHOUT OUR OPERATION, IMPLEMENTED NEW DISTRIBUTION METHODS, ADDED NEW WAREHOUSE SPACE AND EQUIPMENT, HIRED KEY PERSONNEL, AND PROVIDED COVID PROTECTION FOR STAFF, PARTNERS, AND VOLUNTEERS. THESE EARLY INVESTMENTS ALLOWED MFB TO NEARLY DOUBLE OUR DISTRIBUTION VOLUME.

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THE FOOD BANK HAS ALSO CONTINUED TO AGGRESSIVELY PURCHASE NUTRITIOUS FOOD IN FY21, SPENDING AN ADDITIONAL \$11 MILLION BY THANKSGIVING ALONE (325% INCREASE), A TREND WE KNOW WILL CONTINUE WELL INTO 2021.

AND, WHILE GENEROUS SUPPORT FROM THE COMMUNITY CONTINUES TO FLOW INTO MFB, OUR FOCUS HAS SHIFTED FROM HOW TO SPEND FUNDS QUICKLY, TO HOW TO INVEST FUNDS WISELY.

* * *

THIS PANDEMIC IS A CRISIS UNLIKE ANY OTHER. BUT THE MARYLAND FOOD BANK IS BUILT FOR THIS; OUR EMPLOYEES, VOLUNTEERS, AND COMMUNITY OF NETWORK PARTNERS ARE ON THE FRONT LINES EVERY DAY, MAKING SURE OUR NEIGHBORS HAVE FOOD DURING THIS CHALLENGING TIME.

AND WHILE THE WORK THAT LIES AHEAD IS MORE CHALLENGING THAN ANYTHING MFB HAS EVER FACED, INCLUDING ENSURING WE REMAIN GOOD STEWARDS OF THE FINANCIAL RESOURCES THAT HAVE BEEN ENTRUSTED IN US, THE AGILITY AND RAPID RESPONSE THAT 2020 DEMANDED OF THE FOOD BANK BROUGHT OUT THE BEST IN OUR ORGANIZATION. WE ARE NOW FULLY ENGAGED IN LEARNING, REBUILDING, AND EXPANDING OUR CAPACITY TO SURVIVE AND THRIVE.

FORM 990, PART VI, SECTION B, LINE 11B:

MANAGEMENT SENDS THE AUDIT AND FISCAL OVERSIGHT COMMITTEE THE FORM 990 FOR REVIEW AND APPROVAL. ONCE APPROVED, MANAGEMENT SENDS THE FORM 990 TO THE ENTIRE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE MARYLAND FOOD BANK HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES OFFICERS, DIRECTORS AND KEY EMPLOYEES TO COMPLETE A WRITTEN QUESTIONNAIRE EACH YEAR TO DOCUMENT WHETHER ANY CONFLICTS OF INTEREST

Name of the organization THE MARYLAND FOOD BANK, INC.	Employer identification number 52-1135690
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EXIST. CONFLICTS OF INTERESTS ARE REVIEWED BY THE GOVERNANCE COMMITTEE. THE RESPONSIBLE PERSON WITH A CONFLICT OF INTEREST SHALL NOT PARTICIPATE OR BE PRESENT DURING THE DELIBERATIONS AND DECISION MAKING OF THE MARYLAND FOOD BANK WITH RESPECT TO ANY SUCH AGREEMENTS.

FORM 990, PART VI, SECTION B, LINE 15:
 COMPENSATION FOR THE CEO WAS DETERMINED BY AN OUTSIDE CONSULTING FIRM IN CONJUNCTION WITH THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.
 COMPENSATION FOR OTHER KEY EMPLOYEES WAS DETERMINED BY AN OUTSIDE CONSULTING FIRM IN CONJUNCTION WITH THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 MD, AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT

FORM 990, PART VI, SECTION C, LINE 19:
 COPIES OF THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THERE ARE NO REPORTABLE TRANSACTIONS THAT REQUIRE DISCLOSURE. COPIES OF THE ANNUAL REPORT ARE AVAILABLE ON MARYLAND FOOD BANK'S WEBSITE.

FORM 990 PART XII LINE 2C
 NO CHANGES FROM PRIOR YEAR