

Form **990**

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

2021

Open to Public
Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ 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)

2200 HALETHORPE FARMS ROAD, S.W.

Room/suite

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 \$

78,116,082.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **WWW.MDFOODBANK.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1978**

M State of legal domicile: **MD**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	255
	6 Total number of volunteers (estimate if necessary)	6	13195
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		129,561,666.	71,839,872.
	9 Program service revenue (Part VIII, line 2g)	13,640,698.	5,798,918.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	671,764.	326,481.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	143,874,128.	77,965,271.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,918,408.	2,686,058.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,197,918.	13,409,173.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,395,391.	1,681,389.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,027,095.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	100,170,384.	65,946,006.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	116,682,101.	83,722,626.
19 Revenue less expenses. Subtract line 18 from line 12	27,192,027.	-5,757,355.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		74,940,482.	64,631,559.
	21 Total liabilities (Part X, line 26)	10,495,020.	6,977,133.
22 Net assets or fund balances. Subtract line 21 from line 20	64,445,462.	57,654,426.	

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	Date			
	CARMEN DEL GUERCIO, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JAMES E. CRISP	Preparer's signature JAMES E. CRISP	Date 01/25/23	Check if self-employed <input type="checkbox"/>	PTIN P00025401
	Firm's name ▶ GROSS, MENDELSON & ASSOCIATES, P.A.	Firm's EIN ▶ 52-0982413			
	Firm's address ▶ 1801 PORTER STREET, SUITE 500 BALTIMORE, MD 21230	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 AccomplishmentsCheck 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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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 \$ 75,367,017. including grants of \$ 2,686,058.) (Revenue \$ 5,798,918.)

THE MARYLAND FOOD BANK (MFB) PROVIDES FOOD ASSISTANCE TO INDIVIDUALS AND FAMILIES IN NEED THROUGH A STATEWIDE NETWORK OF COMMUNITY PARTNERS, FROM THE WESTERN MOUNTAINS TO THE EASTERN SHORE.

IN FY22, MFB, THROUGH ITS FOOD ASSISTANCE NETWORK, DISTRIBUTED NEARLY 49 MILLION POUNDS OF FOOD TO INDIVIDUALS IN NEED, ENOUGH FOOD TO PROVIDE MORE THAN 40 MILLION MEALS ANNUALLY. OUR TRUCKS WERE ON THE ROAD EVERY DAY, DISTRIBUTING DONATED, PURCHASED, AND HARVESTED FOOD TO A NETWORK OF ROUGHLY 320 COMMUNITY ORGANIZATIONS THAT COLLECTIVELY PROVIDE NEARLY 1,200 DISTRIBUTION POINTS WITH MUCH-NEEDED FOOD ACROSS 21 COUNTIES AND BALTIMORE CITY. (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 **75,367,017.**

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	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>	4	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6	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>	7	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>	8	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>	9	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>	10	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>	11a 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>	11b	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>	11c	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>	11d	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>	11e 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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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> See instructions	17 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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	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>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the 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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	29
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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 255		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
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?			
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.			
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			
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?			X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
If "Yes," complete Form 6069.			

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

	1a	1b	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.	18			
b Enter the number of voting members included on line 1a, above, who are independent		18		
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?			2	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?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	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?			7a	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?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	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			9	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?	10a	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?	10b	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on 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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on 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?	16a	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?	16b	

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 ContractorsCheck 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CARMEN DEL GUERCIO PRESIDENT & CEO	40.00			X				313,531.	0.	51,342.
(2) SUSAN ZAVOYNA CFO	40.00			X				173,950.	0.	30,612.
(3) MARGARET KIMMEL EVP, CHIEF STRATEGY OFFICER	40.00				X			224,935.	0.	16,452.
(4) RICK CONDON SVP OPERATIONS	40.00				X			183,515.	0.	14,661.
(5) TIMOTHY REGAN EXECUTIVE DIRECTOR, FOODWO	40.00				X			157,278.	0.	29,274.
(6) NANCY SMITH MAJOR GIFTS OFFICER	40.00					X		101,598.	0.	12,797.
(7) ELISE KRIKAU SENIOR VICE PRESIDENT, DEVELOPMENT	40.00					X		144,619.	0.	7,043.
(8) NEKEISIA BOOYER CHIEF PROGRAMS OFFICER	40.00					X		142,497.	0.	26,264.
(9) TIFFANY BANKS CONTROLLER	40.00					X		124,478.	0.	11,428.
(10) JENNIFER DARDIS CHAIR	4.00	X		X				0.	0.	0.
(11) CHRIS BRANDENBURG VICE CHAIR	1.00	X		X				0.	0.	0.
(12) BILL DOCKMAN VICE CHAIR & TREASURER	4.00	X		X				0.	0.	0.
(13) TERRY SQUYRES SECRETARY	5.00	X		X				0.	0.	0.
(14) TOM ALBERO DIRECTOR	1.00	X						0.	0.	0.
(15) WILLA BLASINGAME DIRECTOR	1.00	X						0.	0.	0.
(16) DAWNAN S. DAVIS, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(17) DELEGATE SHANEKA HENSON 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARY FRANCES ISAKOV DIRECTOR	1.00	X						0.	0.	0.
(19) JOHN MAROON DIRECTOR	1.00	X						0.	0.	0.
(20) ALLAN NOONAN, M.D. DIRECTOR	1.00	X						0.	0.	0.
(21) MELANIE PERREAULT DIRECTOR	1.00	X						0.	0.	0.
(22) JENNIFER REILLY DIRECTOR	1.00	X						0.	0.	0.
(23) RICK SMULOVITZ DIRECTOR	1.00	X						0.	0.	0.
(24) STEVE SCHWALB DIRECTOR	1.00	X						0.	0.	0.
(25) KEITH SHAPIRO DIRECTOR	1.00	X						0.	0.	0.
(26) JOE URBAN DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,566,401.	0.	199,873.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,566,401.	0.	199,873.

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 **9**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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
CAM CONSTRUCTION 108 WEST TIMONIUM ROAD, TIMONIUM, MD 21093	PRIME CONTRACTOR	1,038,523.
RWT PRODUCTION LLC 8932 ORANGE HUNT LANE, ANNANDALE, VA 22003	DIRECT MAIL	912,635.
SC&H GROUP, INC 910 RIDGEBROOK ROAD, SPARKS, MD 21152	IT CONSULTING	449,801.
THE AVALON CONSULTING GROUP 805 15TH STREET NW, WASHINGTON, DC 20005	DIRECT MAIL	299,552.
ANAGO OF BALTIMORE, 1406 B CRAIN HIGHWAY SOUTH, GLEN BURNIE, MD 21061	CLEANING	209,290.

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 **13**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

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

132201
04-01-21

Part VIII Statement of RevenueCheck 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	19,876,857.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	51,963,015.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 35,820,011.			
	h	Total. Add lines 1a-1f		71,839,872.			
Program Service Revenue	2 a	PROGRAM FEES & OTHER	Business Code	900099	3,463,866.	3,463,866.	
	b	FOOD PURCHASE PROGRAM	900099	1,629,785.	1,629,785.		
	c	CONTRACTED MEALS	900099	681,202.	681,202.		
	d	SHARED MAINTENANCE	900099	24,065.	24,065.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		5,798,918.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		156,096.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	(ii) Personal			
b		Less: rental expenses ...					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		77,965,271.	5,798,918.	0.	326,481.

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	2,686,058.	2,686,058.		
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	1,195,550.	505,421.	569,435.	120,694.
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	9,391,953.	6,999,355.	883,575.	1,509,023.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	443,300.	310,843.	55,377.	77,080.
9 Other employee benefits	1,626,807.	1,157,039.	302,683.	167,085.
10 Payroll taxes	751,563.	514,018.	94,711.	142,834.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,681,389.			1,681,389.
f Investment management fees	25,490.		25,490.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	856,347.	212,890.	499,246.	144,211.
12 Advertising and promotion				
13 Office expenses	1,181,112.	535,124.	46,220.	599,768.
14 Information technology	152,694.	31,592.	118,824.	2,278.
15 Royalties				
16 Occupancy	1,229,027.	1,217,622.	6,466.	4,939.
17 Travel	37,752.	32,539.	3,329.	1,884.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,060.	8,354.	495.	211.
20 Interest	261,688.	26,340.	235,348.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,236,033.	1,151,129.	44,094.	40,810.
23 Insurance	233,829.	130,722.	103,107.	
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	36,453,271.	36,453,271.		
b COST OF PURCHASED FOOD	20,663,999.	20,663,999.		
c MAINTENANCE	1,408,071.	1,397,730.		10,341.
d PUBLIC RELATIONS	529,513.	161,708.	253.	367,552.
e All other expenses	1,668,120.	1,171,263.	339,861.	156,996.
25 Total functional expenses. Add lines 1 through 24e	83,722,626.	75,367,017.	3,328,514.	5,027,095.
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 SheetCheck 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	354,943.	1	482,180.
	2 Savings and temporary cash investments	44,318,208.	2	11,392,636.
	3 Pledges and grants receivable, net	2,048,354.	3	2,378,947.
	4 Accounts receivable, net	765,753.	4	414,625.
	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	8,285,512.	8	3,883,497.
	9 Prepaid expenses and deferred charges	300,197.	9	351,287.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,636,281.		
	b Less: accumulated depreciation	10b 12,208,708.		
	11 Investments - publicly traded securities	14,796,666.	10c	17,427,573.
	12 Investments - other securities. See Part IV, line 11	3,713,479.	11	27,989,213.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	357,370.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	74,940,482.	15	311,601.	
17 Accounts payable and accrued expenses	2,597,451.	16	64,631,559.	
18 Grants payable		17	2,795,072.	
19 Deferred revenue	863,424.	18		
20 Tax-exempt bond liabilities		19	157,231.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties	6,676,775.	22		
24 Unsecured notes and loans payable to unrelated third parties		23	3,713,229.	
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	357,370.	24		
26 Total liabilities. Add lines 17 through 25	10,495,020.	25	311,601.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	6,977,133.	
28 Net assets without donor restrictions	56,731,615.	27	51,309,907.	
29 Net assets with donor restrictions	7,713,847.	28	6,344,519.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
31 Capital stock or trust principal, or current funds		29		
32 Paid-in or capital surplus, or land, building, or equipment fund		30		
33 Retained earnings, endowment, accumulated income, or other funds		31		
34 Total net assets or fund balances	64,445,462.	32	57,654,426.	
35 Total liabilities and net assets/fund balances	74,940,482.	33	64,631,559.	

Part XI Reconciliation of Net AssetsCheck 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	77,965,271.
2	Total expenses (must equal Part IX, column (A), line 25)	2	83,722,626.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,757,355.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	64,445,462.
5	Net unrealized gains (losses) on investments	5	-1,033,681.
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	57,654,426.

Part XII Financial Statements and ReportingCheck 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 on 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	2a	<input checked="" type="checkbox"/>
b 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	2b	<input checked="" type="checkbox"/>
c 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.	2c	<input checked="" type="checkbox"/>
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? _____	3a	<input checked="" type="checkbox"/>
b 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 _____	3b	<input checked="" type="checkbox"/>

Form 990 (2021)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

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
<u>1</u>		\$ <u>1,760,064.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,644,843.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,745,094.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>4,380,295.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>2,448,842.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>2,284,055.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE MARYLAND FOOD BANK, INC.**52-1135690****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
7		\$ 1,721,424.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 13,729,768.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE MARYLAND FOOD BANK, INC.**52-1135690****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
<u>1</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>1,570,334.</u>	<u>06/30/22</u>
<u>2</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>2,644,843.</u>	<u>06/30/22</u>
<u>3</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>1,742,809.</u>	<u>06/30/22</u>
<u>4</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>4,317,248.</u>	<u>06/30/22</u>
<u>5</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>2,187,542.</u>	<u>06/30/22</u>
<u>6</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>2,284,055.</u>	<u>06/30/22</u>

Name of organization

Employer identification number

THE MARYLAND FOOD BANK, INC.**52-1135690****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
7	FOOD PRODUCTS	\$ 1,721,300.	06/30/22
8	FOOD PRODUCTS	\$ 7,551,272.	06/30/22
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

THE MARYLAND FOOD BANK, INC.**52-1135690**

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	
_____		_____	
_____		_____	
_____		_____	

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

2021**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
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		20,630,288.	6,231,521.	14,398,767.
c Leasehold improvements				
d Equipment		4,628,637.	3,598,258.	1,030,379.
e Other		3,615,381.	2,378,929.	1,236,452.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,427,573.

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	311,601.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	311,601.

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	76,906,100.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,033,681.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-1,033,681.
3	Subtract line 2e from line 1	3	77,939,781.
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	25,490.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	25,490.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	77,965,271.

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	83,697,136.
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	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	83,697,136.
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	25,490.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	25,490.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	83,722,626.

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.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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 **e** ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations **f** ☒ Solicitation of government grants
c ☒ Phone solicitations **g** ☐ Special fundraising events
d ☒ In-person solicitations

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	3,108,768.	283,926.	2,824,842.
TRUESENSE MARKETING - 502 KEYSTONE DRIVE, WARRENDALE,	DIRECT RESPONSE EMAIL PROGRAM		X	1,901,158.	177,633.	1,723,525.
NAMES IN THE NEWS - 2550 9TH STREET, SUITE 114, BERKELEY,	DIRECT MAIL		X	0.	138,163.	-138,163.
RWT PRODUCTION, LLC - 8932 ORANGE HUNT LANE, ANNANDALE,	DIRECT MAIL		X	0.	1,081,667.	-1,081,667.
Total				5,009,926.	1,681,389.	3,328,537.

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, AR, CO

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))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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))
Revenue	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: TRUESENSE MARKETING

(I) ADDRESS OF FUNDRAISER: 502 KEYSTONE DRIVE, WARRENDALE, PA 15086

(I) NAME OF FUNDRAISER: NAMES IN THE NEWS

Part IV Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER: 2550 9TH STREET, SUITE 114, BERKELEY, CA 94710

(I) NAME OF FUNDRAISER: RWT PRODUCTION, LLC

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

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

2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CAPITAL AREA FOOD BANK, INC. 2708 ENTERPRISE ROAD MITCHELLVILLE, MD 20721	52-1167581	501(C)(3)	750,000.	0.			FOOD DISTRIBUTION
ANNE ARUNDEL FOOD BANK 120 MARBURY DR CROWNSVILLE, MD 21032	52-1660473	501(C)(3)	134,577.	0.			FOOD DISTRIBUTION
WESTMINSTER RESCUE MISSION 658 LUCABAUGH MILL RD WESTMINSTER, MD 21157	52-0891628	501(C)(3)	119,196.	0.			FOOD DISTRIBUTION
HARFORD COUNTY COMMUNITY ACTION #1514 - 1321 WOODBRIDGE STATION WAY B - EDGEWOOD, MD 21040	52-1306096	501(C)(3)	70,014.	0.			FOOD DISTRIBUTION
SMTCCAC INC. 8371 OLD LEONARDTOWN RD HUGHESVILLE, MD 20637	52-6066477	501(C)(3)	68,753.	0.			FOOD DISTRIBUTION
BRUSH ARBOR GOSPEL MINISTRIES 768 BLUE BALL ROAD ELKTON, MD 21921	47-2088097	501(C)(3)	57,492.	0.			FOOD DISTRIBUTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **94.**

3 Enter total number of other organizations listed in the line 1 table **94.**

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPING UP MISSION 1029 E BALTIMORE ST BALTIMORE, MD 21202	52-0635090	501(C)(3)	45,350.	0.			FOOD DISTRIBUTION
NEW LIFE FOOD PANTRY 2401 E NORTH AVE BALTIMORE, MD 21213	81-1437519	501(C)(3)	45,056.	0.			FOOD DISTRIBUTION
SHINNING STAR BAPTIST CHURCH 11832 EASTERN AVE MIDDLE RIVER, MD 21220	31-1486850	501(C)(3)	45,000.	0.			FOOD DISTRIBUTION
HOWARD CTY COMMUNITY ACT. INC. 9820 PATUXENT WOODS DR., SUITE 200 COLUMBIA, MD 21046	52-0823083	501(C)(3)	41,608.	0.			FOOD DISTRIBUTION
COMMUNITY ASSISTANCE NETWORK 55 WAFE AVE CATONSVILLE, MD 21228	52-0823186	501(C)(3)	39,719.	0.			FOOD DISTRIBUTION
FRANCISCAN CENTER 101 W 23RD ST BALTIMORE, MD 21218	52-1164260	501(C)(3)	38,970.	0.			FOOD DISTRIBUTION
GLENEIG UMC 13900 BURNWOODS RD GLENEIG, MD 21737	52-0855974	501(C)(3)	35,000.	0.			FOOD DISTRIBUTION
ST MICHAELS COMMUNITY CENTER 103 RAILROAD AVE ST MICHAELS, MD 21663	52-1698879	501(C)(3)	33,969.	0.			FOOD DISTRIBUTION
DEEDS OF FAITH PANTRY 640 LUCASBAUGH MILL RD WESTMINSTER, MD 21157	52-1279060	501(C)(3)	32,059.	0.			FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY IMPACT, INC 8334 LIBERTY ROAD WINDSOR MILL, MD 21244	84-2645407	501(C)(3)	30,000.	0.			FOOD DISTRIBUTION
LOVE WINS 8187 TELEGRAPH RD SEVERN, MD 21144	87-3552241	501(C)(3)	30,000.	0.			FOOD DISTRIBUTION
NEW HOPE COMMUNITY OUTREACH SERVICES, INC - 4200 OLD WASHINGTON RD - WALDORF, MD 20602	38-3852071	501(C)(3)	30,000.	0.			FOOD DISTRIBUTION
WESLEY FREEDOM 961 JOHNSVILLE RD SYKESVILLE, MD 21784	52-1098090	501(C)(3)	29,945.	0.			FOOD DISTRIBUTION
EMPOWERING BELIEVERS CHURCH 7566 E SOUTH RD GLEN BURNIE, MD 21060	34-2042817	501(C)(3)	27,534.	0.			FOOD DISTRIBUTION
CATHERINE'S FAMILY & YOUTH SERVICES - 5181 WYNDHOLME CIR - BALTIMORE, MD 21229	47-3335842	501(C)(3)	27,247.	0.			FOOD DISTRIBUTION
COMMUNITY SERVICES FOUNDATION OF CECIL COUNTY, INC - 135 E HIGH ST - ELKTON, MD 21921	52-1795422	501(C)(3)	26,486.	0.			FOOD DISTRIBUTION
SOUL HARVEST CHURCH & MINISTRIES 2901 DRUID PARK DR., STE 112 BALTIMORE, MD 21215	56-2658378	501(C)(3)	24,194.	0.			FOOD DISTRIBUTION
LANSOWNE INTERFAITH PANTRY AT ST CLEMENTS CHURCH - 2700 WASHINGTON AVE - HALETHORPE, MD 21227	52-0677063	501(C)(3)	20,600.	0.			FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTCAST FOOD NETWORK 8205 ROCKDALE AVE WINDSOR MILL, MD 21224	82-2848271	501(C)(3)	20,545.	0.			FOOD DISTRIBUTION
FISHES & LOAVES PANTRY 2422 W PATAPSCO AVE BALTIMORE, MD 21230	46-0803422	501(C)(3)	19,750.	0.			FOOD DISTRIBUTION
ACAN 429 ASBURY DRIVE SEVERNA PARK, MD 21146	45-2509088	501(C)(3)	19,720.	0.			FOOD DISTRIBUTION
BEL AIR UNITED METHODIST CHURCH 21 LINWOOD AVE BEL AIR, MD 21014	52-0991546	501(C)(3)	19,600.	0.			FOOD DISTRIBUTION
REBIRTH INC 225 N DIVISION ST MAILING PO BOX 37 - SALISBURY, MD 21801	52-2335544	501(C)(3)	18,000.	0.			FOOD DISTRIBUTION
CATHOLIC CHARITIES - SETON CENTER 30632 HAMPDEN AVE PRINCESS ANNE, MD 21853	53-0196617	501(C)(3)	17,800.	0.			FOOD DISTRIBUTION
WELLS HOUSE, INC 124 E BALTIMORE ST HAGERSTOWN, MD 21740	52-1368952	501(C)(3)	17,700.	0.			FOOD DISTRIBUTION
THE PRESBYTERIAN CHURCH OF HAGERSTOWN - 20 S PROSPECT ST - HAGERSTOWN, MD 21740	52-0607883	501(C)(3)	15,213.	0.			FOOD DISTRIBUTION
DELMARVA EVANGELIST CHURCH, INC PO BOX 986 SALISBURY, MD 21803	52-0994356	501(C)(3)	15,000.	0.			FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OFFICE OF CONSUMER ADVOCATES, INC 632 N CENTRE STREET CUMBERLAND, MD 21502	52-2116425	501(C)(3)	15,000.	0.			FOOD DISTRIBUTION
WOMEN'S MISSIONARY OUTREACH 67 WINTERS LN CATONSVILLE, MD 21228	52-1623894	501(C)(3)	15,000.	0.			FOOD DISTRIBUTION
YOUTH EDUCATIONAL SERVICES, INC 5011 ARBUTUS AVE BALTIMORE, MD 21215	81-3951424	501(C)(3)	14,810.	0.			FOOD DISTRIBUTION
EDGEHURST CHURCH OF GOD 7414 ELLEN AVE SPARROWS POINT, MD 21219	52-1324493	501(C)(3)	14,280.	0.			FOOD DISTRIBUTION
OLIVET BAPTIST CHURCH 3500 EDMONDSON AVE BALTIMORE, MD 21229	52-1676510	501(C)(3)	14,200.	0.			FOOD DISTRIBUTION
PAUL'S PLACE OUTREACH CENTER 1118 WARD STREET BALTIMORE, MD 21230	52-1372359	501(C)(3)	13,562.	0.			FOOD DISTRIBUTION
CATHOLIC CHARITIES - SMFB 22 IRONGATE DR WALDORF, MD 20602	53-0196524	501(C)(3)	12,960.	0.			FOOD DISTRIBUTION
LILLIES PLACE 3701 4TH ST BROOKLYN, MD 21225	46-4103646	501(C)(3)	12,960.	0.			FOOD DISTRIBUTION
ELEVEN 21, INC/EPOCH DREAM CENTER 7545 LEVIN DASHIELL RD HEBRON, MD 21830	46-1753777	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST GABRIEL ROMAN CATHOLIC CONGREGATION, INC - 6950 DOGWOOD RD - WINDSOR MILL, MD 21244	52-0781437	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
ST PETERS LUTHERAN FOOD PANTRY 7834 EASTERN AVE BALTIMORE, MD 21224	52-0682158	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
OUR MOTHER OF SORROWS 301 HOMEWOOD AVE CENTREVILLE, MD 21617	52-1620800	501(C)(3)	11,544.	0.			FOOD DISTRIBUTION
COMMUNITY CRISIS CENTER, INC 725 MAIN ST REISTERSTOWN, MD 21136	52-1296822	501(C)(3)	11,478.	0.			FOOD DISTRIBUTION
THE SALVATION ARMY LOWER EASTERN SHORE - 814 LIGHT ST - BALTIMORE, MD 21230	58-0660607	501(C)(3)	11,100.	0.			FOOD DISTRIBUTION
TRI-TOWNS FOOD PANTRY 32 MAIN ST WESTPORT, MD 21562	81-4766234	501(C)(3)	10,163.	0.			FOOD DISTRIBUTION
ASSISTANCE CENTER OF TOWSON CHURCHES - 116 W PENNSYLVANIA AVE - TOWSON, MD 21204	52-1490153	501(C)(3)	10,000.	0.			FOOD DISTRIBUTION
FRANKLIN UMC FOOD PANTRY 5354 CHURCHTON RD CHURCHTON, MD 20733	29-0672888	501(C)(3)	10,000.	0.			FOOD DISTRIBUTION
VICTORY MINISTRIES OF CHRISIT 240 S HILTON ST BALTIMORE, MD 21229	26-2617444	501(C)(3)	10,000.	0.			FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEDCO CARES 1010 E 33RD ST BALTIMORE, MD 21218	52-1767577	501(C)(3)	9,952.	0.			FOOD DISTRIBUTION
FAMILY KITCHEN-PILLAR & GROUND OF THE TRUTH - 360 S DUKELAND ST - BALTIMORE, MD 21223	52-1687865	501(C)(3)	9,900.	0.			FOOD DISTRIBUTION
COLLINGTON SQUARE NON PROFIT 1211 N CHESTER ST BALTIMORE, MD 21213	52-1739469	501(C)(3)	9,800.	0.			FOOD DISTRIBUTION
LOAVES & FISHES AT MOUNT OLIVE UMC 5115 OLD COURT RD RANDALLSTOWN, MD 21133	52-0546048	501(C)(3)	9,125.	0.			FOOD DISTRIBUTION
AMAZING GRACE LUTHERAN CHURCH 2424 MCELDERRY ST BALTIMORE, MD 21205	52-1994645	501(C)(3)	9,078.	0.			FOOD DISTRIBUTION
MASON-DIXON COMMUNITY SERVICES, INC - 5 PENDYRUS ST - DELTA, PA 17314	23-2333727	501(C)(3)	7,819.	0.			FOOD DISTRIBUTION
CHASE BREXTON HEALTH SERVICES, INC 1111 N CHARLES ST BALTIMORE, MD 21201	52-1638592	501(C)(3)	7,386.	0.			FOOD DISTRIBUTION
AARON'S PLACE 24311 ROBINS CREEK RD PRESTON, MD 21655	84-2099035	501(C)(3)	7,100.	0.			FOOD DISTRIBUTION
AGAPE HOUSE, INC 1501 N DUKELAND ST BALTIMORE, MD 21216	52-1457200	501(C)(3)	7,100.	0.			FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF REFUGE 3501 7TH ST BALTIMORE, MD 21225	82-4416947	501(C)(3)	7,100.	0.			FOOD DISTRIBUTION
DELMARVA COMMUNITY SERVICES, INC 709 MORGNEC RD CHESTERTOWN, MD 21620	52-1000521	501(C)(3)	7,100.	0.			FOOD DISTRIBUTION
HAVEN MINISTRIES, INC 2739 COX RECK RD CHESTER, MD 21619	27-1048008	501(C)(3)	7,100.	0.			FOOD DISTRIBUTION
J&C UNITY, INC 7006 GRACES QUARTERS RD MIDDLE RIVER, MD 21220	23-7164486	501(C)(3)	7,100.	0.			FOOD DISTRIBUTION
MARTIN'S HOUSE & BARN 14374 BENEDICTINE LANE RIDGELY, MD 21660	52-1913676	501(C)(3)	7,100.	0.			FOOD DISTRIBUTION
MT CALVARY AME CHURCH 300 EUDOWOOD LN TOWSON, MD 21286	20-1119851	501(C)(3)	7,100.	0.			FOOD DISTRIBUTION
SHEPHERD'S HEART MISSIONARY BAPTIST CHURCH - 5405 YORK ROAD - BALTIMORE, MD 21212	52-1735209	501(C)(3)	7,100.	0.			FOOD DISTRIBUTION
SPIRIT OF FAITH FOOD PANTRY 5010 BRIARCLIFT RD BALTIMORE, MD 21229	37-1485228	501(C)(3)	7,100.	0.			FOOD DISTRIBUTION
SPREAD OF THE WORD 4100 FRANKFORD AVE BALTIMORE, MD 21206	52-1838078	501(C)(3)	7,100.	0.			FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY - CUMBERLAND 814 LIGHT ST BALTIMORE, MD 21230	58-0660607	501(C)(3)	7,100.	0.			FOOD DISTRIBUTION
UNITED HOUSE OF PRAYER FOR ALL PEOPLE - 1665 N PORTAL DR NW - WASHINGTON, DC 20012	52-0783336	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
EASTON CHURCH OF GOD - HARVEST OF HOPE - 1009 N WASHINGTON ST - EASTON, MD 21601	23-7347950	501(C)(3)	6,800.	0.			FOOD DISTRIBUTION
EAST BALTIMORE C.O.G 800 S, 800 OLDHAM ST BALTIMORE, MD 21224	52-2148529	501(C)(3)	6,650.	0.			FOOD DISTRIBUTION
ST GREGORY THE GREAT CHURCH 30632 HAMPDEN AVE PRINCESS ANNE, MD 21853	53-0196617	501(C)(3)	6,500.	0.			FOOD DISTRIBUTION
ROCK OF HELP PANTRY 4901 WOODBINE RD SKYKESVILLE, MD 21784	52-1615594	501(C)(3)	6,145.	0.			FOOD DISTRIBUTION
NEW MOUNT ZION BAPTIST CHURCH 817 N MOUNT ST BALTIMORE, MD 21217	52-1743602	501(C)(3)	6,123.	0.			FOOD DISTRIBUTION
OUR RIGHT OUR LIFE YOUTH 6128 NORTHWOOD DRIVE BALTIMORE, MD 21212	84-2472381	501(C)(3)	6,038.	0.			FOOD DISTRIBUTION
CARROLL COUNTY FOOD SUNDAY PO BOX 2160 WESTMINSTER, MD 21158	52-1247177	501(C)(3)	6,028.	0.			FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST CHURCH HARBOR APTS 600 LIGHT ST BALTIMORE, MD 21230	52-0963841	501(C)(3)	6,000.	0.			FOOD DISTRIBUTION
FREDERICK RESCUE MISSION, INC P.O. BOX 3389 FREDERICK, MD 21705	52-0813371	501(C)(3)	6,000.	0.			FOOD DISTRIBUTION
MOUNT MORIAH BAPTIST CHURCH 2201 GARRISON BLVD BALTIMORE, MD 21216	52-6060455	501(C)(3)	6,000.	0.			FOOD DISTRIBUTION
MOUNT HOPE 25 SUMMIT AVE HAGERSTOWN, MD 21740	23-7447926	501(C)(3)	5,880.	0.			FOOD DISTRIBUTION
CHOSEN DC 520 LEWIS ST HAVRE DE GRACE, MD 21078	84-5149318	501(C)(3)	5,875.	0.			FOOD DISTRIBUTION
THE Y IN CENTRAL MARYLAND 303 W CHESAPEAKE AVE BALTIMORE, MD 21204	52-0591699	501(C)(3)	5,777.	0.			FOOD DISTRIBUTION
40 WEST ASSISTANCE & REFERRAL CENTER, INC - 4711 EDMONDSON AVE - BALTIMORE, MD 21229	52-1992160	501(C)(3)	5,376.	0.			FOOD DISTRIBUTION
BOONSBORO FAMILY WORSHIP CENTER 7605 OLD NATIONAL PIKE BOONSBORO, MD 21713	62-0484177	501(C)(3)	5,327.	0.			FOOD DISTRIBUTION
NEW VICTORY CHRISTIAN CHURCH-COMMUNITY 100 - PO BOX 192 - PERRYVILLE, MD 21903	47-3178603	501(C)(3)	5,279.	0.			FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SAMARITAN COMMUNITY, INC 1407 BOLTON ST BALTIMORE, MD 21217	52-1863369	501(C)(3)	5,150.	0.			FOOD DISTRIBUTION
INTERFAITH SERVICE COALITION 116 W HIGH ST HANCOCK, MD 21750	52-1679419	501(C)(3)	5,116.	0.			FOOD DISTRIBUTION
ELMER A HENDERSON 2800 N CHARLES STREET NO 326 BALTIMORE, MD 21218	26-4739632	501(C)(3)	5,532.	0.			FOOD DISTRIBUTION

Schedule I (Form 990)

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

2021

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.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ 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

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?

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.

☒ Compensation committee

☒ Independent compensation consultant

☒ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ 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?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

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

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

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

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) 2021

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 and/or 1099-NEC 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) 223,469.	65,000.	25,062.	12,703.	38,639.	364,873.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(2) SUSAN ZAVOYNA CFO	(i) 124,450.	23,500.	26,000.	8,255.	22,357.	204,562.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(3) MARGARET KIMMEL EVP, CHIEF STRATEGY OFFICER	(i) 165,935.	33,000.	26,000.	9,725.	6,727.	241,387.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(4) RICK CONDON SVP OPERATIONS	(i) 143,024.	18,500.	21,991.	9,163.	5,498.	198,176.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(5) TIMOTHY REGAN EXECUTIVE DIRECTOR, FOODWO	(i) 95,278.	16,500.	45,500.	7,456.	21,818.	186,552.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(6) ELISE KRIKAU SENIOR VICE PRESIDENT, DEVELOPMENT	(i) 108,619.	16,500.	19,500.	4,301.	2,742.	151,662.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(7) NEKEISIA BOOYER CHIEF PROGRAMS OFFICER	(i) 108,955.	19,000.	14,542.	5,768.	20,496.	168,761.	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)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Schedule J (Form 990) 2021

Part III	Supplemental Information
-----------------	---------------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **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.**

OMB No. 1545-0047

2021

**Open To Public
Inspection**

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	94,264.	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 \$ 94,264.

(D) DESCRIPTION OF TRANSACTION: PUBLIC RELATIONS SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

- ▶ **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	3	8,969.	FMV-SALES PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	47	319,753.	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	29,839	35,491,289.	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 V, Donee Acknowledgement

29

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2021

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)

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THE MARYLAND FOOD BANK, INC.

Employer identification number

52-1135690

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.

THE MARYLAND FOOD BANK HAS RECEIVED SUBSTANTIAL FINANCIAL SUPPORT FROM
BOTH PRIVATE AND PUBLIC SOURCES IN RESPONSE TO THE COVID-19 PANDEMIC.
IN FISCAL YEAR 2022 OUR EXPANDED SIZE AND SCOPE BEGAN TO NORMALIZE AND
REVENUES DROPPED AS FEDERAL AND PRIVATE PANDEMIC RELIEF FUNDING SLOWED.
YOU CAN READ MORE ABOUT OUR PROGRAM SERVICES IN THE NARRATIVE
SUPPORTING FORM 990 PART III LINE 4A.

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

IN ADDITION TO DISTRIBUTING FOOD TO MEET THE IMMEDIATE NEEDS OF
VULNERABLE COMMUNITIES, MFB COLLABORATES WITH THESE PARTNERS TO PROVIDE
RESOURCES BEYOND FOOD AND ADDRESS ROOT CAUSES OF HUNGER SO THAT MORE
MARYLANDERS CAN BECOME FINANCIALLY STABLE AND THRIVE.

THROUGH A FINANCIAL LENS, FY22 WAS A YEAR WHERE THE MARYLAND FOOD
BANK'S EXPANDED SIZE AND SCOPE BEGAN TO NORMALIZE. WHILE WE DISTRIBUTED
30% MORE POUNDS THAN WE DID BEFORE THE PANDEMIC, REVENUES DROPPED,
PROGRAMS STABILIZED, AND WE RENEWED EFFORTS TO INCREASE OPERATIONAL
EFFICIENCY.

WE STAYED TRUE TO THE PILLARS OF MFB 3.0, OUR STRATEGIC PLAN-EXPANDING
FOOD ACCESS, CREATING PATHWAYS OUT OF HUNGER, AND INVESTING IN
ORGANIZATIONAL SUSTAINABILITY & GROWTH-BY COMBINING RICH DATA WITH

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

LOCAL EXPERTISE TO OFFER HUNGER RELIEF TO EVEN MORE MARYLANDERS IN
FY22. WE CAN NOW CONFIDENTLY SAY THAT WE ARE AN AGILE, DATA-INFORMED,
PERSON-CENTRIC ORGANIZATION THAT IS READY ABLE, AND EAGER TO DO MORE
THAN PROVIDE FOOD TO OUR NEIGHBORS IN NEED.

OUR STATEWIDE NETWORK OF FOOD ASSISTANCE PARTNERS WAS CRITICAL TO
HELPING US KEEP FOOD FLOWING IN FY22. MADE UP OF COMMUNITY- AND
FAITH-BASED ORGANIZATIONS (PANTRIES, SOUP KITCHENS, SHELTERS, ETC.),
THESE PARTNERS ARE ON THE GROUND EVERY DAY, GETTING FOOD DIRECTLY INTO
THE HANDS AND HOMES OF THOSE WHO NEED IT MOST. NOBODY KNOWS THEIR
COMMUNITIES BETTER, AND IT'S BECAUSE OF THESE ORGANIZATIONS THAT MFB IS
ABLE TO REACH SO MANY HUNGRY MARYLANDERS. IN FY22, THEY HELPED MFB
SUPPLY ENOUGH FOOD TO PROVIDE MORE THAN 40 MILLION MEALS, INCLUDING
MORE THAN 13 MILLION POUNDS OF PRODUCE, IN THEIR LOCAL COMMUNITIES.

THE FOOD BANK REMAINED COMMITTED TO ENSURING ENOUGH FOOD WAS AVAILABLE
FOR OUR PARTNER NETWORK USING FUNDING FROM PUBLIC AND PRIVATE SOURCES
TO PURCHASE FOOD AND DISTRIBUTE IT AT NO COST. THIS CRITICAL RESOURCE
ALSO ALLOWED MFB TO PROVIDE FUNDS DIRECTLY TO OUR NETWORK IN THE FORM
OF GRANTS THAT HELPED PARTNERS EXPAND THEIR CAPACITY TO PROVIDE
SERVICES BY PURCHASING REFRIGERATORS, FREEZERS, AND VEHICLES, AS WELL
AS INCREASE THEIR REACH BY ADDING NEW TECHNOLOGY SYSTEMS AND STAFF. ALL
TOLD, THE FOOD BANK AWARDED NEARLY \$14.7 MILLION TO NETWORK PARTNERS
THROUGH VARIOUS GRANTS AND FOOD-TO-THE-NETWORK FUNDING OPPORTUNITIES IN
FY22.

ADDITIONALLY, MFB CONTINUED TO RELY ON PURCHASED FOODS RATHER THAN
DONATIONS FROM FOOD RETAILERS, MANUFACTURERS, OR GOVERNMENT

Name of the organization

THE MARYLAND FOOD BANK, INC.

Employer identification number

52-1135690

COMMODITIES, WHICH HAD BEEN STANDARD PRACTICE PRIOR TO COVID-19. MFB SAW A 40% REDUCTION IN DONATED FOODS AND FOOD PRICES AT NEARLY TWICE PRE-PANDEMIC LEVELS, DUE IN PART TO ONGOING SUPPLY CHAIN ISSUES, LABOR SHORTAGES, FUEL COSTS AND EVEN THE COST OF CARDBOARD. IN FY22, MFB SPENT JUST UNDER \$20M ON PURCHASED PRODUCT, WHICH EQUATES TO 3.5 TIMES THE VOLUME OF FOOD PURCHASED IN FY19. EVEN THOUGH IT TRANSLATES INTO HIGHER COSTS, WE REMAIN COMMITTED TO USING OUR PURCHASING POWER TO ACCESS MORE NUTRITIOUS FOOD.

OTHER MFB PROGRAMS LIKE FARM TO FOOD BANK WILL ALSO CONTINUE TO HELP SUPPLY FRESH PRODUCE TO COMMUNITY PARTNERS. WITH MANY MARYLANDERS LIVING IN AREAS THAT HAVE LITTLE ACCESS TO QUALITY FOODS, THIS PROGRAM HELPS THE FOOD BANK PROVIDE NUTRITIOUS PRODUCE TO COMMUNITIES THROUGH A COMBINATION OF DONATIONS, CONTRACT GROWING, AND FIELD GLEANINGS. IN FY22, THE FARM TO FOOD BANK PROGRAM PARTNERED WITH 53 FARMERS TO DISTRIBUTE MORE THAN 2.5 MILLION POUNDS OF HEALTHY PRODUCE TO NEIGHBORS IN NEED. WE ALSO BEGAN SUPPORTING LOCAL PRODUCE PRODUCTION BY PARTNERING WITH DIVERSE FARMERS THROUGH A PILOT PROGRAM THAT OFFERS CULTURALLY APPROPRIATE PRODUCE.

MFB'S DEDICATED FOOD ASSISTANCE NETWORK AND STRONG SOURCING PARTNERSHIPS ALLOWED US TO CONTINUE TO RESPOND TO MEET THE NEED IN FY22. WE DID SO THROUGH A VARIETY OF INNOVATIVE PROGRAMS THAT MOVED FOOD IN A WAY THAT WAS SAFE AND EFFECTIVE FOR OUR STAFF, OUR PARTNERS, AND THE MILLIONS OF HUNGRY MARYLANDERS.

PANTRY ON THE GO EVENTS WERE PARTICULARLY VALUABLE, WITH MFB DELIVERING NEARLY 10.5 MILLION POUNDS OF FOOD TO 256 SITES FOR IMMEDIATE,

Name of the organization

THE MARYLAND FOOD BANK, INC.

Employer identification number

52-1135690

CONTACTLESS DISTRIBUTION TO FOOD-INSECURE COMMUNITY MEMBERS. ALL TOLD, MFB PARTNERS HOSTED 2,029 PANTRY ON THE GO EVENTS IN FY22.

ADDITIONALLY, TAILORED BACK UP BOXES (BUBS) FILLED WITH 15 AND 30-LBS OF SHELF-STABLE, NUTRITIOUS FOOD- AS WELL AS NUTRITION EDUCATION MATERIALS AND RECIPES- WERE DISTRIBUTED TO INDIVIDUALS AND FAMILIES ACROSS THE STATE, WITH AN ADDED EMPHASIS ON MEETING THE UNIQUE NEEDS OF LATIN COMMUNITIES, OLDER ADULTS, AND PEOPLE WITH DIABETES. DEVELOPED IN RESPONSE TO THE PANDEMIC, THIS PROGRAM HAS TRANSPORTED, STORED AND DISTRIBUTED MORE THAN 535,000 BUBS TO AREAS WHERE THE NEED WAS GREATEST SINCE MARCH OF 2020.

OUR MOBILE MARKET, MEANWHILE, IS DESIGNED TO MOVE BUBS AND FRESH PRODUCE INTO HUNGER HOTSPOTS (OR AREAS OF UNMET NEED) THAT LACK ACCESS TO BRICK-AND-MORTAR FACILITIES AND CONSISTENT RESOURCES WHICH CAN SUPPORT UNIQUE COMMUNITY NEEDS. THROUGH THIS PROGRAM'S 107 EVENTS, ROUGHLY 6,106 BUBS, OR 241,660 POUNDS OF FOOD, WAS DISTRIBUTED IN FY22. BUT BEYOND IMPROVING FOOD ACCESS, REDUCING STIGMA, AND PRESERVING DIGNITY, THIS INITIATIVE SOLVES FOR GEOGRAPHIC CHALLENGES, TRAVELING INTO UNSERVED OR UNDERSERVED RURAL COMMUNITIES THAT CAN BE AS MANY AS 30 MILES FROM THE NEAREST GROCERY STORE. THIS PROGRAM ALSO ALLOWS MFB TO LEARN AND RESPOND TO THE WIDE-RANGING NEEDS OF COMMUNITY RESIDENTS MORE HOLISTICALLY, OFFERING WRAPAROUND SERVICES THROUGH PARTNERSHIPS WITH LOCAL HEALTH, EDUCATION, AND SOCIAL SERVICE AGENCIES.

TO ENSURE A STEADY STREAM OF FOOD REACHES CHILDREN IN NEED YEAR-ROUND, THE FOOD BANK ESTABLISHED MFB KIDS, AN INITIATIVE THAT INCLUDES THE SCHOOL PANTRY PROGRAM, THE SUPPER CLUB PROGRAM, AND THE SUMMER CLUB

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

PROGRAM. THE SCHOOL PANTRY PROGRAM REMOVES BARRIERS TO ACADEMIC AND SOCIAL SUCCESS BY PROVIDING CHILDREN ACCESS TO FOOD ASSISTANCE AT THEIR SCHOOL, WHICH THEY THEN BRING HOME TO THEIR FAMILIES. IN FY22, 178 SCHOOL PANTRIES FROM KINDERGARTEN THROUGH 12TH GRADE, IN ADDITION TO 12 SITES AT HIGHER EDUCATION FACILITIES, DISTRIBUTED MORE THAN 2.8 MILLION POUNDS OF FOOD TO FAMILIES IN NEED THROUGH THIS PROGRAM. OUR SUPPER AND SUMMER CLUB PROGRAMS, MEANWHILE, PREPARED AND DISTRIBUTED MORE THAN 542,000 NUTRITIOUS MEALS TO CHILDREN AND THIER FAMILIES IN FY22

(SEE ADDITIONAL INFORMATION BELOW ON PROGRAM ACCOMPLISHMENTS.)

PART 111, LINE 4A

AT MFB, FOOD IS JUST THE BEGINNING-WE ARE REACHING PEOPLE THROUGH FOOD AND WE ARE BRINGING MORE THAN FOOD TO THE TABLE. DISTRIBUTING FOOD EFFICIENTLY AND EQUITABLY WILL ALWAYS BE VITAL TO OUR MISSION, BUT WE ALSO RECOGNIZE THE NEED TO CREATE MORE OPPORTUNITIES AND HELP SOLVE THE HARDSHIPS THAT MAKE PEOPLE FOOD INSECURE IN THE FIRST PLACE, OPENING UP PATHWAYS OUT OF FOOD INSECURITY AND TOWARD GREATER RESILIENCY.

OUR FOODWORKS CULINARY TRAINING PROGRAM HAS PAVED THE WAY FOR HUNDREDS OF MARYLANDERS TO LIFT THEMSELVES OUT OF ECONOMIC UNCERTAINTY. IN FY22, MFB PARTNERED WITH WOR-WIC COMMUNITY COLLEGE IN SALISBURY, MD., TO LAUNCH A NEW TRAINING LOCATION ON THE EASTERN SHORE, EXPANDING OPPORTUNITIES FOR MARYLANDERS TO ACHIEVE FINANCIAL STABILITY AND BREAK THE CYCLE OF FOOD INSECURITY ONCE AND FOR ALL. SIMULTANEOUSLY, WE BEGAN A CONSTRUCTION PROJECT THAT WILL ALLOW US TO DOUBLE THE NUMBER OF STUDENTS THAT COME THROUGH OUR FOODWORKS PROGRAM IN HALETHORPE.

Name of the organization

THE MARYLAND FOOD BANK, INC.

Employer identification number

52-1135690

BUT WE KNOW THAT ONE WORKFORCE DEVELOPMENT PROGRAM, NO MATTER HOW MANY LOCATIONS, IS NOT ENOUGH TO MEET THE WIDE RANGE OF NEEDS AND INTERESTS OF OUR NEIGHBORS. ANOTHER WAY WE'RE ADDRESSING FINANCIAL STABILITY IN THE LONG TERM IS BY HELPING MARYLANDERS ENROLL IN TRAINING PROGRAMS THAT LEAD TO GOOD-PAYING CAREERS IN INDUSTRIES SUCH AS TECHNOLOGY, HEALTHCARE, AND CLEAN ENERGY.

WHILE THE ADDITION OF THE NEW FOODWORKS LOCATION AND MFB'S WORKFOCE DEVELOPMENT PROGRAM MEANS MARYLANDERS HAVE MORE OPTIONS, OUR COMMUNITY IMPACT TEAM IS ALSO PROVIDING EXPANDED SUPPORT SERVICES LIKE ASSISTANCE APPLYING FOR THE FEDERALLY FUNDED SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), STIPENDS TO COVER TRANSPORTATION, AND CONNECTIONS TO OTHER PUBLIC BENEFITS. IN FY22, 1,153 SNAP APPLICATIONS WERE PROCESSED AND SUBMITTED WITH THE HELP OF MFB'S SNAP OUTREACH TEAM.

* * *

WHILE THE DAILY UNCERTAINTY THAT ACCOMPANIED THE PANDEMIC IS FINALLY BEHIND US, IT HAS TAKEN MOST OF FY22 FOR THE SEISMIC IMPACT THAT THE LAST TWO YEARS HAD ON THE MARYLAND FOOD BANK TO BEGIN TO RECEDE.

MFB IS NOW LARGER, SMARTER, AND MORE COMPLEX ORGANIZATION THAN WE WERE JUST THREE YEARS AGO. WE HAVE ALWAYS EXCELLED AT OUR CORE BUSINESS-FOOD DISTRIBUTION-AND NOW WE ARE ONCE AGAIN LEVERAGING OUR RESOURCES TO ADDRESS THE VARIOUS, INTERCONNECTED REASONS THAT AS MANY AS 2 MILLION MARYLANDERS ARE FOOD INSECURE.

AT THE MARYLAND FOOD BANK, WE WILL ALWAYS USE OUR REACH, OUR

Name of the organization

THE MARYLAND FOOD BANK, INC.

Employer identification number

52-1135690

PARTNERSHIPS, AND OUR FINANCIAL RESOURCES TO SOURCE AND DISTRIBUTE AS MUCH NUTRITIOUS FOOD AS POSSIBLE. WE EXPECT TO PURCHASE TWICE AS MUCH FOOD AS WE DID BEFORE THE PANDEMIC, DESPITE RISING COSTS. AT THE SAME TIME, WE KNOW THAT ENDING HUNGER WILL TAKE MORE THAN FOOD.

ALTHOUGH WE ENTERED THE YEAR WITH A SIGNIFICANT CASH BALANCE, WE SPENT INTO THOSE RESERVES OVER THE COURSE OF FY22. WE WILL REMAIN GOOD STEWARDS OF OUR FINANCIAL RESOURCES AND INVEST THEM IN A THOUGHTFUL WAY OVER TIME, WHILE CONTINUING TO ASK FOR ONGOING PARTNERSHIP TO FUEL OUR FUTURE BECAUSE... THERE IS STILL MORE WORK FOR US TO DO, TOGETHER.

OUR MFB 3.0 STRATEGIC PLAN IS PROVIDING A BLUEPRINT FOR CONTINUING OUR EVOLUTION INTO FY23 - WE HAVE THE RIGHT PEOPLE, THE RIGHT PROGRAMS, THE RIGHT STRATEGIES, AND THE RIGHT VISION. BUT THE AMAZING SHOW OF SUPPORT FROM THE FEDERAL AND STATE GOVERNMENTS, BUSINESSES, FOUNDATIONS, AND INDIVIDUALS THAT FUELED OUR ABILITY TO GROW IN FY22 MUST REMAIN FOR US TO BE ABLE TO CONTINUE GIVING MORE MARYLANDERS THE RESOURCES THEY NEED TO BREAK THROUGH BARRIERS, STABILIZE, 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 FOR FINAL APPROVAL PRIOR TO FILING.

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

THE MARYLAND FOOD BANK HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT

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

REQUIRES OFFICERS, DIRECTORS AND KEY EMPLOYEES TO COMPLETE A WRITTEN QUESTIONNAIRE EACH YEAR TO DOCUMENT WHETHER ANY CONFLICTS OF INTEREST 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 A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AS ADVISED BY AN OUTSIDE CONSULTING FIRM.

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
CO

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.