

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE MARYLAND FOOD BANK, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2200 HALETHORPE FARMS ROAD, S.W.</b> City or town, state or province, country, and ZIP or foreign postal code <b>BALTIMORE, MD 21227</b> <b>F</b> Name and address of principal officer: <b>CARMEN DEL GUERCIO</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>52-1135690</b> <b>E</b> Telephone number <b>410-737-8282</b> <b>G</b> Gross receipts \$ <b>94,655,664.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.MDFOODBANK.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1978</b>
		<b>M</b> State of legal domicile: <b>MD</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
Activities & Governance	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>218</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>15214</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 71,839,872.	<b>Current Year</b> 81,318,613.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	5,798,918.	8,212,042.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	326,481.	-203,094.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,965,271.	89,327,561.
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,686,058.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,409,173.	13,741,837.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	1,681,389.	1,594,705.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25)	4,559,446.	
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	65,946,006.	75,547,601.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	83,722,626.	93,835,924.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-5,757,355.	-4,508,363.	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 64,631,559.	<b>End of Year</b> 60,919,173.
	<b>21</b>	Total liabilities (Part X, line 26)	6,977,133.	7,743,462.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	57,654,426.	53,175,711.

**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.

<b>Sign Here</b>	Signature of officer <b>CARMEN DEL GUERCIO, CEO</b>	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JENNIFER ROCK</b>	Preparer's signature <b>JENNIFER ROCK</b>
	Firm's name <b>GROSS, MENDELSON &amp; ASSOCIATES, P.A.</b>	Date <b>01/25/24</b>
	Firm's address <b>1801 PORTER STREET, SUITE 500 BALTIMORE, MD 21230</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01083312</b>
		Firm's EIN <b>52-0982413</b>
		Phone no. <b>410-685-5512</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 85,832,911. including grants of \$ 2,951,781. ) (Revenue \$ 8,212,042. ) 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 FY23, MFB, THROUGH ITS FOOD ASSISTANCE NETWORK, DISTRIBUTED NEARLY 50 MILLION POUNDS OF FOOD TO INDIVIDUALS IN NEED, ENOUGH FOOD TO PROVIDE MORE THAN 41 MILLION MEALS ANNUALLY. OUR TRUCKS WERE ON THE ROAD EVERY DAY, DISTRIBUTING DONATED, PURCHASED, AND HARVESTED FOOD TO A NETWORK OF NEARLY 1,100 COMMUNITY AND FAITH-BASED DISTRIBUTION POINTS. OVERALL, MFB PROGRAMS SERVED AN ESTIMATED 807,433 NEIGHBORS IN 21 COUNTIES AND BALTIMORE CITY IN FY23. (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 85,832,911.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	<b>1a</b> 18		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 18		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See 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, box 6 of 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			323,743.	0.	52,498.	
(2) SUSAN ZAVOYNA CFO	40.00			X			179,131.	0.	42,159.	
(3) MARGARET KIMMEL EVP, CHIEF STRATEGY OFFICER	40.00			X			230,949.	0.	17,339.	
(4) RICK CONDON SVP, OPERATIONS	40.00				X		189,640.	0.	14,993.	
(5) NEKEISIA BOOYER CHIEF PROGRAMS OFFICER	40.00				X		174,320.	0.	31,405.	
(6) ELISE KRIKAU SVP, DEVELOPMENT	40.00				X		160,652.	0.	12,344.	
(7) TENILLE CLARK VP, HUMAN RESOURCES	40.00					X	125,902.	0.	5,273.	
(8) TIFFANY BANKS CONTROLLER	40.00					X	125,637.	0.	21,077.	
(9) MICHAEL SCHULTZ VP, OPERATIONS	40.00					X	124,563.	0.	2,262.	
(10) KARL DAVID CANTARELLA VP, MARKETING AND COMMUNICATIONS	40.00					X	114,277.	0.	689.	
(11) JENNIFER DARDIS CHAIR	4.00	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) MIKE BLAIR DIRECTOR	1.00	X					0.	0.	0.	
(16) DAWNAN S. DAVIS, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(17) DERRICK DICKENS 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 KATE FEDERICO DIRECTOR	1.00	X						0.	0.	0.
(19) DELEGATE SHANEKA HENSON DIRECTOR	1.00	X						0.	0.	0.
(20) ALIA KEMET DIRECTOR	1.00	X						0.	0.	0.
(21) MARY FRANCES ISAKOV DIRECTOR	1.00	X						0.	0.	0.
(22) RACHEL O'NEILL DIRECTOR	1.00	X						0.	0.	0.
(23) MELANIE PERREAULT DIRECTOR	1.00	X						0.	0.	0.
(24) JENNIFER REILLY DIRECTOR	1.00	X						0.	0.	0.
(25) DAWN RHODES, DBA DIRECTOR	1.00	X						0.	0.	0.
(26) KEITH SHAPIRO DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,748,814.	0.	200,039.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,748,814.	0.	200,039.

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 10

	Yes	No
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	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAM CONSTRUCTION 108 WEST TIMONIUM ROAD, TIMONIUM, MD 21093	PRIME CONTRACTOR	2,301,611.
RWT PRODUCTION LLC 8932 ORANGE HUNT LANE, ANNANDALE, VA 22003	DIRECT MAIL	994,817.
SC&H GROUP, INC 910 RIDGEBROOK ROAD, SPARKS, MD 21152	IT CONSULTING	271,203.
THE AVALON CONSULTING GROUP 805 15TH STREET NW, WASHINGTON, DC 20005	DIRECT MAIL	256,945.
TRU SENSE MARKETING 502 KEYSTONE DRIVE, WARRENDALE, PA 15086	MARKETING	229,188.

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 11

SEE PART VII, SECTION A CONTINUATION SHEETS



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Joe Urban and Bob Waldman.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	22,614,372.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	58,704,241.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 45,315,689.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		81,318,613.			
Program Service Revenue	<b>2 a</b>	FOOD PURCHASE PROGRAM	Business Code				
			900099	3,945,799.	3,945,799.		
	<b>b</b>	PROGRAM FEES & OTHER	900099	3,443,293.	3,443,293.		
	<b>c</b>	CONTRACTED MEALS	900099	817,004.	817,004.		
	<b>d</b>	SHARED MAINTENANCE	900099	5,946.	5,946.		
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		8,212,042.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		580,727.		580,727.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal		
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other		
				4,536,112.	8,170.		
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	4,392,633.	935,470.		
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	143,479.	-927,300.		
<b>d</b>	Net gain or (loss) .....		-783,821.		-783,821.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>		Business Code				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		89,327,561.	8,212,042.	0.	-203,094.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,951,781.	2,951,781.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,477,822.	583,151.	597,531.	297,140.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	9,279,698.	7,089,331.	961,737.	1,228,630.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	502,493.	358,966.	74,737.	68,790.
<b>9</b> Other employee benefits .....	1,679,268.	1,139,270.	371,388.	168,610.
<b>10</b> Payroll taxes .....	802,556.	585,574.	101,388.	115,594.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	1,594,705.			1,594,705.
<b>f</b> Investment management fees .....	54,348.		54,348.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,306,402.	481,851.	824,551.	
<b>12</b> Advertising and promotion .....	410,976.	5,988.	963.	404,025.
<b>13</b> Office expenses .....	919,333.	425,426.	10,246.	483,661.
<b>14</b> Information technology .....	527,834.	249,905.	149,382.	128,547.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,646,508.	1,615,455.	19,117.	11,936.
<b>17</b> Travel .....	74,021.	68,149.	1,119.	4,753.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	151,042.	30,370.	120,672.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,228,718.	1,173,577.	36,689.	18,452.
<b>23</b> Insurance .....	141,257.	34,142.	107,115.	
<b>24</b> 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.)				
<b>a</b> VALUE OF GOODS DONATED	43,663,923.	43,663,923.		
<b>b</b> COST OF PURCHASED FOOD	23,948,718.	23,948,718.		
<b>c</b> TRANSPORTATION	1,166,388.	1,166,368.	20.	
<b>d</b> PROCESSING & OTHER COST	213,360.	213,360.		
<b>e</b> All other expenses	94,773.	47,606.	12,564.	34,603.
<b>25</b> Total functional expenses. Add lines 1 through 24e	93,835,924.	85,832,911.	3,443,567.	4,559,446.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	482,180.	<b>1</b>	349,484.
	<b>2</b> Savings and temporary cash investments .....	11,392,636.	<b>2</b>	6,445,719.
	<b>3</b> Pledges and grants receivable, net .....	2,378,947.	<b>3</b>	2,890,315.
	<b>4</b> Accounts receivable, net .....	414,625.	<b>4</b>	755,131.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	3,883,497.	<b>8</b>	4,595,036.
	<b>9</b> Prepaid expenses and deferred charges .....	351,287.	<b>9</b>	320,307.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 30,596,875.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 11,755,291.	<b>10c</b>	18,841,584.
	<b>11</b> Investments - publicly traded securities .....	27,989,213.	<b>11</b>	26,121,086.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	311,601.	<b>15</b>	600,511.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	64,631,559.	<b>16</b>	60,919,173.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,795,072.	<b>17</b>	3,444,348.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	157,231.	<b>19</b>	332,534.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	3,713,229.	<b>23</b>	3,433,025.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	311,601.	<b>25</b>	533,555.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,977,133.	<b>26</b>	7,743,462.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	51,309,907.	<b>27</b>	46,239,017.
	<b>28</b> Net assets with donor restrictions .....	6,344,519.	<b>28</b>	6,936,694.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	57,654,426.	<b>32</b>	53,175,711.
	<b>33</b> Total liabilities and net assets/fund balances .....	64,631,559.	<b>33</b>	60,919,173.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	89,327,561.
2	Total expenses (must equal Part IX, column (A), line 25)	2	93,835,924.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,508,363.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	57,654,426.
5	Net unrealized gains (losses) on investments	5	29,648.
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	53,175,711.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

**Schedule 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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  <b>THE MARYLAND FOOD BANK, INC.</b>	Employer identification number  <b>52-1135690</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>4,567,492.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>3,338,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>19,913,630.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>2,161,431.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>3,446,627.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,708,973.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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	<hr/> <hr/> <hr/>	\$ <u>2,512,433.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>2,738,198.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>2,338,245.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

**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>4,529,487.</u>	<u>06/30/23</u>
<u>2</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>3,288,100.</u>	<u>06/30/23</u>
<u>3</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>7,817,200.</u>	<u>06/30/23</u>
<u>4</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>1,861,100.</u>	<u>06/30/23</u>
<u>5</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>3,446,627.</u>	<u>06/30/23</u>
<u>6</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>1,706,880.</u>	<u>06/30/23</u>

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

**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 _____ _____ _____	\$ <u>2,510,233.</u>	<u>06/30/23</u>
8	FOOD PRODUCTS _____ _____ _____	\$ <u>2,738,198.</u>	<u>06/30/23</u>
9	FOOD PRODUCTS _____ _____ _____	\$ <u>2,338,205.</u>	<u>06/30/23</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

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

2022

Open to Public Inspection

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | 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		21,893,186.	6,283,245.	15,609,941.
c Leasehold improvements				
d Equipment		4,234,992.	3,294,010.	940,982.
e Other		3,706,722.	2,178,036.	1,528,686.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>18,841,584.</b>

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	293,786.
(3) OPERATING LEASE LIABILITIES	239,769.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	89,302,861.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	29,648.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	29,648.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	89,273,213.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	54,348.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	54,348.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	89,327,561.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	93,781,576.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	93,781,576.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	54,348.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	54,348.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	93,835,924.

**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)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
AVALON CONSULTING GROUP - 805 15TH STREET NW, WASHINGTON,	DIRECT MAIL		X	3,007,167.	277,103.	2,730,064.
TRUESENSE MARKETING - 502 KEYSTONE DRIVE, WARRENDALE,	DIRECT RESPONSE EMAIL PROGRAM		X	1,672,498.	374,914.	1,297,584.
NAMES IN THE NEWS - 2550 9TH STREET, SUITE 114, BERKELEY,	DIRECT MAIL		X	0.	90,571.	-90,571.
RWT PRODUCTION, LLC - 8932 ORANGE HUNT LANE, ANNANDALE,	DIRECT MAIL		X	0.	852,117.	-852,117.
<b>Total</b>				4,679,665.	1,594,705.	3,084,960.

- 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, 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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
<b>11</b> 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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> 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		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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)	250,300.	0.			FOOD DISTRIBUTION
HARFORD COUNTY COMMUNITY ACTION #1514 - 1321 WOODBRIDGE STATION WAY B - EDGEWOOD, MD 21040	52-1306096	501(C)(3)	172,622.	0.			FOOD DISTRIBUTION
WESTMINSTER RESCUE MISSION 658 LUCABAUGH MILL RD WESTMINSTER, MD 21157	52-0891628	501(C)(3)	76,600.	0.			FOOD DISTRIBUTION
SEVERNA PARK EVANGELICAL PRESBYTERIAN CHURCH - 731 BENFIELD ROAD - SEVERNA PARK, MD 21146	52-1126809	501(C)(3)	75,305.	0.			FOOD DISTRIBUTION
NEW HOPE COMMUNITY OUTREACH SERVICES, INC - 4200 OLD WASHINGTON RD - WALDORF, MD 20602	38-3852071	501(C)(3)	74,360.	0.			FOOD DISTRIBUTION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **81.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

**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 EPICENTER 1918 PULASKI HIGHWAY EDGEWOOD, MD 21040	46-1504860	501(C)(3)	62,000.	0.			FOOD DISTRIBUTION
HOWARD CTY COMMUNITY ACT. INC. 9820 PATUXENT WOODS DR., SUITE 200 COLUMBIA, MD 21046	52-0823083	501(C)(3)	58,472.	0.			FOOD DISTRIBUTION
CATONSVILLE EMERGENCY ASSISTANCE 25 BLOOMSBURY AVENUE CATONSVILLE, MD 21228	52-1579478	501(C)(3)	55,566.	0.			FOOD DISTRIBUTION
AARON'S PLACE 24311 ROBINS CREEK RD PRESTON, MD 21655	84-2099035	501(C)(3)	42,000.	0.			FOOD DISTRIBUTION
END HUNGER IN CALVERT COUNTY 6201 SOLOMONS ISLAND ROAD HUNTINGTOWN, MD 20639	80-0456174	501(C)(3)	30,174.	0.			FOOD DISTRIBUTION
REBIRTH INC 225 N DIVISION ST MAILING PO BOX 37 SALISBURY, MD 21801	52-2335544	501(C)(3)	30,000.	0.			FOOD DISTRIBUTION
SMTCCAC INC. 8371 OLD LEONARDTOWN RD HUGHESVILLE, MD 20637	52-6066477	501(C)(3)	28,000.	0.			FOOD DISTRIBUTION
COMMUNITY SERVICES FOUNDATION OF CECIL COUNTY, INC - 135 E HIGH ST - ELKTON, MD 21921	52-1795422	501(C)(3)	27,320.	0.			FOOD DISTRIBUTION
WESTERN MARYLAND FOOD BANK 816 FREDERICK STREET CUMBERLAND, MD 21501	52-1321688	501(C)(3)	22,100.	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
N8 HOUSE INC. 6989 HWY 85 D2 RIVERDALE, GA 30274	90-1015574	501(C)(3)	21,305.	0.			FOOD DISTRIBUTION
SOUTHERN MARYLAND FOOD BANK 22 IRONGATE DR WALDORF, MD 20602	53-0196524	501(C)(3)	20,600.	0.			FOOD DISTRIBUTION
RESURRECTION PARISH 3814 GWYNN OAK AVENUE BALTIMORE, MD 21207	87-3992257	501(C)(3)	13,232.	0.			FOOD DISTRIBUTION
40 WEST ASSISTANCE & REFERRAL CENTER, INC - 4711 EDMONDSON AVE - BALTIMORE, MD 21229	52-1992160	501(C)(3)	12,800.	0.			FOOD DISTRIBUTION
OUTCAST FOOD NETWORK 8205 ROCKDALE AVE WINDSOR MILL, MD 21224	82-2848271	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
ACAN 429 ASBURY DRIVE SEVERNA PARK, MD 21146	45-2509088	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
NEIGHBORHOOD SERVICE CENTER 126 PORT STREET EASTON, MD 21601	52-0982396	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
CHRIST THE KING RISE 1930 BROOKDALE ROAD BALTIMORE, MD 21244	52-1356792	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
ST GABRIEL ROMAN CATHOLIC CONGREGATION, INC - 6950 DOGWOOD RD - WINDSOR MILL, MD 21244	52-0781437	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION

**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
UNIVERSITY OF MARYLAND BALTIMORE 620 W. LEXINGTON STREET BALTIMORE, MD 21201	52-6002033	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
GOVANS ECUMENICAL DEVELOPMENT CPORT - 1010 E 33RD ST - BALTIMORE, MD 21218	52-1767577	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
LIFE SOURCE CHURCH ROSEDALE 7000 ROSSVILLE BLVD ROSEDALE, MD 21237	52-1942725	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
THE CENTRAL BAPTIST CHURCH 2031 W. BALTIMORE STREET BALTIMORE, MD 21223	52-1364767	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
MILLINGTON-CRUMPTON FOOD PANTRY 392 CYPRESS STREET MILLINGTON, MD 21651	52-1417354	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
ELMER A HENDERSON 2800 N CHARLES STREET NO 326 BALTIMORE, MD 21218	26-4739632	501(C)(3)	12,000.	1,933.			FOOD DISTRIBUTION
EMPOWERING BELIEVERS CHURCH 7566 E SOUTH RD GLEN BURNIE, MD 21060	34-2042817	501(C)(3)	12,000.	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
RIVER OF LIFE WORSHIP CENTER 2408 CRESWELL ROAD BEL AIR, MD 21015	52-1178426	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION

**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
LOVE WINS 8187 TELEGRAPH RD SEVERN, MD 21144	87-3552241	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
EASTON CHURCH OF GOD - HARVEST OF HOPE - 1009 N WASHINGTON ST - EASTON, MD 21601	23-7347950	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
CITY OF REFUGE 3501 7TH ST BALTIMORE, MD 21225	82-4416947	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
MOUNT HOPE 25 SUMMIT AVE HAGERSTOWN, MD 21740	23-7447926	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
CHOSEN DC 520 LEWIS ST HAVRE DE GRACE, MD 21078	84-5149318	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
WEEKEND BACKPACKS FOR HOMELESS KIDS - P.O. BOX 21486 - BALTIMORE, MD 21282	82-0946083	501(C)(3)	12,000.	0.			FOOD DISTRIBUTION
LIBERTY COMMUNITY DEVELOPMENT CORP 6901 SECURITY BOULEVARD OWE CENTER, 2ND FLOOR - BALTIMORE, MD 21244	56-2316342	501(C)(3)	11,350.	0.			FOOD DISTRIBUTION
SALISBURY URBAN MINISTRIES 326 BARCLAY STREET SALISBURY, MD 21804	52-2043085	501(C)(3)	11,348.	0.			FOOD DISTRIBUTION
OUR RIGHT OUR LIFE YOUTH 6128 NORTHWOOD DRIVE BALTIMORE, MD 21212	84-2472381	501(C)(3)	11,250.	0.			FOOD DISTRIBUTION



**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
ZION REFORMED UCC 201 N POTOMAC STREET HAGERSTOWN, MD 21740	52-0618997	501(C)(3)	10,854.	0.			FOOD DISTRIBUTION
FISHES & LOAVES PANTRY 2422 W PATAPSCO AVE BALTIMORE, MD 21230	46-0803422	501(C)(3)	10,400.	0.			FOOD DISTRIBUTION
MOUNT PLEASANT CHURCH AND MINISTRIES - 6000 RADECKE AVENUE - BALTIMORE, MD 21206	52-1366829	501(C)(3)	10,000.	0.			FOOD DISTRIBUTION
CATHOLIC CHARITIES SETON CENTER 30632 HAMPDEN AVE PRINCESS ANNE, MD 21853	53-0196617	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
GLENEIG UMC 13900 BURNTWOODS RD GLENELG, MD 21737	52-0855974	501(C)(3)	10,000.	0.			FOOD DISTRIBUTION
ST MICHAELS COMMUNITY CENTER 103 RAILROAD AVE ST MICHAELS, MD 21663	52-1698879	501(C)(3)	10,000.	0.			FOOD DISTRIBUTION
OUR MOTHER OF SORROWS 301 HOMEWOOD AVE CENTREVILLE, MD 21617	52-1620800	501(C)(3)	10,000.	0.			FOOD DISTRIBUTION
COMMUNITY ACTION COUNCIL HOWARD COUNTY - 9820 PATUXENT WOODS DR. - COLUMBIA, MD 21046	52-0823083	501(C)(3)	9,869.	0.			FOOD DISTRIBUTION

**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 MATTHEW UNITED METHODIST CHURCH 416 E 23RD STREET BALTIMORE, MD 21218	52-1114572	501(C)(3)	9,600.	0.			FOOD DISTRIBUTION
ADOPT A BLOCK OUTREACH, INC. 217 BEAGLIN PARK DRIVE SALISBURY, MD 21804	84-2276000	501(C)(3)	9,600.	0.			FOOD DISTRIBUTION
FOOD AND CARE FOR ALL, INC. 10262 BALTIMORE NATIONAL PIKE ELLCOT CITY, MD 21042	83-4405090	501(C)(3)	9,600.	0.			FOOD DISTRIBUTION
LIBERTY FOOD PANTRY 3301 MILFORD MILL ROAD WINDSOR MILL, MD 21244	81-3963968	501(C)(3)	9,600.	0.			FOOD DISTRIBUTION
RCCG - CHRIST VILLA 2301 PUTTY HILL AVENUE PARKVILLE, MD 21234	26-3089301	501(C)(3)	9,000.	0.			FOOD DISTRIBUTION
BOONSBORO FAMILY WORSHIP CENTER 7605 OLD NATIONAL PIKE BOONSBORO, MD 21713	62-0484177	501(C)(3)	8,808.	0.			FOOD DISTRIBUTION
EDGEMERE CHURCH OF GOD 7414 ELLEN AVE SPARROWS POINT, MD 21219	52-1324493	501(C)(3)	8,800.	0.			FOOD DISTRIBUTION
MORNING STAR BAPTIST CHURCH 1063 W. FAYETTE STREET BALTIMORE, MD 21223	52-1469570	501(C)(3)	8,800.	0.			FOOD DISTRIBUTION
WASHINGTON COUNTY COMMUNITY ACTION COUNCIL - 117 SUMMIT AVENUE - HAGERSTOWN, MD 21740	52-0817684	501(C)(3)	8,400.	0.			FOOD DISTRIBUTION

**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
RCCG - HOUSE OF PRAYER 62 RIDGELAWN RD REISTERSTOWN, MD 21136	27-2999471	501(C)(3)	8,359.	0.			FOOD DISTRIBUTION
MARTIN'S HOUSE & BARN 14374 BENEDICTINE LANE RIDGELY, MD 21660	52-1913676	501(C)(3)	8,225.	0.			FOOD DISTRIBUTION
THE SALVATION ARMY LOWER EASTERN SHORE - 814 LIGHT ST - BALTIMORE, MD 21230	58-0660607	501(C)(3)	8,000.	0.			FOOD DISTRIBUTION
CATHOLIC CHARITIES -SMFB 30632 HAMPDEN AVE PRINCESS ANNE, MD 21853	53-0196524	501(C)(3)	8,000.	0.			FOOD DISTRIBUTION
BEL AIR UNITED METHODIST CHURCH 21 LINWOOD AVENUE BEL AIR, MD 21014	52-0991546	501(C)(3)	8,000.	0.			FOOD DISTRIBUTION
NOTRE DAME OF MARYLAND UNIVERSITY 4701 NORTH CHARLES STREET BALTIMORE, MD 21210	52-0591641	501(C)(3)	8,000.	0.			FOOD DISTRIBUTION
MOUNT MORIAH BAPTIST CHURCH 2201 GARRISON BLVD BALTIMORE, MD 21216	52-6060455	501(C)(3)	7,480.	0.			FOOD DISTRIBUTION
CALVARY CHAPEL OF CUMBERLAND VALLEY - 12915 PINEHILL DRIVE - HAGERSTOWN, MD 21740	25-1899577	501(C)(3)	7,367.	0.			FOOD DISTRIBUTION
LOAVES & FISHES AT MOUNT OLIVE UMC 5115 OLD COURT RD RANDALLSTOWN, MD 21133	52-0546048	501(C)(3)	7,008.	0.			FOOD DISTRIBUTION

**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
LOCH RAVEN UMC 6622 LOCH RAVEN BLVD BALTIMORE, MD 21239	52-0692470	501(C)(3)	6,693.	0.			FOOD DISTRIBUTION
NEW MOUNT ZION BAPTIST CHURCH 817 N MOUNT ST BALTIMORE, MD 21217	52-1743602	501(C)(3)	6,486.	0.			FOOD DISTRIBUTION
EMMITSBURG FOOD BANK 130 S SETON AVENUE REAR EMMITSBURG, MD 21727	52-2275892	501(C)(3)	5,972.	0.			FOOD DISTRIBUTION
NEW VICTORY CHRISTIAN CHURCH-COMMUNITY 100 - PO BOX 192 - PERRYVILLE, MD 21903	47-3178603	501(C)(3)	5,816.	0.			FOOD DISTRIBUTION
LAVALE UNITED METHODIST CHURCH 565 NATIONAL HIGHWAY CUMBERLAND, MD 21502	52-0780962	501(C)(3)	5,376.	0.			FOOD DISTRIBUTION
FROSTBURG STATE UNIVERSITY 101 BRADDOCK ROAD FROSTBURG, MD 21532	52-6002033	501(C)(3)	5,224.	0.			FOOD DISTRIBUTION
HAVEN MINISTRIES, INC 2739 COX RECK RD CHESTER, MD 21619	27-1048008	501(C)(3)	5,200.	0.			FOOD DISTRIBUTION
WESLEY FREEDOM 961 JOHNSTOWN RD SYKESVILLE, MD 21784	52-1098090	501(C)(3)	5,160.	0.			FOOD DISTRIBUTION
MASON-DIXON COMMUNITY SERVICES, INC - 5 PENDYRUS ST - DELTA, PA 17314	23-2333727	501(C)(3)	5,155.	0.			FOOD DISTRIBUTION

**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
ONE MISSION CAMBRIDGE 612 RACE STREET CAMBRIDGE, MD 21613	52-0683371	501(C)(3)	5,154.	0.			FOOD DISTRIBUTION
GETHSEMANE SANCTUARY BALTIMORE 8701 WINANDS ROAD RANDALLSTOWN, MD 21133	46-4415177	501(C)(3)	5,110.	0.			FOOD DISTRIBUTION

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

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

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

PART I, LINE 2:

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**THE MARYLAND FOOD BANK, INC.**

Employer identification number

**52-1135690**

**Part I Questions Regarding Compensation**

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

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

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

**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.

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

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

- a** Receive a severance payment or change-of-control payment? .....
- 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022

**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)	235,743.	58,500.	29,500.	13,860.	38,638.	376,241.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN ZAVOYNA CFO	(i)	127,131.	25,000.	27,000.	8,897.	33,262.	221,290.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARGARET KIMMEL EVP, CHIEF STRATEGY OFFICER	(i)	169,949.	34,000.	27,000.	10,444.	6,895.	248,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RICK CONDON SVP, OPERATIONS	(i)	149,150.	18,000.	22,490.	9,371.	5,622.	204,633.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NEKEISIA BOOYER CHIEF PROGRAMS OFFICER	(i)	137,539.	19,000.	17,781.	8,891.	22,514.	205,725.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELISE KRIKAU SVP, DEVELOPMENT	(i)	121,152.	19,000.	20,500.	7,535.	4,809.	172,996.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE L**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2022

Open To Public  
Inspection

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

**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
<b>Total</b> .....						\$ _____						

**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
TOM ALBERO	MEMBER OF BOARD OF	137,280.	WAREHOUSE E		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: TOM ALBERO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF BOARD OF DIRECTORS

(C) AMOUNT OF TRANSACTION \$ 137,280.

(D) DESCRIPTION OF TRANSACTION: WAREHOUSE EQUIPMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	70	383,718.	FMV - SALES PRICE
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	25,497	44,931,971.	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2022

**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.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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.

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.

IN FY23, 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  
LOCAL EXPERTISE TO OFFER HUNGER RELIEF TO EVEN MORE MARYLANDERS. WE CAN  
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 DISTRIBUTE FOOD IN FY23. MADE UP OF COMMUNITY AND  
FAITH-BASED ORGANIZATIONS (PANTRIES, SOUP KITCHENS, SHELTERS, SCHOOLS,  
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 FY23, THEY

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

HELPED MFB SUPPLY ENOUGH FOOD TO PROVIDE MORE THAN 41 MILLION MEALS, INCLUDING MORE THAN 13 MILLION POUNDS OF PRODUCE, IN THEIR LOCAL COMMUNITIES. THE FOOD BANK ALSO CONVENED HUNDREDS OF THESE COMMUNITY LEADERS AS PART OF 29 REGIONAL PARTNER GATHERINGS IN FY23 TO COLLABORATE AT THE LOCAL LEVEL AND WORK TOGETHER TO IMPROVE OVERALL FOOD ACCESS IN EACH AREA OF THE STATE.

DURING THE PANDEMIC, MFB PURCHASED AND DISTRIBUTED MORE THAN \$40 MILLION WORTH OF NUTRITIOUS FOOD THROUGH OUR NETWORK OF PARTNERS AS PART OF OUR PANDEMIC RELIEF EFFORTS. AS FEDERAL RELIEF PROGRAMS ENDED IN FY23, THE LEVEL OF FUNDING THAT MFB HAD AVAILABLE TO PURCHASE AND DISTRIBUTE FOOD AT NO COST DECLINED DRAMATICALLY. BUT DUE TO INTENTIONAL SUPPORT FROM MFB STAFF AND AN EXPANDED GRANTS PROGRAM, MFB'S NETWORK WAS MINIMALLY IMPACTED AND ABLE TO CONTINUE THEIR IMPORTANT WORK TO SERVE LOCAL COMMUNITIES. THE MARYLAND FOOD BANK AWARDED \$1.1 MILLION DOLLARS TO 105 COMMUNITY PARTNERS THROUGH VARIOUS GRANT OPPORTUNITIES IN FY23.

THE FOOD BANK'S WORK TO EXPAND FEDERAL COMMODITIES AND CONTRACT GROWING PROGRAMS WAS ALSO CRITICAL TO HELPING FILL POTENTIAL GAPS IN FOOD DISTRIBUTION. THE FARM TO FOOD BANK PROGRAM, FOR EXAMPLE, PROVIDES NUTRITIOUS PRODUCE TO COMMUNITIES THROUGH A COMBINATION OF DONATIONS, CONTRACT GROWING, AND FIELD GLEANINGS. IN FY23, MFB PARTNERED WITH 59 FARMERS TO DISTRIBUTE NEARLY 2.5 MILLION POUNDS OF HEALTHY PRODUCE TO FOOD-INSECURE NEIGHBORS THROUGH THE PROGRAM. WE ALSO CONTINUED SUPPORTING LOCAL PRODUCE PRODUCTION BY PARTNERING WITH DIVERSE FARMERS TO OFFER CULTURALLY APPROPRIATE PRODUCE, WHILE THE LOCAL FOOD PURCHASE AGREEMENT THAT BEGAN IN LATE FY23 KEPT MORE NUTRITIOUS FOOD GROWN BY

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

LOCAL FARMERS, RANCHERS, AND WATERMEN HERE IN MARYLAND.

SIMULTANEOUSLY, MFB'S DEDICATED FOOD ASSISTANCE NETWORK AND STRONG SOURCING PARTNERSHIPS HELPED US CONTINUE TO MEET THE NEED IN FY23. PANTRY ON THE GO EVENTS WERE PARTICULARLY VALUABLE, WITH MFB DELIVERING NEARLY 11 MILLION POUNDS OF FOOD TO 244 SITES FOR IMMEDIATE DISTRIBUTION TO MORE THAN 177,000 FOOD-INSECURE COMMUNITY MEMBERS. ALL TOLD, MFB PARTNERS HOSTED 2,063 PANTRY ON THE GO EVENTS IN FY23.

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 TRANSPORTED, STORED, AND DISTRIBUTED 105,570 BUBS, INCLUDING 25,035 BUBS THAT WERE DELIVERED DIRECTLY TO HOMES, IN FY23.

IN ALIGNMENT WITH REGIONALLY DEFINED STRATEGIES, MFB'S MOBILE MARKETS PRIORITIZE HUNGER HOTSPOTS AND FOOD DESERTS IN AREAS OF UNMET NEED ACROSS THE STATE. THESE ARE AREAS THAT LACK BRICK-AND-MORTAR FACILITIES AND OTHER CONSISTENT SUPPORT RESOURCES. THE MOBILE MARKETS HELP IMPROVE FOOD ACCESS, REDUCE STIGMA, AND PRESERVE DIGNITY. IMPORTANTLY, THE INITIATIVE RESPONDS TO THE GEOGRAPHIC CHALLENGES OF UNSERVED AND UNDERSERVED RURAL COMMUNITIES THAT CAN BE AS FAR AS 30 MILES FROM THE NEAREST GROCERY STORE. IN SOME INSTANCES, RESIDENTS IN THESE COMMUNITIES LACK RUNNING WATER OR ELECTRICITY. MOBILE MARKETS ENABLE MFB PROGRAM STAFF TO LEARN ABOUT AND RESPOND TO THE WIDE-RANGING NEEDS



Name of the organization

THE MARYLAND FOOD BANK, INC.

Employer identification number

52-1135690

OF RESIDENTS MORE HOLISTICALLY, OFFERING WRAPAROUND SERVICES THROUGH PARTNERSHIPS WITH LOCAL HEALTH, EDUCATION, AND SOCIAL SERVICE AGENCIES. THROUGH THIS PROGRAM'S 242 EVENTS IN FY23, 616,446 POUNDS OF FOOD WERE DISTRIBUTED TO NEARLY 10,000 NEIGHBORS.

TO ENSURE A STEADY STREAM OF FOOD REACHES FOOD-INSECURE CHILDREN YEAR-ROUND, THE FOOD BANK ESTABLISHED MFB KIDS, AN INITIATIVE THAT INCLUDES THE SCHOOL PANTRY PROGRAM, THE SUPPER CLUB PROGRAM, AND THE SUMMER CLUB PROGRAM. THE SCHOOL PANTRY PROGRAM REMOVES BARRIERS TO ACADEMIC AND SOCIAL SUCCESS BY PROVIDING CHILDREN WITH ACCESS TO FOOD ASSISTANCE AT THEIR SCHOOL, WHICH THEY THEN BRING HOME TO THEIR FAMILIES. IN FY23, 189 SCHOOL PANTRIES FROM KINDERGARTEN THROUGH 12TH GRADE DISTRIBUTED NEARLY 3 MILLION POUNDS OF FOOD TO MORE THAN 48,000 FOOD-INSECURE NEIGHBORS. OUR SUPPER AND SUMMER CLUB PROGRAMS, MEANWHILE, PREPARED AND DISTRIBUTED MORE THAN 677,000 NUTRITIOUS MEALS TO CHILDREN AND THEIR FAMILIES IN FY23. MFB DISTRIBUTED AN ADDITIONAL 196,450 POUNDS OF FOOD TO 17 FACILITIES AS PART OF OUR HIGHER EDUCATION PROGRAM.

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 CAUSE FOOD INSECURITY 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 FY23,

Name of the organization

THE MARYLAND FOOD BANK, INC.

Employer identification number

52-1135690

WE COMPLETED A CONSTRUCTION PROJECT THAT WILL ALLOW MFB TO INCREASE THE NUMBER OF STUDENTS THAT COME THROUGH OUR FOODWORKS PROGRAM IN HALETHORPE. AT THE SAME TIME, OUR PARTNERSHIP WITH WOR-WIC COMMUNITY COLLEGE IN SALISBURY CONTINUED TO PROVIDE NEIGHBORS ACROSS THE BRIDGE WITH THE OPPORTUNITY TO TRANSFORM THEMSELVES INTO PROFESSIONAL CHEFS. THROUGH THESE PROGRAMS, 50 GRADUATES DEVELOPED THE SKILLS NECESSARY TO ACHIEVE A REWARDING CAREER AND CULINARY SUCCESS IN FY23.

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 INFORMATION TECHNOLOGY, HEALTHCARE, AND CLEAN ENERGY. IN FY23, WE WORKED WITH SEVEN PARTNER ORGANIZATIONS ACROSS BALTIMORE TO SUPPORT NEIGHBORS ON A PATH OUT OF HUNGER, WITH 30 INDIVIDUALS COMPLETING TRAINING THROUGH THIS PROGRAM.

WHILE THE ADDITION OF THE NEW FOODWORKS LOCATION AND MFB'S WORKFORCE DEVELOPMENT PROGRAM MEANS MARYLANDERS HAVE MORE OPTIONS, OUR COMMUNITY IMPACT TEAM ALSO PROVIDES EXPANDED SUPPORT SERVICES LIKE ASSISTANCE APPLYING FOR THE FEDERALLY FUNDED SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), CONNECTIONS TO OTHER PUBLIC BENEFITS, AND REFERRALS FOR COMMUNITY RESOURCES, SUCH AS HOUSING, CHILDCARE, AND PRO BONO LEGAL ASSISTANCE. IN FY23, MFB'S SNAP OUTREACH TEAM HOSTED 164 OUTREACH EVENTS AND HELPED PROCESS AND SUBMIT 658 SNAP APPLICATIONS.

(SEE ADDITIONAL INFORMATION BELOW ON PROGRAM ACCOMPLISHMENTS.)

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

## PART 111, LINE 4A

WITH MORE THAN 40 YEARS OF EXPERTISE AND SERVICE, MFB IS CONSIDERED A TRUSTED VOICE AND PARTNER IN THE STATE'S CAPITAL OF ANNAPOLIS AND BEYOND. OUR POLICY TEAM ACTIVELY ENGAGES WITH LAWMAKERS TO EXPLORE ANTI-POVERTY EFFORTS THAT ADDRESS THE VERY SYSTEMS, POLICIES, AND PRACTICES THAT HAVE TRAPPED FAR TOO MANY MARYLANDERS IN GENERATIONAL CYCLES OF POVERTY AND FOOD INSECURITY. IN FY 23, MFB EXPERTS REGULARLY MET WITH LOCAL, STATE, AND FEDERAL POLICYMAKERS TO SUPPORT AND PARTNER ON A VARIETY OF LEGISLATIVE ACTIONS THAT RESULTED IN THE PASSING OF SIX BILLS DURING THE 2023 MARYLAND LEGISLATIVE SESSION.

AS PART OF MFB'S SPEAKERS BUREAU, WHICH LAUNCHED IN FY23, THE FOOD BANK LEVERAGES INSIGHTS FROM NEIGHBORS WITH LIVED EXPERIENCE WHO RELATE THEIR PERSONAL STORIES OF HUNGER TO THE PEOPLE WHO HAVE THE POWER TO BRING ABOUT CHANGE. IN THIS INAUGURAL YEAR, 18 MEMBERS OF THE SPEAKERS BUREAU COMPLETED TRAINING. TWO MEMBERS PARTICIPATED IN THE STATE LEGISLATIVE SESSION, ONE TESTIFIED AT THEIR LOCAL LEGISLATIVE BODY, AND OTHER MEMBERS CONDUCTED NON-LEGISLATIVE WORK THROUGHOUT THE YEAR.

\* \* \*

MFB IS NOW A LARGER, SMARTER, AND MORE COMPLEX ORGANIZATION THAN WE WERE JUST A FEW 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 WHY AS MANY AS 2 MILLION MARYLANDERS ARE FOOD INSECURE.

Name of the organization

THE MARYLAND FOOD BANK, INC.

Employer identification number

52-1135690

OUR MFB 3.0 STRATEGIC PLAN PROVIDES A BLUEPRINT FOR CONTINUING OUR EVOLUTION INTO FY24 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 FY23 MUST REMAIN FOR US TO BE ABLE TO CONTINUE GIVING MORE MARYLANDERS THE RESOURCES THEY NEED TO BREAK THROUGH BARRIERS, STABILIZE, AND THRIVE.

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.

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 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:

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

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,NC,NY,OR,PA,RI,SC,TN,UT  
WI,WV,VA

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.