

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)

2023

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE MARYLAND FOOD BANK, INC.		D Employer identification number 52-1135690
	Doing business as		E Telephone number 410-737-8282
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 103,238,360.
	2200 HALETHORPE FARMS ROAD, S.W.		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21227		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: CARMEN DEL GUERCIO SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.MDFOODBANK.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1978
			M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	215
	6 Total number of volunteers (estimate if necessary)	6	15995
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	81,318,613.	87,290,204.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,212,042.	12,907,765.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-203,094.	1,220,945.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	89,327,561.	101,418,914.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,951,781.	3,458,969.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,741,837.	14,370,692.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,594,705.	1,858,515.
	b Total fundraising expenses (Part IX, column (D), line 25)	5,083,704.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	75,547,601.	80,223,701.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	93,835,924.	99,911,877.	
19 Revenue less expenses. Subtract line 18 from line 12	-4,508,363.	1,507,037.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	60,919,173.	64,522,416.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,743,462.	9,339,049.
		53,175,711.	55,183,367.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	CARMEN DEL GUERCIO, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JENNIFER ROCK	JENNIFER ROCK	01/30/25	<input type="checkbox"/>	P01083312
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	GROSS, MENDELSON & ASSOCIATES, P.A.	52-0982413		410-685-5512	
	Firm's address				
	1801 PORTER STREET, SUITE 500 BALTIMORE, MD 21230				

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 \$ 90,735,339. including grants of \$ 3,458,969.) (Revenue \$ 12,907,765.) THE MARYLAND FOOD BANK (MFB) PROVIDES FOOD ASSISTANCE TO INDIVIDUALS AND FAMILIES IN NEED THROUGH A STATEWIDE FOOD ASSISTANCE NETWORK OF COMMUNITY PARTNERS, FROM THE WESTERN MOUNTAINS TO THE EASTERN SHORE.

IN FY24, MFB, THROUGH THIS FOOD ASSISTANCE NETWORK, DISTRIBUTED MORE THAN 52 MILLION POUNDS OF FOOD TO INDIVIDUALS IN NEED, ENOUGH FOOD TO PROVIDE MORE THAN 43 MILLION MEALS ANNUALLY. OUR TRUCKS WERE ON THE ROAD EVERY DAY, DISTRIBUTING DONATED AND PURCHASED FOOD, ALONG WITH LOCALLY-GROWN PRODUCE TO A NETWORK OF 780 COMMUNITY- AND FAITH-BASED PARTNERS. THE MARYLAND FOOD BANK SERVED AN ESTIMATED 1,021,729 NEIGHBORS IN FY24, ACROSS 21 MARYLAND COUNTIES AND BALTIMORE CITY.

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 90,735,339.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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			345,283.	0.	53,797.	
(2) SUSAN ZAVOYNA CFO	40.00			X			195,921.	0.	41,273.	
(3) MARGARET KIMMEL COO	40.00			X			243,613.	0.	16,939.	
(4) NEKEISIA BOOYER CHIEF PROGRAMS OFFICER THRU 01/24	40.00					X	195,611.	0.	33,291.	
(5) ELISE KRIKAU CHIEF PHILANTHROPY OFFICER	40.00			X			170,391.	0.	12,721.	
(6) TIFFANY BANKS VP, FINANCE	40.00				X		135,728.	0.	21,846.	
(7) TENILLE CLARK CHIEF HUMAN RESOURCES OFFICER	40.00				X		133,097.	0.	10,628.	
(8) MICHAEL SCHULTZ SVP, OPERATIONS	40.00				X		127,248.	0.	7,639.	
(9) KARL DAVID CANTARELLA VP, MARKETING & COMMUNICATION	40.00				X		118,041.	0.	9,370.	
(10) JENNIFER SMALL SVP, NEIGHBORHOOD ENGAGEMENT	40.00				X		116,752.	0.	38,923.	
(11) TERRY SQUYRES CHAIR	4.00	X		X			0.	0.	0.	
(12) MARY FRANCES ISAKOV VICE CHAIR	4.00	X		X			0.	0.	0.	
(13) JENNIFER REILLY SECRETARY	5.00	X		X			0.	0.	0.	
(14) TOM ALBERO TREASURER	4.00	X		X			0.	0.	0.	
(15) MIKE BLAIR DIRECTOR	1.00	X					0.	0.	0.	
(16) DERRICK DICKENS DIRECTOR	1.00	X					0.	0.	0.	
(17) MARY KATE FEDERICO 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) DYANI HANRAHAN 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) RACHEL O'NEILL DIRECTOR	1.00	X						0.	0.	0.
(22) MELANIE PERREAULT DIRECTOR	1.00	X						0.	0.	0.
(23) DAWN M. RHODES, DBA DIRECTOR	1.00	X						0.	0.	0.
(24) LORI AMOS ROBINSON DIRECTOR	1.00	X						0.	0.	0.
(25) ROBERT THOMAS DIRECTOR	1.00	X						0.	0.	0.
(26) BOB WALDMAN DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,781,685.	0.	246,427.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,781,685.	0.	246,427.

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 15

	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	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	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		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	2,003,819.
RWT PRODUCTION LLC 8932 ORANGE HUNT LANE, ANNANDALE, VA 22003	DIRECT MAIL	915,664.
SC&H GROUP, INC 910 RIDGEBROOK ROAD, SPARKS, MD 21152	IT CONSULTING	604,157.
TRUE SENSE MARKETING 155 COMMERCE DRIVE, FREEDOM, PA 15042	MARKETING	429,741.
THE AVALON CONSULTING GROUP 805 15TH STREET NW, WASHINGTON, DC 20005	DIRECT MAIL	298,683.

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 10

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	25,736,323.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	61,553,881.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 50,526,881.			
	h	Total. Add lines 1a-1f		87,290,204.			
Program Service Revenue	2 a	FOOD PURCHASE PROGRAM	Business Code				
			900099	8,779,461.	8,779,461.		
	b	PROGRAM FEES & OTHER	900099	2,502,265.	2,502,265.		
	c	CONTRACTED MEALS	900099	1,625,650.	1,625,650.		
	d	SHARED MAINTENANCE	900099	389.	389.		
	e					
	f	All other program service revenue					
g	Total. Add lines 2a-2f		12,907,765.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,059,368.		1059368.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					1,981,023.		
	b	Less: cost or other basis and sales expenses	7b	1,819,446.			
c	Gain or (loss)	7c	161,577.				
d	Net gain or (loss)		161,577.		161,577.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Business Code				
	b					
	c					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		101418914.	12907765.	0.	1220945.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,458,969.	3,458,969.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,308,840.	359,179.	636,274.	313,387.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,765,414.	7,346,993.	1,147,474.	1,270,947.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	521,156.	308,081.	106,668.	106,407.
9 Other employee benefits	1,959,359.	1,467,997.	317,997.	173,365.
10 Payroll taxes	815,923.	577,336.	120,265.	118,322.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,858,515.			1,858,515.
f Investment management fees	61,800.		61,800.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,683,460.	614,690.	1,068,770.	
12 Advertising and promotion	549,131.	7,901.	7,771.	533,459.
13 Office expenses	1,037,094.	493,730.	13,485.	529,879.
14 Information technology	670,550.	313,403.	217,368.	139,779.
15 Royalties				
16 Occupancy	1,911,606.	1,868,641.	31,290.	11,675.
17 Travel	106,011.	95,236.	6,302.	4,473.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	244,825.	60,612.	184,213.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,602,061.	1,572,829.	19,781.	9,451.
23 Insurance	153,154.	45,005.	108,149.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a VALUE OF GOODS DONATED	50,553,822.	50,553,822.		
b COST OF PURCHASED FOOD	20,202,407.	20,202,407.		
c TRANSPORTATION	1,280,380.	1,279,828.		552.
d OTHER COSTS	151,461.	103,058.	34,910.	13,493.
e All other expenses	15,939.	5,622.	10,317.	
25 Total functional expenses. Add lines 1 through 24e	99,911,877.	90,735,339.	4,092,834.	5,083,704.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	349,484.	1	474,359.
	2 Savings and temporary cash investments	6,445,719.	2	5,210,789.
	3 Pledges and grants receivable, net	2,890,315.	3	3,582,433.
	4 Accounts receivable, net	755,131.	4	657,980.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,595,036.	8	4,106,104.
	9 Prepaid expenses and deferred charges	320,307.	9	486,373.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,601,352.		
	b Less: accumulated depreciation	10b 12,595,891.		
	11 Investments - publicly traded securities	18,841,584.	10c	21,005,461.
	12 Investments - other securities. See Part IV, line 11	26,121,086.	11	25,993,581.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	600,511.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	60,919,173.	15	3,005,336.	
		16	64,522,416.	
Liabilities	17 Accounts payable and accrued expenses	3,444,348.	17	4,342,665.
	18 Grants payable		18	
	19 Deferred revenue	332,534.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,433,025.	23	1,919,388.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	533,555.	25	3,076,996.
	26 Total liabilities. Add lines 17 through 25	7,743,462.	26	9,339,049.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	46,239,017.	27	53,345,579.
	28 Net assets with donor restrictions	6,936,694.	28	1,837,788.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	53,175,711.	32	55,183,367.
	33 Total liabilities and net assets/fund balances	60,919,173.	33	64,522,416.

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	101,418,914.
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,911,877.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,507,037.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	53,175,711.
5	Net unrealized gains (losses) on investments	5	500,619.
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	55,183,367.

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
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	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	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	92590734.	129561666	71839872.	81318613.	87290204.	462601089
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	92590734.	129561666	71839872.	81318613.	87290204.	462601089
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16121631.
6 Public support. Subtract line 5 from line 4.						446479458

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	92590734.	129561666	71839872.	81318613.	87290204.	462601089
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	72,122.	24,505.	156,096.	580,727.	1059368.	1892818.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						464493907
12 Gross receipts from related activities, etc. (see instructions)					12	47,596,777.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	96.12	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	96.78	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>4,094,409.</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>3,178,191.</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>9,110,110.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>3,564,992.</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>4,589,440.</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>3,023,296.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE MARYLAND FOOD BANK, INC.	Employer identification number 52-1135690
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Part 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>2,437,459.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>2,927,527.</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>2,559,807.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>2,243,665.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>4,052,813.</u>	_____
<u>2</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>3,103,191.</u>	_____
<u>4</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>3,289,789.</u>	_____
<u>5</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>4,589,440.</u>	_____
<u>6</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>3,017,396.</u>	_____
<u>7</u>	FOOD PRODUCTS _____ _____ _____	\$ <u>2,437,459.</u>	_____

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	FOOD PRODUCTS _____ _____ _____	\$ <u>2,927,527.</u>	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

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

2023

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 of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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 reporting requirements for art and historical treasures.

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 in 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		23,242,038.	6,985,102.	16,256,936.
c Leasehold improvements				
d Equipment		4,852,872.	1,974,902.	2,877,970.
e Other		4,744,467.	3,635,887.	1,108,580.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				21,005,461.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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	296,110.
(3) OPERATING LEASE LIABILITIES	2,780,886.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,076,996.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	101,881,733.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 500,619.		
b	Donated services and use of facilities	2b 24,000.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	524,619.
3	Subtract line 2e from line 1		3	101,357,114.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 61,800.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	61,800.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	101,418,914.

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

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

1	Total expenses and losses per audited financial statements		1	99,874,077.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 24,000.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	24,000.
3	Subtract line 2e from line 1		3	99,850,077.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 61,800.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	61,800.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	99,911,877.

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.

2023

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 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	2,649,553.	292,060.	2,357,493.
TRUESENSE MARKETING - 502 KEYSTONE DRIVE, WARRENDALE,	DIRECT RESPONSE EMAIL PROGRAM		X	1,827,224.	453,489.	1,373,735.
NAMES IN THE NEWS - 2550 9TH STREET, SUITE 114, BERKELEY,	DIRECT MAIL		X	0.	110,443.	-110,443.
RWT PRODUCTION, LLC - 8932 ORANGE HUNT LANE, ANNANDALE,	DIRECT MAIL		X	0.	1,002,523.	-1,002,523.
Total				4,476,777.	1,858,515.	2,618,262.

- 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, AR, CA, CO, 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**

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: AVALON CONSULTING GROUP

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

(I) NAME OF FUNDRAISER: TRUESENSE MARKETING

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

(I) NAME OF FUNDRAISER: NAMES IN THE NEWS

Part IV Supplemental Information *(continued)*

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

(I) NAME OF FUNDRAISER: RWT PRODUCTION, LLC

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CAPITAL AREA FOOD BANK, INC. 2708 ENTERPRISE ROAD MITCHELLVILLE, MD 20721	52-1167581	501(C)(3)	750,000.	0.			FOOD DISTRIBUTION
WESTERN MARYLAND FOOD BANK 816 FREDERICK STREET CUMBERLAND, MD 21501	52-1321688	501(C)(3)	186,720.	0.			FOOD DISTRIBUTION
WESTMINSTER RESCUE MISSION 658 LUCABAUGH MILL RD WESTMINSTER, MD 21157	52-0891628	501(C)(3)	165,000.	0.			FOOD DISTRIBUTION
PATHWAY FORWARD, INC. 1130 W LEXINGTON ST. BALTIMORE, MD 21223	85-3850852	501(C)(3)	133,100.	0.			FOOD DISTRIBUTION
FUSION PARTNERSHIPS DBA BLACK CHURCH FOOD SECURITY - 1601 GUILFORD AVENUE 2 SOUTH - BALTIMORE, MD 21202	82-1380877	501(C)(3)	100,000.	0.			FOOD DISTRIBUTION
JOHNS HOPKINS UNIVERSITY- CHILDREN'S CENTER - 1800 ORLEANS ST - BALTIMORE, MD 21287	52-0595110	501(C)(3)	100,000.	0.			FOOD DISTRIBUTION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **85.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF REFUGE 3501 7TH ST BALTIMORE, MD 21225	82-4416947	501(C)(3)	100,000.	0.			FOOD DISTRIBUTION
BLACK YIELD INSTITUTE 844 ROUNDVIEW RD BALTIMORE, MD 21225	52-1326863	501(C)(3)	100,000.	0.			FOOD DISTRIBUTION
THE UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BLVD #340 BALTIMORE, MD 21230	52-0591543	501(C)(3)	98,345.	0.			FOOD DISTRIBUTION
ADOPT A BLOCK OUTREACH, INC. 217 BEAGLIN PARK DRIVE SALISBURY, MD 21804	84-2276000	501(C)(3)	92,761.	0.			FOOD DISTRIBUTION
BRUSH ARBOR GOSPEL MINISTRIES 768 BLUE BALL ROAD ELKTON, MD 21921	47-2088097	501(C)(3)	89,905.	0.			FOOD DISTRIBUTION
KINGDOM UNITED MIRACLE ARENA INC 9010 MAIER RD STE#119 LAUREL, MD 20723	81-2154755	501(C)(3)	70,000.	0.			FOOD DISTRIBUTION
COMMUNITY ASSISTANCE NETWORK 7900 BALTIMORE ST BALTIMORE, MD 21224	52-0823186	501(C)(3)	65,000.	0.			FOOD DISTRIBUTION
ANNE ARUNDEL FOOD BANK 120 MARBURY DR CROWNSVILLE, MD 21032	52-1660473	501(C)(3)	57,000.	0.			FOOD DISTRIBUTION
HARFORD COUNTY COMMUNITY ACTION #1514 - 1321 WOODBRIDGE STATION WAY B - EDGEWOOD, MD 21040	52-1306096	501(C)(3)	57,000.	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
MORGAN CHAPEL CHURCH INC 6750 WOODBINE RD WOODBINE, MD 21797	84-2524809	501(C)(3)	56,872.	0.			FOOD DISTRIBUTION
AFRITHRIVE INC 3132 BEL PRE ROAD SILVER SPRING, MD 20906	84-2431077	501(C)(3)	56,588.	0.			FOOD DISTRIBUTION
THE EPICENTER 1918 PULASKI HIGHWAY EDGEWOOD, MD 21040	46-1504860	501(C)(3)	44,590.	0.			FOOD DISTRIBUTION
SEVERNA PARK EVANGELICAL PRESBYTERIAN CHURCH - 731 BENFIELD ROAD - SEVERNA PARK, MD 21146	52-1126809	501(C)(3)	37,653.	0.			FOOD DISTRIBUTION
NEW HOPE COMMUNITY OUTREACH SERVICES, INC - 4200 OLD WASHINGTON RD - WALDORF, MD 20602	38-3852071	501(C)(3)	37,180.	0.			FOOD DISTRIBUTION
END HUNGER IN CALVERT COUNTY 6201 SOLOMONS ISLAND ROAD HUNTINGTOWN, MD 20639	80-0456174	501(C)(3)	37,000.	0.			FOOD DISTRIBUTION
GOOD FIGHT OF FAITH EVANGELIST MINISTRIES INC. - 4470 SOUTHERN BUSINESS PARK DR - WHITE PLAINS, MD 20695	84-3489416	501(C)(3)	32,000.	0.			FOOD DISTRIBUTION
WEEKEND BACKPACKS FOR HOMELESS KIDS - P.O. BOX 21486 - BALTIMORE, MD 21282	82-0946083	501(C)(3)	31,000.	0.			FOOD DISTRIBUTION
SOUTHERN MARYLAND FOOD BANK 22 IRONGATE DR WALDORF, MD 20602	53-0196524	501(C)(3)	30,000.	0.			FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMTCCAC INC. 8371 OLD LEONARDTOWN RD HUGHESVILLE, MD 20637	52-6066477	501(C)(3)	28,000.	0.			FOOD DISTRIBUTION
ENTERPRISE COMMUNITY DEVELOPMENT, INC. - 8403 COLESVILLE RD - SILVER SPRING, MD 20910	52-1888775	501(C)(3)	25,000.	0.			FOOD DISTRIBUTION
PHASE 3 TRAINING CORPORATION 8700 GEORGIA AVE, SUITE 305 SILVER SPRING, MD 20910	86-3823260	501(C)(3)	25,000.	0.			FOOD DISTRIBUTION
CATONSVILLE EMERGENCY ASSISTANCE 25 BLOOMSBURY AVENUE CATONSVILLE, MD 21228	52-1579478	501(C)(3)	25,000.	0.			FOOD DISTRIBUTION
CATHERINE'S FAMILY & YOUTH SERVICES - 2835 VIRGINIA AVENUE - BALTIMORE, MD 21215	47-3335842	501(C)(3)	15,800.	0.			FOOD DISTRIBUTION
THE CENTRAL BAPTIST CHURCH 2031 W. BALTIMORE STREET BALTIMORE, MD 21223	52-1364767	501(C)(3)	11,826.	0.			FOOD DISTRIBUTION
REBIRTH INC 225 N DIVISION ST MAILING PO BOX 37 SALISBURY, MD 21801	52-2335544	501(C)(3)	11,284.	0.			FOOD DISTRIBUTION
N8 HOUSE INC. 6989 HWY 85 D2 RIVERDALE, GA 30274	90-1015574	501(C)(3)	10,653.	0.			FOOD DISTRIBUTION
METROPOLITAN UNITED METHODIST CHURCH - 1121 W LANVALE ST - BALTIMORE, MD 21217	52-1260332	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMAZING GRACE LUTHERAN CHURCH 2424 MCELDERRY ST BALTIMORE, MD 21205	82-3103722	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
THE H.E.R.E. CENTER 2 INDUSTRIAL PARK DR WALDORF, MD 20602	46-2893978	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
WOR-WIC COMMUNITY COLLEGE 32000 CAMPUS DR SALISBURY, MD 21804	52-1264019	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
CATHOLIC CHARITIES SETON CENTER 30632 HAMPDEN AVE PRINCESS ANNE, MD 21853	53-0196617	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
ACAN 429 ASBURY DRIVE SEVERNA PARK, MD 21146	45-2509088	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
RAY OF HOPE MISSION CENTER, INC 960 CRAIGTOWN RD PORT DEPOSIT, MD 21904	52-2064379	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
CARROLL COMMUNITY COLLEGE FOUNDATION - 1601 WASHINGTON RD - WESTMINSTER, MD 21157	52-1886179	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
ST. MARK UNITED METHODIST CHURCH 1440 DORSEY RD HANOVER, MD 21076	52-1351293	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
ANGELS HELPING ANGELS, INC. PO BOX 1623 BALTIMORE, MD 21203	27-0475032	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESAPEAKE CARES FOOD PANTRY 6021 SOLOMONS ISLAND RD HUNTINGTOWN, MD 20639	52-1378847	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
DIAKONIA, INC 12747 OLD BRIDGE RD OCEAN CITY, MD 21842	52-1381317	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
COMMUNITY FOUNDATION OF CARROLL COUNTY - 255 CLIFTON BLVD #313 - WESTMINSTER, MD 21157	52-1865244	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
LIFE STREAM CHURCH OF THE NAZARENE 5105 LEONARDTOWN RD WALDORF, MD 20601	52-1250728	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
LADIES OF CHARITY CALVERT COUNTY, INC. - 8823 DAYTON AVE - NORTH BEACH, MD 20714	83-1667107	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
AARON'S PLACE 24311 ROBINS CREEK RD PRESTON, MD 21655	84-2099035	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
KINGDOM KARE INC 1350 BLAIR DR ODENTON, MD 21113	46-0982054	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
MOUNT PLEASANT CHURCH AND MINISTRIES - 6000 RADECKE AVENUE - BALTIMORE, MD 21206	52-1366829	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
HARVEST WORSHIP CENTER, INC. 12100 ELL LN WALDORF, MD 20602	81-1250211	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR MOTHER OF SORROWS 301 HOMEWOOD AVENUE CENTREVILLE, MD 21617	52-1620800	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
GROVE PRESBYTERIAN CHURCH OF HARFORD INC - 50 E BEL AIR AVE - ABERDEEN, MD 21001	52-0643871	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
UPWARD THRIVE ACADEMY INC 1282 SMALLWOOD DR W WALDORF, MD 20603	84-2705939	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
DEEDS OF FAITH PANTRY 638 LUCABAUGH MILL RD WESTMINSTER, MD 21157	52-1279060	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
BOONSBORO FAMILY WORSHIP CENTER 7605 OLD NATIONAL PIKE BOONSBORO, MD 21713	62-0484177	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
TOWSON UNIVERSITY FOUNDATION INC 8000 YORK ROAD TOWSON, MD 21252	52-0939453	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
LOVE THY NEIGHBOR FOOD PANTRY INC. 10250 KINGS HWY KING GEORGE, VA 22485	86-2531169	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
HERITAGE BAPTIST CHURCH FOOD PANTRY - 1740 FOREST DR - ANNAPOLIS, MD 21401	52-0683906	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
AMERICA'S HAULING FOR HOPE 10701 BOWER AVE WILLIAMSPORT, MD 21795	82-2848271	501(C)(3)	7,000.	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
FOOD AND CARE FOR ALL, INC. 10262 BALTIMORE NATIONAL PIKE ELLCOT CITY, MD 21042	83-4405090	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
EASTERN SHORE WELLNESS SOLUTIONS INC. - 824 FAIRMOUNT AVENUE, STE 4 - CAMBRIDGE, MD 21613	82-3203840	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
SACRED HEART CHURCH 16501 ANNAPOLIS RD BOWIE, MD 20715	52-0591381	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
WESLEY FREEDOM 961 JOHNSTOWN RD SYKESVILLE, MD 21784	52-1098090	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
MOUNT PLEASANT DEVELOPMENT CORPORATION - 6000 RADECKE AVE SUITE 202 - BALTIMORE, MD 21206	83-0704529	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
NEIGHBOR SUPPORT ASSOCIATE 11508 AUTUMN TERRACE DRIVE WHITE MARSH, MD 21222	92-0974426	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
FREDERICK RESCUE MISSION, INC 419 W SOUTH ST FREDERICK, MD 21701	52-0813371	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
RACHELL L GRAY COMMUNITY FOUNDATION INC - 6327 MEADOWRIDGE RD, - ELKRIDGE, MD 21075	81-4676992	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
SALISBURY URBAN MINISTRIES 326 BARCLAY ST SALISBURY, MD 21804	52-2043085	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LIGHT HOUSE 4871 TEN OAKS RD DAYTON, MD 21036	52-1671388	501(C)(3)	7,000.	0.			FOOD DISTRIBUTION
SPIRIT OF FAITH FOOD PANTRY 8431 RICHMOND HWY ALEXANDRIA, VA 22309	37-1485228	501(C)(3)	6,966.	0.			FOOD DISTRIBUTION
WASHINGTON COUNTY COMMUNITY ACTION COUNCIL - 117 SUMMIT AVENUE - HAGERSTOWN, MD 21740	52-0817684	501(C)(3)	6,940.	0.			FOOD DISTRIBUTION
ST. JOHN BAPTIST CHURCH 9055 TAMAR DR COLUMBIA, MD 21045	59-1694436	501(C)(3)	6,684.	0.			FOOD DISTRIBUTION
ZION REFORMED UCC 201 N POTOMAC STREET HAGERSTOWN, MD 21740	52-0618997	501(C)(3)	6,458.	0.			FOOD DISTRIBUTION
GRACE FOOD PANTRY 4 S GAY ST BALTIMORE, MD 21202	52-1623894	501(C)(3)	6,455.	0.			FOOD DISTRIBUTION
CALVERT CHURCHES COMMUNITY FOOD PANTRY, INC. - 100 JIBSAIL DR - PRINCE FREDERICK, MD 20678	20-1949046	501(C)(3)	6,445.	0.			FOOD DISTRIBUTION
FIRST BAPTIST CHURCH OF ANNAPOLIS INC - 31 W WASHINGTON ST - ANNAPOLIS, MD 21401	52-1160404	501(C)(3)	6,400.	0.			FOOD DISTRIBUTION
FIRST BAPTIST CHURCH OF FRUITLAND 630 CLYDE AVE FRUITLAND, MD 21826	75-3044099	501(C)(3)	6,400.	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
THE Y IN CENTRAL MARYLAND 3510 ELDORADO AVE BALTIMORE, MD 21207	52-0591700	501(C)(3)	6,306.	0.			FOOD DISTRIBUTION
THE UNIVERSITY OF MARYLAND FOUNDATION, INC. - 4603 CALVERT RD - COLLEGE PARK, MD 20740	52-1125663	501(C)(3)	6,000.	0.			FOOD DISTRIBUTION
CHARLES COUNTY CHILDREN'S AID SOCIETY INC - 3000 HUNTINGTON CIR - WALDORF, MD 20602	52-0610536	501(C)(3)	5,881.	0.			FOOD DISTRIBUTION
VICTORY VILLA FUNDAMENTAL BAPTIST CHURCH - 75 CHANDELLE RD - MIDDLE RIVER, MD 21220	52-1669406	501(C)(3)	5,800.	0.			FOOD DISTRIBUTION
FRONTLINE OUTREACH MINISTRIES 6900 VIRGINIA MANOR RD BELTSVILLE, MD 20705	47-1395971	501(C)(3)	5,206.	0.			FOOD DISTRIBUTION
GLENEIG UMC 13900 BURNTWOODS RD GLENELG, MD 21737	52-0855974	501(C)(3)	5,206.	0.			FOOD DISTRIBUTION
COMMUNITY SERVICES FOUNDATION OF CECIL COUNTY, INC - 135 E HIGH ST - ELKTON, MD 21921	52-1795422	501(C)(3)	5,037.	0.			FOOD DISTRIBUTION

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

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

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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)	259,783.	58,500.	27,000.	14,906.	38,891.	399,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN ZAVOYNA CFO	(i)	144,621.	22,500.	28,800.	8,813.	32,460.	237,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARGARET KIMMEL COO	(i)	182,613.	31,000.	30,000.	9,669.	7,270.	260,552.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NEKEISIA BOOYER CHIEF PROGRAMS OFFICER THRU 01/24	(i)	158,199.	17,500.	19,912.	9,956.	23,335.	228,902.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELISE KRIKAU CHIEF PHILANTHROPY OFFICER	(i)	133,521.	17,500.	19,370.	7,622.	5,099.	183,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TIFFANY BANKS VP, FINANCE	(i)	109,013.	4,500.	22,215.	6,943.	14,903.	157,574.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JENNIFER SMALL SVP, NEIGHBORHOOD ENGAGEMENT	(i)	107,045.	3,500.	6,207.	6,207.	32,716.	155,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to 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 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Total \$

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

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
(1) TOM ALBERO	MEMBER OF BOARD OF	215,081.	WAREHOUSE E		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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 \$ 215,081.

(D) DESCRIPTION OF TRANSACTION: WAREHOUSE EQUIPMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

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	63	519,804.	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	31,321	49,971,429.	FEEDING AMERICA VALU
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (OTHER COMMODITI)	X	12	35,648.	FAIR MARKET VALUE
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?
 b If "Yes," describe the arrangement in Part II.
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 b If "Yes," describe in Part II.
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2023

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 for the latest information.

OMB No. 1545-0047

2023

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:

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. WE ALSO
RECOGNIZE THE NEED TO SOLVE THE HARDSHIPS THAT MAKE PEOPLE FOOD
INSECURE IN THE FIRST PLACE, OPENING UP PATHWAYS OUT OF FOOD INSECURITY
AND TOWARD GREATER RESILIENCY. BY WORKING IN CLOSE COLLABORATION WITH
PARTNERS, NEIGHBORS, AND SUPPORTERS, WE CONTINUE TO BE DELIBERATE,
INTENTIONAL, AND THOUGHTFUL AS WE REACH THOSE WHO NEED TO ACCESS
NUTRITIOUS FOOD, BUILD CAPACITY IN THE STATEWIDE FOOD ASSISTANCE
NETWORK, AND BUILD PATHWAYS OUT OF HUNGER FOR MORE MARYLANDERS.

FOOD ACCESS AND NUTRITION: CHARITABLE FOOD DISTRIBUTION REMAINS AT THE
HEART OF WHAT WE DO: OUR STATEWIDE NETWORK OF FOOD ASSISTANCE PARTNERS
WAS CRITICAL TO HELPING US KEEP FOOD FLOWING IN FY24. MADE UP OF
COMMUNITY- AND FAITH-BASED ORGANIZATIONS (FOOD 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. THEY KNOW THEIR COMMUNITIES BEST, AND IT'S BECAUSE OF THESE
ORGANIZATIONS THAT MFB CAN REACH SO MANY HUNGRY MARYLANDERS EFFICIENTLY
AND WITH COMPASSION. IN FY24, OUR PARTNERS HELPED MFB SUPPLY ENOUGH

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Name of the organization

THE MARYLAND FOOD BANK, INC.

Employer identification number

52-1135690

FOOD TO PROVIDE MORE THAN 43 MILLION MEALS, INCLUDING MORE THAN 14 MILLION POUNDS OF PRODUCE, IN THEIR LOCAL COMMUNITIES.

BUILDING CAPACITY: MFB IS PROUD TO HELP EXPAND THE CAPACITY OF OUR NETWORK PARTNERS AND OTHER MARYLAND NONPROFITS THAT ARE WORKING TO END HUNGER. THE FOOD BANK ALSO CONVENED MORE THAN 650 OF THESE COMMUNITY LEADERS AS PART OF 59 REGIONAL PARTNER GATHERINGS IN FY24 TO FOSTER COLLABORATION AT THE LOCAL LEVEL TO IMPROVE OVERALL FOOD ACCESS IN EACH AREA OF THE STATE. GUIDED BY THE EXPERTISE AND KNOWLEDGE OF OUR STAFF, AND OUR RESEARCH, MFB IS EFFECTIVELY DIRECTING GRANT FUNDING THROUGH THREE DISTINCT PROGRAMS. IN FY24, MFB AWARDED \$2 MILLION TO 129 COMMUNITY PARTNERS THROUGH VARIOUS GRANTS. THESE OPPORTUNITIES INCREASED THE CAPACITY OF COMMUNITY-BASED ORGANIZATIONS TO STORE AND TRANSPORT FRESH, NUTRITIOUS FOOD; EXTENDED THE EXISTING FOOD ASSISTANCE NETWORK DEEPER INTO "HUNGER HOTSPOTS"; AND FUNDED PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HUNGER, INCLUDING UNEMPLOYMENT, THE DIFFICULTY OF ACCESSING AFFORDABLE CHILD CARE, AND THE NEED TO STRENGTHEN COMMUNITY FOOD SYSTEMS TO PROVIDE BETTER ACCESS TO LOCALLY-PRODUCED HEALTHY FOOD.

THE FOOD BANK'S WORK TO EXPAND FEDERAL COMMODITIES AND CONTRACT GROWING PROGRAMS WAS ALSO CRITICAL TO OUR CONTINUED WORK IN BUILDING EQUITABLE FOOD ASSISTANCE SYSTEMS AND INCREASING THE NUTRITIONAL QUALITY OF OUR FOOD. THROUGH OUR GRANT-MAKING, ALONG WITH OTHER PROGRAMS, WE CONTINUED TO SUPPORT LOCAL PRODUCE PRODUCTION BY PARTNERING WITH DIVERSE FARMERS TO OFFER CULTURALLY APPROPRIATE PRODUCE. THE LOCAL FOOD PURCHASE ASSISTANCE COOPERATIVE AGREEMENT (LFPA) THAT BEGAN IN LATE FY23 AND CONTINUED THROUGH FY24 KEPT MORE NUTRITIOUS FOOD GROWN BY LOCAL

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

FARMERS, RANCHERS, AND WATERMEN HERE IN MARYLAND. MFB DISTRIBUTED OVER 3 MILLION POUNDS OF FRESH PRODUCE AND PROTEINS THROUGH THIS PROGRAM WITH NEARLY \$4 MILLION IN FUNDS.

SINCE 2017, MFB HAS FOCUSED ON INCREASING THE NUTRITIONAL CONTENT OF THE FOOD WE DISTRIBUTE, AND IS NOW DISBURSING THE MOST NUTRITIOUS, HEALTHIEST FOOD IN OUR 45-YEAR HISTORY, WITH 75% OF THE FOOD WE PURCHASED AND DISTRIBUTED CATEGORIZED AS HEALTHY AND NUTRITIOUS.

SIMULTANEOUSLY, MFB'S DEDICATED FOOD ASSISTANCE NETWORK AND STRONG SOURCING PARTNERSHIPS HELPED US CONTINUE TO MEET THE NEED IN FY24. PANTRY ON THE GO EVENTS WERE PARTICULARLY VALUABLE IN GETTING NUTRITIOUS FOOD AND FRESH PRODUCE DIRECTLY TO COMMUNITIES, WITH MFB DELIVERING 12 MILLION POUNDS OF FOOD TO 204 SITES FOR IMMEDIATE DISTRIBUTION. ALL TOLD, MFB PARTNERS HOSTED 2,075 PANTRY ON THE GO EVENTS IN FY24.

MFB'S THREE MOBILE MARKET'S VEHICLES ARE "CHOICE" GROCERY STORES ON WHEELS THAT BRING FRESH PRODUCE AND SHELF-STABLE FOODS INTO AREAS OF HIGH NEED THAT LACK BRICK-AND-MORTAR FACILITIES AND OTHER CONSISTENT RESOURCES, INCLUDING UNDERSERVED RURAL AREAS THAT LACK A GROCERY STORE WITHIN 30 MILES. THROUGH THIS PROGRAM'S 409 EVENTS IN FY234, 726,331 POUNDS OF FOOD WERE DISTRIBUTED IN A WAY THAT ALLOWS MOBILE MARKET VISITORS TO CHOOSE THE FOODS THEY WANT AND LIKE TO EAT. AT THE SAME TIME, MOBILE MARKET EVENTS OFFER WRAPAROUND SERVICES THROUGH PARTNERSHIPS WITH LOCAL HEALTH, EDUCATION, AND SOCIAL SERVICE AGENCIES. THE MOBILE MARKET'S HELP IMPROVE FOOD ACCESS, REDUCE STIGMA, AND PRESERVE DIGNITY.

Name of the organization

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TO ENSURE A STEADY STREAM OF FOOD REACHES CHILDREN IN NEED YEAR-ROUND, THE FOOD BANK CONTINUED WORKING WITH SCHOOL- AND COMMUNITY-BASED PARTNERS THROUGH 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 FY24, 188 SCHOOL PANTRIES FROM KINDERGARTEN THROUGH 12TH GRADE DISTRIBUTED MORE THAN 2.5 MILLION POUNDS OF FOOD. OUR SUPPER AND SUMMER CLUB PROGRAMS, MEANWHILE, PREPARED AND DISTRIBUTED MORE THAN 667,000 NUTRITIOUS MEALS TO CHILDREN AND THEIR FAMILIES IN FY24. MFB DISTRIBUTED AN ADDITIONAL 206,105 POUNDS OF FOOD TO 17 FACILITIES AS PART OF OUR HIGHER EDUCATION PROGRAM.

PATHWAYS OUT OF HUNGER: OUR FOODWORKS CULINARY TRAINING PROGRAM HAS PAVED THE WAY FOR INCREASED ECONOMIC MOBILITY FOR HUNDREDS OF MARYLANDERS. FOODWORKS TRAINS STUDENTS IN "LIFE SKILLS AND KNIFE SKILLS" IN TWO LOCATIONS: AT OUR FLAGSHIP LOCATION IN BALTIMORE COUNTY, AND THROUGH OUR PARTNERSHIP WITH WOR-WIC COMMUNITY COLLEGE IN SALISBURY. AFTER A CONSTRUCTION PROJECT IN FY23 ALLOWED US TO DOUBLE OUR CAPACITY TO SERVE CULINARY STUDENTS, 67 GRADUATES WERE ABLE TO DEVELOP THE SKILLS NEEDED TO ACHIEVE A REWARDING CAREER AND CULINARY SUCCESS IN FY24.

ANOTHER WAY WE'RE PROMOTING ECONOMIC MOBILITY FINANCIAL STABILITY IN THE LONG TERM IS BY HELPING MARYLANDERS ENROLL IN TRAINING PROGRAMS THAT LEAD TO GOOD-PAYING CAREERS IN INDUSTRIES SUCH AS IT, HEALTHCARE, AND CLEAN ENERGY AN INITIATIVE THAT BEGAN IN FY23. IN FY24, WE FOCUSED

Name of the organization

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ON DEEPENING PARTNERSHIPS WITH THREE ORGANIZATIONS THAT PROVIDE HOLISTIC WORKFORCE TRAINING AND SUPPORTIVE, WRAPAROUND SERVICES. IN TOTAL, 17 NEIGHBORS COMPLETED TRAINING IN FY24 AND RECEIVED A SUITE OF WRAPAROUND SERVICES, INCLUDING HOME-DELIVERED FOOD ASSISTANCE, A STIPEND, SUPPORT TO ENROLL IN SNAP AND OTHER PROGRAMS, AND CASE MANAGEMENT SUPPORT.

IN FY24, MFB CONTINUED OUR ORGANIZATIONAL LEARNING JOURNEY AROUND ISSUES OF DIVERSITY, EQUITY, AND INCLUSION RECOGNIZING THAT OUR FOOD SYSTEM HAS LONGSTANDING INEQUITIES. SOME PEOPLE AND COMMUNITIES HAVE EASY, REGULAR ACCESS TO HEALTHY FOOD THAT MEETS THEIR DIETARY REQUIREMENTS AND REFLECTS THEIR CULTURE, WHILE OTHERS FACE BARRIERS. WE ARE WORKING TO ADDRESS THIS ROOT CAUSE OF HUNGER BY WEAKENING THE OBSTACLES THAT FOOD-INSECURE NEIGHBORS GRAPPLE WITH, LISTENING TO OUR NEIGHBORS WITH LIVED EXPERIENCE OF HUNGER AND INCORPORATING THEIR PERSPECTIVES INTO OUR PROGRAMMING, AND ADVOCATING FOR ANTI-HUNGER POLICIES AT THE STATE AND FEDERAL LEVELS.

MFB'S COMMUNITY NAVIGATORS PROVIDES ANOTHER WAY FOR ASPIRING LEADERS TO GAIN SKILLS AND EARN AN INCOME, WHILE HELPING THEIR NEIGHBORS GAIN ACCESS TO AVAILABLE FEDERAL AND STATE BENEFITS, LIKE THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PROGRAM, HEALTH CARE, UTILITY ASSISTANCE, AND REFERRALS FOR COMMUNITY RESOURCES, SUCH AS HOUSING, CHILDCARE, AND PRO BONO LEGAL ASSISTANCE. FY24, MFB TRAINED 11 COMMUNITY NAVIGATORS TO GUIDE NEIGHBORS THROUGH FOOD BENEFITS ENROLLMENT.

(SEE ADDITIONAL INFORMATION BELOW ON PROGRAM ACCOMPLISHMENTS.)

Name of the organization THE MARYLAND FOOD BANK, INC.	Employer identification number 52-1135690
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PART 111, LINE 4A

WITH 45 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 FY24, MFB SUCCESSFULLY ADVOCATED FOR SEVERAL BILLS THAT HELP CONNECT FOOD-INSECURE MARYLANDERS WITH FOOD ASSISTANCE. THESE INCLUDED A BILL THAT EXPANDED ACCESSIBILITY FOR ELEMENTARY SCHOOLS TO SERVE FREE MEALS AND A BILL INCREASING THE MARYLAND STATE SUPPLEMENT FOR SNAP AND REDUCING THE AGE THRESHOLD FOR RECIPIENTS FROM 62 TO 60. MFB ALSO SUPPORTED THE CREATION OF THE ENOUGH ACT GRANT PROGRAM, WHICH WILL AWARD \$15 MILLION TO LOCAL GOVERNMENT AND NONPROFIT ORGANIZATIONS TO ADDRESS AND COMBAT POVERTY AT ITS SOURCES.

AS PART OF MFB'S SPEAKERS BUREAU, WHICH LAUNCHED IN FY23, THE FOOD BANK LEVERAGES INSIGHTS FROM NEIGHBORS WITH LIVED EXPERIENCE WHO SHARE THEIR PERSONAL STORIES OF FOOD INSECURITY TO THE PEOPLE WHO HAVE THE POWER TO BRING ABOUT CHANGE. IN THE SECOND YEAR OF THE PROGRAM, 17 MEMBERS OF THE SPEAKERS BUREAU SPOKE ABOUT THEIR LIVED EXPERIENCE WITH FOOD INSECURITY AT 20 ENGAGEMENT EVENTS.

DATA-INFORMED: WHILE FOOD INSECURITY AFFECTS COMMUNITIES ACROSS THE STATE, HUNGER AND ITS CAUSES MAY LOOK DIFFERENT AND MFB BELIEVES THAT TO END HUNGER, WE MUST LISTEN TO OUR COMMUNITIES AND ACT IN PARTNERSHIP TO ADDRESS THEIR SPECIFIC NEEDS. MFB'S MARYLAND HUNGER MAP GIVES US A MORE ACCURATE PICTURE OF WHAT HUNGER LOOKS LIKE IN EACH COMMUNITY IN

Name of the organization

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OUR STATE. USING THE DATA IN THE HUNGER MAP, MFB CAN COMPARE OUR EXISTING PRESENCE AND IMPACT WITH PLACES WHERE THERE IS UNMET NEED AND THEN DEVELOP TOOLS AND RESOURCES TO DETERMINE STRATEGIES THAT ARE THE BEST FIT TO SUPPORT NEIGHBORS.

IN FY24, MFB EMBARKED ON A TRANSFORMATIVE PROJECT TO MAKE OUR TECHNOLOGY AND DATA SYSTEMS MORE EFFICIENT, ACCURATE, INFORMATIVE, AND CONNECTED. LAUNCHING IN FEBRUARY 2025, THE PROJECT WILL MEAN WE CAN PROVIDE BETTER SERVICE TO OUR COMMUNITY PARTNERS THROUGH A NEW ONLINE ORDERING PLATFORM, AUTOMATE TASKS ACROSS OUR OPERATIONS AND FINANCE TEAMS, AND ALLOW MFB TO GLEAN INSIGHTS THAT WILL FURTHER EMPOWER OUR DATA-DRIVEN, COMMUNITY-SPECIFIC APPROACH.

* * *

AT THE MARYLAND FOOD BANK, OUR GOAL IS TO PAIR OUR 45 YEARS OF EXPERIENCE WITH FOOD ASSISTANCE, OUR POWERFUL PARTNERSHIPS WITH ORGANIZATIONS ACROSS THE STATE, AND NEW DATA-DRIVEN INSIGHTS TO MOVE TOWARDS OUR ULTIMATE GOAL: TO END HUNGER. WE CONTINUE TO SEEK NEW TOOLS AND APPROACHES TO BE DELIBERATE, INTENTIONAL, AND THOUGHTFUL ABOUT OUR WORK AND OUR MISSION, ROOTED IN AN UNDERSTANDING OF HOW EQUITY CONTINUES TO SHAPE OUR FOOD SYSTEM.

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.

Name of the organization

THE MARYLAND FOOD BANK, INC.

Employer identification number

52-1135690

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:

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, AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, ME, MI, MN, MS, NH, NJ, NM, NC, ND, NY
NV, OH, OK, OR, PA, RI, SC, TN, UT, WI, WA, 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

