# Form **990**

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2018

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

Α	For the	2018 calend	lar year, or ta	ax year begin	ning	07-01	L , 2018, and en	ding	06-	·30 , <b>20</b> 19
В	Check if a	applicable:	C Name of org	anization ANNE	ARUNDEL COUNTY	FOOD BANK,	INC.		D	Employer identification no.
	Address o	change	Doing busine	ess as						52-1660473
	Name cha	ange	Number and	street (or P.O. bo	x if mail is not delivered to stree	t address)		Room/suite	E	Telephone number
	Initial retu	ırn	ро вох	650						(410)923-4255
	Final retu	rn/terminated	City or town,	, state or province,	country, and ZIP or foreign pos	tal code			G	Gross receipts
	Amended	return	CROWNS	VILLE, M	21032					\$ 3,390,569
	Applicatio	n pending	F Name and a	ddress of principa	officer: JJ FEGAN			H(a) Is this a group	return for	subordinates? Yes X No
			SAME A	AS C ABOV	3			H(b) Are all subo	rdinates	included? Yes No
ı	Tax-exem	npt status:	501(c)(3)	501(c) (	) ◀ (insert no.) 494	47(a)(1) or 52	7	If "No,"	attach a	list. (see instructions)
J	Website:		.AAFOODB	ANK.ORG				H(c) Group exe	mption n	number ►
K	Form of o	rganization: X	Corporation	Trust Ass	ociation Other ►	L	Year of formation: 19	989 M State	of legal	domicile: MD
Pa	art I	Summar	'n							
	1	Briefly descr	ribe the organ	nization's miss	ion or most significant ac	ctivities: THE 1	MISSION OF T	HE ANNE AR	UNDE	L COUNTY FOOD
		BANK IS	TO FIGHT	HUNGER E	Y ASSURING THAT	ALL THOSE I	N NEED, INC	LUDING CHI	LDRE	N AND THE
Governance		ELDERLY,	HAVE AC	CESS TO F	OOD. OTHER PURP	OSES INCLUDE	COLLECTING	DATA ON H	JNGE	R, DEVELOPING
rna		AND EXPA	NDING NE	W SOURCES	OF (CONTINUED	SCHEDULE O)				
Š	2	Check this b	ox ▶ ☐ if th	e organizatior	discontinued its operation	ons or disposed of	more than 25% o	f its net assets.		
Ŏ	3	Number of v	oting membe	ers of the gove	rning body (Part VI, line	1a)			3	13
ς. S	4	Number of in	ndependent v	oting member	s of the governing body	(Part VI, line 1b)			4	13
Activities &	5	Total numbe	er of individua	ls employed ir	calendar year 2018 (Pa	art V, line 2a) .			5	8
	6	Total numbe	er of volunteer	s (estimate if	necessary)				6	1,000
⋖	7a	Total unrelate	ted business	revenue from	Part VIII, column (C), line	e 12			7a	0
	b	Net unrelate	ed business ta	axable income	from Form 990-T, line 3	8			7b	0
								Prior Year		Current Year
	8	Contributions	s and grants (	(Part VIII, line	1h)			3,011	,677	3,387,398
e	9		_		e 2g)					0
Revenue	10	Investment in	ncome (Part \	VIII, column (A	A), lines 3, 4, and 7d) .				5	1,426
	11				nes 5, 6d, 8c, 9c, 10c, and			1	,364	
	12				must equal Part VIII, colu		_	3,013		
	13				X, column (A), lines 1-3)			2,729		
	14	Benefits paid to or for members (Part IX, column (A), line 4)								0
	15	•	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)							239,990
Expenses	16a	•	•		column (A), line 11e) .	, , ,			<b>,</b> 550	0
en en	b		•	•			37,914			
Ä	17				nes 11a-11d, 11f-24e)			229	,654	211,267
	18	Total expens	ses. Add line	s 13-17 (must	equal Part IX, column (A	A). line 25)		3,219		•
		•		•	18 from line 12	, ,	<del>-</del>	(206		
			-					Seginning of Current		End of Year
ets (	<u>E</u> 20	Total assets	(Part X, line	16)				717	,648	1,117,038
Net Assets or	21	Total liabilitie	es (Part X, lin	ne 26)					,577	
Š	E 22	Net assets of	or fund baland	ces. Subtract	line 21 from line 20				,071	
Pa	art II	Signatu	re Block						-	
					rn, including accompanying scho			nowledge and belief, i	tis	
true	e, correct, a	and complete. De	claration of prepa	arer (other than off	icer) is based on all information	of which preparer has a	ny knowledge.			
		SUSA	N THOMAS							
Sig	gn	Signatur	re of officer						Date	
He	re	SUSA	N THOMAS	, EXECUTI	VE DIRECTOR					
			print name and ti	-						
		Print/Type pre	eparer's name		Preparer's signature		Date	Check	if P	TIN
Ра	id	Amanda	Ragula					self-employe	ed	P01272970
	eparer			Alta CPA	Group	1		Firm's EIN ▶		
	e Only		is ►		lin St 2nd Floo	r		Phone no.		
	•				s MD 21401				10-3	49-5101
May	v the IRS	S discuss this	retum with th		own above? (see instruc	ctions)				🏻 Yes 🗆 No

52-1660473

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3.5
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			3.5
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		37
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		37
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			v
•	$\cdot$	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	Э		Λ
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Λ
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
u	complete Schedule D, Part VI	11a	Х	
b		114	21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule.E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		X

Checklist of Required Schedules (continued) Part IV

			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? If "Yes," complete Schedule I, Parts I and III	22	Χ	
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? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			7.7
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201-		v
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes." complete Schedule L. Part IV	28c		Х
20	, ,	29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Λ	<u> </u>
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	0.		21
02	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			21
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V			4
4.	Establis number consisted in Day 2 of Form 4000 February 2 West and February		Yes	No
1a 	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	Х	
	reportable gaming (gambling) winnings to prize winners?	1c	Λ	ш

Part V

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

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

Sec	tion 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 in Schedule O	9		Χ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
0	organization's exempt status with respect to such arrangements?	16b		X
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   Maryland  Section 6404 required on a great instant a make its Forms 4000 (4004 and 4004 A if annihilation to make its Forms 4000 (4004 A if annihilation to make its Forms 4000 (4004 A if annihilation to make its Forms 4000 (4004 A if annihilation to make its Forms 4000 (4004 A if annihilation to make its Forms 4000 (4004 A if annihilation to make its Forms 4000 (4004 A if annihilation to make its Forms 4000 (4004 A if annihilation to make its Forms 4000 (4004 A if annihilation to make its Forms 4000 (4004 A			
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.			
40	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
00	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:			
	SUSAN THOMAS (410)923-4255, PO BOX 650, CROWNSVILLE, MD 21032			

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

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

- Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

				(	(C)					
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos eck m s per	sition ore the	nan one s both an /trustee)		(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JJ FEGAN	1.00									
CHAIR		X		Х					0	0
(2) RICHARD DOBRY	1.00									
DIRECTOR		X							0	0
(3) PAM HARRISON	1.00									-
SECRETARY		X		X					0	0
(4) TODD FURR	1.00									_
TREASURER		Х		X					0	0
(5) DEBORAH LAGGINI	1.00									
DIRECTOR		X						(	0	0
(6) ALMA CROPPER	1.00									
DIRECTOR		Х							0	0
(7) BAPPA PAL	1.00									
CO-CHAIR		X		Χ					0	0
(8) DAN MELLIN	1.00									
DIRECTOR		X							0	0
(9) JOHN LEOPOLD	1.00									
DIRECTOR		Х						(	0	0
(10)KATHERINE M O'DONOVAN	1.00									
DIRECTOR		Х						(	0	0
(11)MARY A BURKHOLDER	1.00									
DIRECTOR		Х						(	0	0
(12)BRIAN DAGUE	1.00									
DIRECTOR		Х							0	0
(13)MARK D HARTZELL	1.00_									
DIRECTOR		Х							0	0
(14)SUSAN_THOMAS_	40.00									
EXECUTIVE DIRECTOR				Χ				65,46	5 0	10,488 Form <b>990</b> (2018)

Form 990 (2018)

ANNE ARUNDEL COUNTY FOOD BANK, INC. 52-1660473

(16) (17) (18) (19) (20) (21) (22) (23) (24)		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)		pensation	
(16) (17) (18) (19) (20) (21) (22) (23) (24)							npensated		(W-2/1099-MISC)	(W-21033-MIGG)	orç ar	rom the ganization ad related anizations	
(17) (18) (19) (20) (21) (22) (23) (24)													
(18) (19) (20) (21) (22) (23) (24)													
(20) (21) (22) (23) (24)													
(20) (21) (22) (23) (24)													
(21) (22) (23) (24)													
(22) (23) (24) (25)													
(23) (24) (25)													
(24)													
(25)													
(25)													
c Tot	-total	nA						<b>&gt;</b>	65,466	0		10,48	  88
2 Tota	al number of individuals (including but not limited											10,10	<u> </u>
rep	ortable compensation from the organization									0		Yes I	No
	the organization list any <b>former</b> officer, directo		-		-		-		•		_		7.7
	ployee on line 1a? If "Yes," complete Schedule any individual listed on line 1a, is the sum of rep										3		<u>X</u> _
orga	anization and related organizations greater than	n \$150,000?	If "Yes	s," cc									
	vidual				nrols	· · ·	organ	· · ·	or individual		4		X
	services rendered to the organization? If "Yes,"			-			-				5		Χ
	3. Independent Contractors												
	nplete this table for your five highest compensate opensation from the organization. Report comper r.												
	(A) Name and business address								(B) Description of s	ervices		(C) pensation	
<b>2</b> Tota	al number of independent contractors (including	ht m = t 1' ''	ال مقام						1				

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or no	te to any line in thi	s Part VIII			
					(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
(0, (0	1a	Federated campaigns	1a	1,978				
Contributions, Gifts, Grants and Other Similar Amounts	b	' "	1b	_,				
ع ق	C	- · · · · · · · · · · · · · · · · · · ·	1c					
ifts, Ir A	d		1d					
<u>∃</u> .6	e	•	1e	138,200				
Sii	f	All other contributions, gifts, grants,	16	130,200				
buti the	'		4.5	2 247 220				
d d			1f	3,247,220				
පු පි	g	Noncash contributions included in lines 1a-1		2,630,890	2 207 200			
	h	Total. Add lines 1a-1f	• •		3,387,398			
Φ	_		-	Business Code				
/eun	2a							
Re	b							
vice	С							
Ser	d		_					
Program Service Revenue	е							
Prog		All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, interest						
		and other similar amounts)		1	1,426			1,426
	4	Income from investment of tax-exempt bond p	roce	eds►				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
		Gross amount from sales of (i) Securities		(ii) Other				
		assets other than inventory						
	h	Less: cost or other basis						
	~	and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ē		Gross income from fundraising	[					
enne		events (not including \$						
ě		of contributions reported on line 1c).	-					
Other Rev		See Part IV, line 18	a					
돌	h	Less: direct expenses						
	l	Net income or (loss) from fundraising events						
		Gross income from gaming activities.	. [					
	Ju	See Part IV, line 19	a					
	h	Less: direct expenses	t					
		Net income or (loss) from gaming activities						
			[					
	10a	Gross sales of inventory, less returns and allowances						
			H					
		Less: cost of goods sold						
	C	Net income or (loss) from sales of inventory	• •					
	4.0	Miscellaneous Revenue		Business Code				
		MISCELLANEOUS REVENUE		900099	1,745	1,745		
	b		_					
	С							
		All other revenue						
		Total. Add lines 11a-11d			1,745			
	12	<b>Total revenue.</b> See instructions		▶	3,390,569	1,745	C	1,426

#### 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 (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 . . . . 2,542,285 2,542,285 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ..... Compensation of current officers, directors, 7<u>,</u>476 11,323 75,415 56,616 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 7 141,270 105,952 21,191 14,127 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 3,984 2,851 680 453 10 19,321 14,491 2,898 1,932 11 Fees for services (non-employees): b Legal...... 14,450 14,450 d Professional fundraising services. See Part IV, line 17 . Investment management fees ....... f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 13 33,384 25,120 4,914 3,350 14 15 16 27,708 3<u>,</u>694 94,621 63,219 17 7,996 10,661 1,599 1,066 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization . . . . . . 32,585 24,438 4,888 3,259 23 Insurance ........ 25,566 19,174 3,835 2,557 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а b C d е All other expenses Total functional expenses. Add lines 1 through 24e 25 2,993,542 2,826,631 128,997 37,914 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ∐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	142,812	1	168,290
	2	Savings and temporary cash investments	38,311	2	310,237
	3	Pledges and grants receivable, net		3	2,757
	4	Accounts receivable, net	•	4	•
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	474,003	8	586,964
Ass	9	Prepaid expenses and deferred charges	1,590	9	2,595
	10a	Land, buildings, and equipment: cost or	1,330		27333
	100	other basis. Complete Part VI of Schedule D 10a 312,400			
	b	Less: accumulated depreciation 10b 266,205	59,706	10c	46,195
	11	Investments - publicly traded securities	39,700	11	40,193
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	· · · · · · · · · · · · · · · · · · ·	717 640	16	1 117 020
		Total assets. Add lines 1 through 15 (must equal line 34)	717,648		1,117,038
	17	Grants payable	6,577	17	8,940
	18	· · ·		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
bili		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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			
	00	of Schedule D		25	0.040
	26	Total liabilities. Add lines 17 through 25	6,577	26	8,940
		Organizations that follow SFAS 117 (ASC 958), check here ► 🗓 and			
ses	07	complete lines 27 through 29, and lines 33 and 34.	<b>711</b> 0 <b>71</b>	27	040 616
lano	27	Unrestricted net assets	711,071	27	942,616
Bal	28	Temporarily restricted net assets		28	165,482
pur	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here			
S O		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	711,071	33	1,108,098
	34	Total liabilities and net assets/fund balances	717,648	34	1,117,038

Pa	rt 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	3	,390,	569
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,993,	542
3	Revenue less expenses. Subtract line 2 from line 1	3		397,	027
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		711,	071
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	,108,	098
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			. <u></u>	. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2t	X	
	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:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		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 in Schedule O and describe any steps taken to undergo such audits	<u></u> .	3b		
EA			For	m <b>990</b> (	(2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

2018 Open to Public

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Open to Public Inspection

ANN	IE A	RUNDEL COUNTY FOOD BANK,	INC.				52-16604	.73
	rt I	Reason for Public Charity		ganizations must co	omplete	this part		
The	orga	nization is not a private foundation bec	•			-	,	
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).		
2		A school described in section 170(b	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)		
3		A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	)(iii).		
4		A medical research organization ope	rated in conjunction	n with a hospital describ	ed in <b>sect</b> i	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a g	overnmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental u	nit described in <b>section</b>	170(b)(1)(	(A)(v).		
7	X	An organization that normally receive	s a substantial part	of its support from a gov	ernmental/	unit or from	m the general public	
		described in section 170(b)(1)(A)(vi	). (Complete Part II	l.)				
8		A community trust described in secti	on 170(b)(1)(A)(vi	). (Complete Part II.)				
9		An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant col	lege
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, cit	y, and stat	e of the college or	
	_	university:						
10	Ш	An organization that normally receive	• •	• • • • • • • • • • • • • • • • • • • •				SS
		receipts from activities related to its e	•	•	,	•		
		support from gross investment income		,		,	rom businesses	
		acquired by the organization after Ju	•	• • • • • • • • • • • • • • • • • • • •	•	,		
11	님	An organization organized and opera	•	•				
12	Ш	An organization organized and operat	•	·				
		of one or more publicly supported org	-	` , , ,		` ' ' '	•	~ /
		Check the box in lines 12a through 12				•		-
	а	Type I. A supporting organization		•		-		ving
		the supported organization(s) the			ity of the d	illectors or	trustees of the	
	h	supporting organization. You mu	•		ith ita ayan	orted orac	nization(a) by bayin	
	b	Type II. A supporting organization control or management of the supporting organization.	•			_	. , ,	-
		organization(s). You must comp		•	isons that t	JOHN OF T	nanage the supporte	u
	С	Type III functionally integrated			nection w	ith and fuu	nctionally integrated	with
	Ū	its supported organization(s) (see		·				WILLI,
	d	Type III non-functionally integr	*	•				tion(s)
		that is not functionally integrated.		, ,				` '
		requirement (see instructions). Y	o o			•		
	е	☐ Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III	
		functionally integrated, or Type III	non-functionally in	tegrated supporting orga	anization.			
	f	Enter the number of supported organ	izations					
	g	Provide the following information about	ut the supported or	ganization(s).	1			I
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
<b></b>								
(D)								
(E)								
Tota	l							

52-1660473

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) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,349,031 1,669,783 3,225,378 3,013,041 3,387,398 13,644,631 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . . . . 150,000 150,000 150,000 150,000 150,000 750,000 Total. Add lines 1 through 3..... 1,819,783 2,499,031 3,375,378 3,163,041 3,537,398 14,394,631 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) ..... 176,638 Public support. Subtract line 5 from line 4 . . 14,217,993 **Section B. Total Support** Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1,819,783 2,499,031 3,163,041 Amounts from line 4 . . . . . . . . . . . . 3,375,378 3,537,398 14,394,631 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 182 149 7,987 1,426 similar sources . . . . . . . . . . . . . . . . 9,749 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.) . . . . . . . . . . . 1,364 1,745 3,109 **Total support.** Add lines 7 through 10 . 11 14,407,489 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 98.68 % 15 98.63 % 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this X 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2018. 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 b 10%-facts-and-circumstances test - 2017. 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 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

## 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here.						▶ □
Se	ction C. Computation of Public Sup	•					
15	Public support percentage for 2018 (line 8, co						%
16	Public support percentage from 2017 Schedul					16	%
	ction D. Computation of Investmen						
17	Investment income percentage for 2018 (line						%
18	Investment income percentage from 2017 Sc	·					%
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and <b>stop here.</b>	eck the box on line The organization q	14, and line 15 is i ualifies as a public	more than 33 1/3% ly supported orgar	s, and line nization	▶ □
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ □

Part IV Supporting

#### **Supporting Organizations**

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

Section A.	ΑII	Supporting	<b>Organizations</b>
------------	-----	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- 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? If "Yes," provide detail in **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **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)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		163	140
	1		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
•	Ja		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	100		
	10a		
	10b		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above?			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> . ion B. Type I Supporting Organizations	11c		
000	ion B. Type I dupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			-110
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ion 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)? 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).	1		
Sec	ion 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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	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? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 ins	truct	ions)	
а	☐ The organization satisfied the Activities Test. Complete line 2 below.		-	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (s	ee in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0,		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŋ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in Part VI the role played by the organization in this regard.</i>	3b		
	or no supported organizations: it is too, accombe in <b>Fair Vi</b> the role played by the organization in this regard.	S		

**Current Year** 

Schedule A (Form 990 or 990-EZ) 2018

e Discount claimed for blockage or other factors (explain in detail in Part VI):

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

Subtract line 2 from line 1d.

Multiply line 5 by .035.

Section C - Distributable Amount

Enter 85% of line 1.

see instructions).

5

6 7

8

EEA

2 Acquisition indebtedness applicable to non-exempt-use assets

Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,

Sched	dule A (Form 990 or 990-EZ) 2018 ANNE ARUNDEL COUNTY FOOD BANK, INC.		52-160	<b>60473</b> Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust o	n Nov. 20, 1970 (expla	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting or	ganizations	must complete Section	ons A through E.
Sec	etion 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			
CO	ollection of gross income or for management, conservation, or			
m	aintenance 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		

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			
em	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in	nteg	rated Type III supporting	organization (see
	instructions).			

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1 2

3

Par	t V Type III Non-Functionally Integrated 509(a)(3	•	zations (continued)	70-175 rage 1
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is respons	sive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
-	Section D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
Ū	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
O	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
_				
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
С	Excess from 2016			

d Excess from 2017e Excess from 2018

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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# SCHEDULE D (Form 990)

# **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.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2018

Open to Public Inspection

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds (b) Funds and other accounts.  Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	Name of	he organization	Employer identification number
Part II	ANNE	ARUNDEL COUNTY FOOD BANK, INC.	52-1660473
Total number at end of year			ts.
Total number at end of year		Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
1 Total number at end of year			(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 3 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization property, subject to the organizations exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part III   Conservation Easements.   Conservation easements held by the organization (check all that apply).   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Preservation of land for public use (e.g., recreation or education)   Preservation of a certified historic structure   Preservation of pen space   Complete lift the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   Red at the End assert to the last day of the tax year.   Red at the End assert to the last day of the tax year.   Red at the End assert to the last day of the tax year.   Red at the End assert to the last day of the tax year.   Red at the End assert to the last day of the tax year.   Red at the End assert to the last day of the tax year.   Red at the End assert to the last day of the tax year   Preservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   2d   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Preservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Preservation easements modified, transferred, released, extinguished, or terminated by the organization during the year   Preservation easements modified, transferred, relea	1 T	otal number at end of year	
3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection or hardral habitat.  Preservation of pen space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on the last day of the tax year.  Total number of conservation easements is easements on a certified historic structure included in (a)  A total acreage restricted by conservation easements  Number of conservation easements included in (c) acquired after 7725/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of conservation easements in thicks?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcening conservation easements to the conservation easements in thicks?  Staff and volunteer hours devoted to monitoring, inspecting,			
4 Aggregate value at end of year .			
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's properly subject to the organization's control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  **Part II**  **Conservation**  **Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (e.g., recreation or education)			
tunds are the organization's property, subject to the organization's exclusive legal control?    Did the organization inform all grantees, donors, and donor advisors, or for any other purpose conterring impermissible private benefit?    Part II			
6 bill the organization inform all grantless, donors, and donor advisors in writing that grant funds can be used only for charible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Conservation Easements		· · · · · · · · · · · · · · · · · · ·	
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose contenting impermissible private benefit?    Part II			
Part II   Conservation Easements.			
Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat  Protection of natural habitat  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (c) acquired after 7725/06, and not on a historic structure lisled in the National Register  Number of conservation easements included in (c) acquired after 7725/06, and not on a historic structure lisled in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where properly subject to conservation easement is located  Number of states where properly subject to conservation easements in holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year shall be accompanized to the conservation easements in holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year shall be accompanized to the conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the fotnotote to the organization's financial statements that describes the organizations accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization nanswered "Yes" on Form 990, Part IV, line 8.  In			
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   Held at the End assement on the last day of the tax year.   All the End assement on the last day of the tax year.   Held at the End assement on the last day of the tax year.   All the End assements or a certified historic structure included in (a)   2c    1 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   2d    3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   P    4 Number of states where property subject to conservation easement is located   Des the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?    5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   S    2 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   S    3 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?    3 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and belance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's financial statements that descr			
Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easements is located  Number of states where property subject to conservation easements in bodding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  * \$  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  * \$  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  * \$  Does the organization expenses incurred on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(iii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the fornote to the organization's financial statements that describes the organization's accounting for conservation easements.  If the organization elected, as permitted under SFAS 116 (AS			
Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easements in loda?  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  \$\begin{align*} \begin{align*}	1 P	· · · · · · · · · · · · · · · · · · ·	
Protection of natural habitat	·		important land area
Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii) a		,	•
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easement is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  - \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar a			sione structure
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TOTOTICE INDICATE OF THE OTHER PROPERTY OF THE PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY			<b>▶</b> \$
b Assets included in Form 990. Part X			

	organizations Maintaining Colle		•				sets (co	ntinue	<i>(a)</i>
3	Using the organization's acquisition, accession, and o	other records, ch	eck any of the	following that are a	a significa	ant use of its			
	collection items (check all that apply):	. 🗆 .							
а	Public exhibition		or exchange	programs					
b	Scholarly research	e U Othe	er						
С	Preservation for future generations								
4	Provide a description of the organization's collections	s and explain how	w they further	the organization's e	exempt p	urpose in Part			
_	XIII.								
5	During the year, did the organization solicit or receive							г	٦
Da	assets to be sold to raise funds rather than to be ma		of the organiza	ation's collection?			🗆	Yes	No
Pa	rt IV Escrow and Custodial Arrangem		. Farm 000	Dort IV line 0	05 500	artad an amai	ınt on F	0 500	
	Complete if the organization answers 990, Part X, line 21.	ereu res or	1 FOIIII 990	, Fait IV, line 9	, or rep	orteu ari arriot	IIIL OII F	OIIII	
	, ,				-1				
1a	Is the organization an agent, trustee, custodian or oth							v [	٦
	·			• • • • • • • • •	• • • •		· · □	Yes	_ No
b	If "Yes," explain the arrangement in Part XIII and cor	npiete the followi	ng table:			Λ			
_	Designing helenes				4-		nount		
C	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance						П	Vac	No
2a b	If "Yes," explain the arrangement in Part XIII. Check				-				_ NO
_	rt V Endowment Funds.	пете п тпе ехра	iation has bee	n provided on Fait	<u> </u>		<u></u>	• • • [	
ı a	Complete if the organization answer	ared "Ves" on	Form 990	Part IV line 1	Λ				
	,	) Current year	(b) Prior ye			(d) Three years back	(a) For	ur years b	
1a	Beginning of year balance	) Current year	(b) Filol ye	ai (c) i wo year	5 Dack	(u) Tillee years back	(6) 100	ii years b	ack
b	Contributions								
C	Net investment earnings, gains, and								
·	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
·	programs								
f	Administrative expenses								
g g	End of year balance								
2	Provide the estimated percentage of the current year	end balance (lin	e 1a column	(a)) held as:					
- a	Board designated or quasi-endowment	%	0 19,00141111	(4)) 11014 40.					
b	Permanent endowment ► %								
C	Temporarily restricted endowment ▶	%							
_	The percentages on lines 2a, 2b, and 2c should equa	<del></del>							
3a	Are there endowment funds not in the possession of		that are held	and administered for	or the				
	organization by:	<b>. .</b>						Yes	No
	<b>(1)</b>						. 3a(i)		
	**************************************						. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations lis	sted as required	on Schedule I	₹?			. 3b		
4	Describe in Part XIII the intended uses of the organization	•							
Pa	rt VI Land, Buildings, and Equipment								
	Complete if the organization answer		Form 990	. Part IV. line 1	1a. See	e Form 990. Pa	art X. lin	e 10.	
	Description of property	(a) Cost or othe		) Cost or other basis		Accumulated		ok value	
		(investme	'	(other)		epreciation	(-,/		
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment			312,400		266,205		46,1	 195
e	Other					,		<b>, -</b>	
_	I. Add lines 1a through 1e. (Column (d) must equal F		(, column (B),	line 10c.)				46,1	 195

Part VII	Investments - Other Securities.	_	
	Complete if the organization answere	d "Yes" on Form 990, Pa	art 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-h	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
	b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
7 000 7 111		d "Yes" on Form 990, Pa	art IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Decomplian of information	(a) Book raids	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	d "Vee" on Form 000 Pr	art IV, line 11d. See Form 990, Part X, line 15.
	Complete if the organization answere		(b) Book value
	(a)	Description	(b) Book value
(1)	(a) [	Description	
(1) (2)	(a) [	Description	
(2)	(a) [	Description	
(2) (3)	(a) [	Description	
(2) (3) (4)	(a) [	Description	
(2) (3)	(a) [	Description	
(2) (3) (4) (5)	(a) [	Description	
(2) (3) (4) (5) (6)	(a) [	Pescription	
(2) (3) (4) (5) (6) (7)	(a) [	Description	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	mn (b) must equal Form 990, Part X, col. (B) line 1		
(2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities.	5.)	,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities.	5.)	art IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	nn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answere	5.)	,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answere line 25.	5.)	,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	5.)	,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	5.)	,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colur Part X   1. (1) Federal (2) (3) (4)	mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	5.)	,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columer X)  1. (1) Federal (2) (3) (4) (5)	mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	5.)	,
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X)  1. (1) Federal (2) (3) (4) (5) (6)	mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	5.)	,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnor Part X)  1. (1) Federal (2) (3) (4) (5) (6) (7)	mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	5.)	,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colume Part X)  1. (1) Federal (2) (3) (4) (5) (6)	mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	5.)	,

Par	t XI Reconciliation of Revenue per Audited Financial Stateme			Return	•
	Complete if the organization answered "Yes" on Form 990, P	art I\	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements $\dots$			1	3,540,569
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ı	ı		
а	Net unrealized gains (losses) on investments	2a	150,000	-	
b	Donated services and use of facilities	2b		-	
С	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	150,000
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,390,569
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	_4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,390,569
Par	Reconciliation of Expenses per Audited Financial Stater			er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, F				
1	Total expenses and losses per audited financial statements			1	3,143,542
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 -	I		
а	Donated services and use of facilities	2a	150,000	-	
b	Prior year adjustments	2b		-	
C	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	150,000
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,993,542
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	_4b		4.	
	Add lines 4a and 4b			4c 5	0.003.540
5 Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	• • •		5	2,993,542
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	oo 1h	and the Part V. line 4: Par	rt V lino	
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			I I A, III I E	
2, i a	in Ai, lines 20 and 40, and 1 an Air, lines 20 and 40. Also complete this part to provide any	additic	mai imormation.		
01	Footnote for uncertain tax position under	RT1	N 48 (Dart Y	)	
<u> </u>	roothote for uncertain can position under		10 (1416 21	,	
тнг	ORGANIZATION IS A NONPROFIT CORPORATION WHOSE REVENUE IS	DEB	TVED FROM CONTRI	BUTTON	ıs
	ORGINIZATION IS IT NOMEROLIT CONTOURIES WHOSE REVENUE IS	DLIK	IVED INON CONTRI	DOTION	
AND	OTHER FUNDRAISING ACTIVITIES AND IS NOT SUBJECT TO FEDER.	AL O	R STATE INCOME T	'AXES.	THE
	OTHER TONDICATION NOTICE THE PROPERTY OF THE P	0	1 511112 11(00112 1		
ORG	ANIZATION IS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERN.	AL R	EVENUE CODE.		
THE	ORGANIZATION'S INFORMATIONAL RETURN FILINGS ARE SUBJECT	TO A	UDIT BY THE INTE	RNAL	
REVI	ENUE SERVICE, GENERALLY FOR THREE YEARS AFTER FILING.				
	·				
			·		

EEA Schedule D (Form 990) 2018

## **SCHEDULE I** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

# 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

2018

Open to Public Inspection

Employer identification number

NNE	ARUNDEL COUNTY FOOD BANK,	INC.					52-1660473	
Part	I General Information on	<b>Grants and Assist</b>	ance					
1 [	Does the organization maintain records to	o substantiate the amoun	t of the grants or assis	stance, the grantees' el	igibility for the grants or	assistance, and		
t	the selection criteria used to award the g	rants or assistance? .						. 🛛 Yes 🗌 No
2 [	Describe in Part IV the organization's pro	ocedures for monitoring t	he use of grant funds i	n the United States.				
Part					nts. Complete if the c	organization answered	"Yes" on Form 990	),
	Part IV, line 21, for any recip	ient that received mo	re than \$5,000. Par	t II can be duplicate	d if additional space	is needed.		
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
	Enter total number of section 501(c)(3) a	-	ions listed in the line 1	table	<u> </u> • • • • • • • • • • • • • • • • • • •		· · · · · · •	

Part III Grants and Other Assistance to D Part III can be duplicated if additiona		•	e organization ansv	wered "Yes" on Form 99	0, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FOOD AND SUPPLIES	162,000			FMV	FOOD AND SUPPLIES
_ 2					
3					
4					
_ 5					
6					
7					
Part IV Supplemental Information. Provide	the information r	equired in Part I, lir	ne 2; Part III, colum	n (b); and any other add	ditional information.
01. Monitoring procedures (Pa			ELIGIPLE FOR A	DEPENDAT TO DESCRIVE	HOOD MEDICAL OR
THE ORGANIZATION WORKS WITH INDIVIDUALS FURNITURE AND FIXTURE DONATIONS. THE OF					
SHELTERS, AND OTHER AGENCIES WHICH PROV	/IDED THE ITEMS	TO INDIVIDUALS	IN NEED. THE O	RGANIZATION MAINTAI	NS RECORDS OF EVERY
INDIVIDUAL CASE AND RECORDS THE FOOD PR	ROVIDED TO OTHE	R ENTITIES.			
02. Estimate calculation (Par	t III, colu	mn b)			
THE ESTIMATE OF INDIVIDUALS SERVED IS E	BASED ON THE NU	MBER OF HOUSEHO	LDS SERVED - 62	,127 - TIMES OF THE	AVERAGE OF INDIVIDUALS
PER HOUSEHOLD, 2.6.					

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IV Supplemental Information. Pr	ovide the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addit	tional information.

## **SCHEDULE M** (Form 990)

# **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

ANNE ARUNDEL COUNTY FOOD BANK, INC.

52-1660473

Pai	rt 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 det noncash contribut	U	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
•	goods	x		1,082,448	FMV		
6	Cars and other vehicles	21		1,002,110	1114		
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
•••	or trust interests						
40							
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	х	286,059	1,430,295	FMV		
20	Drugs and medical supplies	х	7	93,147	FMV		
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►( )						
29	Number of Forms 8283 received by	the organiza	tion during the tax year for con	tributions for			
	which the organization completed F	orm 8283, Pa	rt IV, Donee Acknowledgemer	nt	29		
						Yes	No
30a	During the year, did the organization	n receive by c	ontribution any property report	ed in Part I, lines 1 through			
	28, that it must hold for at least thre	e years from th	ne date of the initial contribution	n, and which isn't required			
	to be used for exempt purposes for	the entire hole	ding period?		30	а	X
b	If "Yes," describe the arrangement	in Part II.					
31	Does the organization have a gift a	cceptance pol	cy that requires the review of	any nonstandard			
					31		Х
32a	Does the organization hire or use the	nird parties or	related organizations to solicit	, process, or sell noncash			
	contributions?		=		32	а	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an a	mount in colu	mn (c) for a type of property fo	or which column (a) is checked,			
	describe in Part II.						

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number ANNE ARUNDEL COUNTY FOOD BANK, INC. 52-1660473 01. Form 990 governing body review (Part VI, line 11) THE FORM 990 IS REVIEWED BY MANAGEMENT PRIOR TO FILING. 02. Conflict of interest policy compliance (Part VI, line 12c) DISCLOSURE IN THE ORGANIZATION SHOULD BE MADE TO THE CHIEF EXECUTIVE OFFICER (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD CHAIR), WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF. DISCLOSURE INVOLVING DIRECTORS SHOULD BE MADE TO THE BOARD CHAIR, OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THE BOARD VICE-CHAIR, WHO SHALL BRING THESE MATTERS TO THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF. THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN TEH CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO ANNE ARUNDEL COUNTY FOOD AND RESOURCES BANK. THE DECISION OF THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF THE ANNE ARUNDEL COUNTY FOOD AND RESOURCES BANK AND THE ADVANCEMENT OF ITS PURPOSE. 03. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD OF DIRECTORS MEETS AND REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION YEARLY. 04. Governing documents, etc, available to public (Part VI, line 19) THE MOST RECENT AUDITED FINANCIAL STATEMENT AND A COPY OF THE FORM 990 ARE AVAILABLE ON THE WEBSITE.

05. General explanation attachment

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

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number ANNE ARUNDEL COUNTY FOOD BANK, INC. 52-1660473 INFORMATION AND NUTRITIONAL EDUCATION AND COORDINATING FREE SERVICES FOR THE NEEDY. THESE SERVICES INCLUDE, BUT ARE NOT LIMITED TO, ASSISTANCE WITH MEDICAL EQUIPMENT; FURNITURE; APPLIANCES; HOUSEHOLD ITEMS; NUTRITIONAL SUPPLEMENTS FOR ELDERLY, BABIES AND THOSE WITH DIETARY CONSTRAINTS; VEHICLES; SCHOOL SUPPLIES; COATS; TOILETRIES; CLEANING SUPPLIES; AND SUPPORTING OTHER NONPROFITS THAT SHARE OUR MISSION. THE GOAL OF OUR PROGRAMS IS TO HELP THOSE IN A CRISIS, ASSIST THEM IN BECOMING STABLE, BY PROVIDING ALL OF OUR SERVICES FREE OF CHARGE WE ENABLE THEM TO SAVE MONEY, ALLOWING THEM TO SAVE AND WORK TOWARD BECOMING SELF-SUFFICIENT.

#### **Statement of Program Service Accomplishments**

2018 PG01

Nama(a) aa ahawa aa ratura

ANNE ARUNDEL COUNTY FOOD BANK, INC.

Your Social Security Number

#### FORM 990-PART III(A)

Statement #4

52-1660473

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$2826631

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$2542285

PROGRAM SERVICES REVENUE \$0

#### EXPLANATION

THE ANNE ARUNDEL COUNTY FOOD BANK IS THE ONLY FREE MULTI-PURPOSE AGENCY IN MARYLAND THAT PROVIDES FOOD, NUTRITIONAL SUPPLEMENTS, MEDICAL EQUIPMENT, FURNITURE, VEHICLES, APPLIANCES, AND MORE TO THOSE IN NEED. TO ENSURE ALL AREAS IN ANNE ARUNDEL COUNTY ARE COVERED, ESPECIALLY THOSE IN LOW INCOME COMMUNITIES, WE OFFER OUR SERVICES FREE OF CHARGE. WE WORK ALONGSIDE LOCAL COUNTY, COMMUNITY, AND CIVIC ORGANIZATIONS TO IDENTIFY AND ADDRESS NEEDS. THESE ORGANIZATIONS INCLUDE THE DEPARTMENT OF SOCIAL SERVICES, SERVICE COORDINATION, CRISIS RESPONSE, CHILD PROTECTIVE SERVICES, AND FAMILY SUPPORT CENTER, PERSONAL PUPIL WORKERS OF A.A. PUBLIC SCHOOLS, DEPARTMENT OF AGING, COMMUNITY ACTION, ORDINANCE ROAD DETENTION CENTER, RED CROSS, AND OTHERS. TODAY, WE CONTINUE OUR MISSION, WHILE SEEKING ADDITIONAL WAYS THAT WE CAN SERVE THOSE IN NEED. LAST YEAR ALMOST 4 MILLION DOLLARS' WORTH OF FOOD AND BASIC NECESSITIES WERE DISTRIBUTED TO THOSE IN NEED. AMONG THESE ITEMS INCLUDE THE DISTRIBUTION OF 300,000 POUNDS OF PRODUCE IN FY19. OUR PANTRIES ASSISTED 62,170 UNIQUE HOUSEHOLDS. OUR ONSITE FEEDING PROGRAMS SERVED APPROXIMATELY 1.3 MILLION NUTRITIOUS MEALS. OUR BACKPACK PROGRAM ASSISTS OVER 6,400 STUDENTS WEEKLY. MEDICAL LOAN PROGRAM ASSISTED 114 INDIVIDUALS IN FY19. HOLIDAY ASSISTANCE PROGRAM ASSISTED 15,000 INDIVIDUALS. IN ADDITION, BY PROVIDING THESE SERVICES FOR FREE UNLIKE OTHER FOOD BANKS, THIS ENSURES FOOD AVAILABILITY ACROSS ANNE ARUNDEL COUNTY, ESPECIALLY IN THE AREAS MOST IMPOVERISHED. SENIOR PANTRIES WERE OPENED THROUGHOUT AA COUNTY AS A DIRECT RESULT OF THE ALICE REPORT REPORTING THAT 43% OF SENIOR HOUSEHOLDS HAD INCOME BELOW THE ALICE THRESHOLD AND INCREASED NUTRITIONAL SUPPLEMENT REQUESTS AMONGST OUR PARTICIPANTS. IN RESPONSE TO FOOD LINK CLOSING LAST YEAR THE AACFB INCREASED BABY PANTRIES THROUGHOUT THE COUNTY AND DEVELOPED A PARTNERSHIP WITH HEALTHY START TO HELP SECURE EVERYTHING NEEDED TO HELP AN INFANT GROW AND THRIVE SUCH AS BABY FOOD, DIAPERS, WIPES AND INFANT ESSENTIALS SUCH AS CAR SEATS, CRIBS, STROLLERS, AND MORE FOR FAMILIES IN NEED. THIS PROGRAM HAS SHOWN ALMOST 50% GROWTH FROM THE FIRST QUARTER TO THE SECOND QUARTER AND HAS ASSISTED 1,000 HOUSEHOLDS. CLOTHING PANTRIES OFFER CLOTHING, SHOES, BELTS, UNDERWEAR, SOCKS AND MORE. LAST YEAR ALMOST \$300,000 WORTH OF CLOTHING WAS DISTRIBUTED. THIS YEAR PERMANENT CLOTHING PANTRIES WERE ESTABLISHED TO PROVIDE CONSISTENT RESOURCES FOR THOSE IN NEED. PET PANTRIES ARE ANOTHER NEW PROGRAM LAST YEAR WHICH PROVIDE NEEDED PET FOOD, TOYS, KITTY LITTER AND PET BEDDING MATERIAL SO THAT OUR CLIENTS CAN KEEP THEIR BELOVED PETS. SO FAR, THIS YEAR 1,000 PETS WERE ASSISTED WITH ITEMS VALUED AT ALMOST \$88,000. POP-UP PANTRIES ARE EVENTS THAT DISTRIBUTE PRODUCE, BREAD AND PASTRIES AS WELL AS NONFOOD ESSENTIALS AROUND THE COUNTY. THIS HELPS US TO ACCEPT AS MANY PERISHABLES AND PRODUCE DONATIONS AS ARE AVAILABLE AND ENSURE THEY GET INTO THE HANDS OF THOSE IN NEED WHILE THEY ARE FRESH. THIS IS A PART OF OUR HEALTHY LIVING INITIATIVE AND HELPS FIGHT OBESITY AND ALL THE NEGATIVE HEALTH CONDITIONS EATING UNHEALTHY BRINGS.