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

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

<u>A</u>	For th	e 2023 calend	dar year, or tax year begi	nning		, 2023 , a	and end	ing		, 20			
В	Check if	applicable:	C Name of organization Er	d Hunger in	Calvert County	, Inc.			D Empl	loyer identification number			
	Address	change	Doing business as Th	e Lobby Coff	ee Bar					80-0456174			
	Name cl	hange	Number and street (or P.O. bo	ox if mail is not delivered t	o street address)		Room/sui	ite	E Telep	hone number			
	Initial ref	_	PO Box 758							(410)257-5672			
	Final ret	urn/terminated	City or town, state or province	. country, and ZIP or fore	ign postal code				G Gros	s receipts			
X	Amende	ed return	Huntingtown, N		5 1				\$	4,198,059			
		ion pending	F Name and address of principa		Sickle			H(a) Is this a d		for subordinates? Yes X No			
_	, ibbiioar	ion ponumg	Same as C above		5101110			H(b) Are all subordinates included?					
_	Tay-eye	mpt status:	501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		` '		st. See instructions			
	Website		dhungercalvert.org	, , , , ,		021			o exemption number				
				sociation Other		L Year of formati	ion: 200			gal domicile: MD			
	rt I	Summar		Other		L Tear or formati	ion. 200	, j.,, o	itate or ice	gai dominic. FID			
	1		ribe the organization's miss	ion or most signific	ant activities: Wor	k in nart	nerch	in with	fait	h communities			
	'		profit organizati										
Activities & Governance										nd individuals in			
naı		need.	Ticency assessmen	ics, craining	and Other Ser	vices co	IOCal	LIAMILLI	es ai	id Individuals in			
ver	2		oox if the organization of	discontinued its one	rations or disposed o	f more than 24	5% of its	net assets					
တိ	3		voting members of the gove	•	·				3	5			
م س	4		ndependent voting membe						4	5			
ties	5		er of individuals employed in						5	49			
ξi	6		er of volunteers (estimate if	-					6	346			
Ac	7a		ted business revenue from	• /					7a	0			
			ed business taxable income						7b	0			
		Net uniterate	d business taxable income	: 1101111 01111 990-1, 1	aiti, iiile ii				1 7 5				
		Contribution	is and grants (Part VIII, line	. 1h)				Prior Year	076	Current Year			
ø	8							2,690	,076	3,329,878			
nu Sun	9	-	rvice revenue (Part VIII, lin				-			0			
Revenue	10		income (Part VIII, column (-	405		48			
œ	11		ue (Part VIII, column (A), li				-		,353	512,527			
	12		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,18							3,842,453			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)							,086	2,362,402			
	14								000	604 540			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							, 083	684,549			
Expenses	108				*)					0			
ъ	1,5		ising expenses (Part IX, co	` ' ' '	1-\	0	-	44.0		500.005			
Ш			nses (Part IX, column (A), li				-		,584	580,207			
		•	ses. Add lines 13-17 (must	•	` '		-	2,505		3,627,158			
_		Revenue les	ss expenses. Subtract line	16 Irom line 12 •			+		,676	215,295			
s or	au 20	Total accets	(Part X, line 16)				Begii	nning of Curre		End of Year			
SSe	24		,				-	8,106		8,168,853			
Net Assets or	21		or fund balances. Subtract				-	2,228		2,072,216			
	rt II		ire Block	ille 21 ilolli illie 20				5,878	,/49	6,096,637			
			eclare that I have examined this reti	urn, including accompany	ing schedules and stateme	nts, and to the bes	st of my kno	owledge and be	elief. it is				
			eclaration of preparer (other than o					9	,				
		C+ o	o Pombologgini										
Sig	ın	Signature of offi	re Bertolaccini						Da	nte			
He				The dament and	Dunaddank								
		Type or print na	<u>re Bertolaccini, C</u> me and title	nairmen and	President								
		<u> </u>	eparer's name	Preparer's signature		Date		- I a	Π	PTIN			
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N/a:	the	C diagras this		MD 20814	actructions					770-6371 X Yes No			
ividy	uie ir	เบ นเจบนธร แปร	return with the preparer sl	IOWIT ADOVE! SEE IT	1311 UU11UU11S					X Yes ∐ No			

3) End Hunger in Calvert County, Inc. Checklist of Required Schedules Part IV

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С		44.		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44.4		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	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	11f	٠,,	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		X	
12a	Schedule D, Parts XI and XII	12a		
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124	X	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional • • • • • • •	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? • • • • • • • • • • • • • • • • • • •	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		Λ.
~	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		х
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		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u></u>
	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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

End Hunger in Calvert County, Inc.
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	х	
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		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
20	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 the Schedule			
2	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_ <u>x</u>
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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		<u> </u>
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_ <u>x</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
20	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 on Schedule O for Part VI, lines 11b and 19? Note : All Form 990 filers are required to complete Schedule O	38	, l	
Par		30	Х	
ı ai	Check if Schedule O contains a response or note to any line in this Part V			
	C Solicano e comanio a response el note te any inte in ano i ant vi i i i i i i i i i i i i i i i i i i	• • •	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	1.0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 49			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O · · · · · · · · · · · · · · · · · ·	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
н 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes " complete Form 6069			

Form 990 (2023) End Hunger in Calvert County, Inc. Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 5 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: x 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a х **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . Х **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 x 14 Did the organization have a written document retention and destruction policy?............ 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? 15a Х b Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. **16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19

20

and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

The Organization (410)257-5672, PO Box 758, Huntingtown, MD 20639

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End Hunger in Calvert County, Inc.

80-0456174

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

=								. , , , , , , , , , , , , , , , , , , ,		
				((C)					
(A)	(B)	(4)			sition	h		(D)	(E)	(F)
Name and title	Average	١,				han one s both a		Reportable	Reportable	Estimated amount
	hours					/trustee		compensation compensation	of other	
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	Ind or c	Inst	Officer	Ke)	Hig em	Former	1099-MISC/	1099-MISC/	organization and
	related	ividu	itutio	cer	Key employee	hest ploy	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	al tru tor	onal		ploy	con				
	below	Individual trustee or director	Institutional trustee		ee	ıpen				
	dotted line)	U	ee			Highest compensated employee				
						<u>a</u>				
_(1)Julie_Sickle	12.00									
Secretary		Х		х				0	0	0
(2)Caroll Spriggs	3.00							_	_	_
Vice President		Х		х				0	0	0
_(3)Larry_Patin	15.00									
Treasurer		Х		Х				0	0	0
_(4)Ann_E_Edwards	3.00									
Board Member		х		Х				0	0	0
_(5)Steve_Bertolaccini	2.00									
Chairmen and President		х		Х				0	0	0
<u>(6)</u>										
<u>(7)</u>										
_(8)										
<u>_(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

EEA Form **990** (2023)

Form 99	90 (202	23) End Hunger in Cal	vert Cou	nty,	In	ıc.					80-0456	174		age 8
Part '	VII	Section A. Officers, Directors, T	rustees,	Key I	Em			s, ar	nd	Highest Comp	ensated Emp	loyees	(cont	inued)
	(A) Name and title			hours officer and a director/trustee) compensation compense from the from the organization (W-2/ organ						(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	co f orga	(F) nated am of other mpensat from the anization d organiz	ion and	
			related organizations below dotted line)	Individual trustee or director	Institutional trustee	94	Key employee	Highest compensated employee	er	,	,		J	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
<u>(21)</u>														
(22)														
<u>(23)</u>														
(24)														
(25)														
1b	Subto								•					
c d		from continuation sheets to Part VII, Sec (add lines 1b and 1c)								0	0			0
2		number of individuals (including but n table compensation from the organiza		thos	e lis	ted	abo	ove) v	vho	received more t	han \$100,000 of			0
3	Did th	e organization list any former officer, direct	or. trustee. k	ev emi	olove	ee. c	or hic	hest c	comr	pensated			Yes	No
	emplo	yee on line 1a? If "Yes," complete Schedule	e J for such i	ndividu	ıal							3		х
4		ny individual listed on line 1a, is the sum of r ization and related organizations greater tha	•	•										
5		<i>dual</i> • • • • • • • • • • • • • • • • • • •										4		х
	for se	rvices rendered to the organization? If "Yes,				-			_			5		х
Section		Independent Contractors Delete this table for your five highest co	mpensated	l inde	pend	den	t co	ntract	tors	that received m	ore than \$100.0	00 of		
		ensation from the organization. Repo	-	-									s tax y	year.
		(A) Name and business addres	99							(B) Description of service	200	(C) Compens	sation	
													==:1	
2		number of independent contractors (inved more than \$100,000 of compensa	-					iose I	iste	ed above) who				

		Check if Schedule O contains a respon	se or note to any	line in this Part \	/III		Г
		опости объемент объем		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
vice Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Fundraising events	38,259 318,016 2,973,603 \$ 2,107,123 Business Code	3,329,878			
Program Service Revenue							
Other Revenue	3 4 5 6a b c d 7a b c d 8a	Investment income (including dividends, interest other similar amounts)	(ii) Personal (ii) Other (ii) Other 144,344 b 88,466	55,878			55,878
	10a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	122722	426,751	426,751		
Miscellanous Revenue	11a b c	Other All other revenue	Business Code 900099	29,898	29,898		
		Total. Add lines 11a-11d		29,898	456.649	0	55.926

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Fait IX Statement of Functional Expenses										
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX										
Do not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D Fundrai						
Oh Oh and 40h of Don't VIII	Total expenses	Program service	Management and	Fundra						

Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	iotal expenses	expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,362,402	2,362,402		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	619,488	619,488		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	20,763	20,763		
10	Payroll taxes	44,298	44,298		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	6,571		6,571	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	101,177		101,177	
12	Advertising and promotion	24,809	24,809		
13	Office expenses	112,634	70,041	42,593	
14	Information technology				
15	Royalties				
16	Occupancy	115,757	115,757		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	152,656	152,068	588	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Pantry Supplies	15,255	15,255		
b	Bad Debts	51,348		51,348	
С					
d					
е	All other expenses				_
25	Total functional expenses. Add lines 1 through 24e	3,627,158	3,424,881	202,277	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

		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	425,884	1	337,866
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	51,098	3	
	4	Accounts receivable, net	168,266	4	14,910
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	611,907	8	330,327
As	9	Prepaid expenses and deferred charges	5,774	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 7,974,385			
	b	Less: accumulated depreciation	6,843,830	10c	7,485,750
	11	Investments - publicly traded securities		11	
	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	Total assets. Add lines 1 through 15 (must equal line 33)	8,106,759	16	8,168,853
	17	Accounts payable and accrued expenses	199,776	17	84,232
	18	Grants payable		18	
	19	Deferred revenue	500,000	19	8,757
	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 any current or former officer, director,			
pili		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia	00	controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,028,234	23	1,479,227
	24	Unsecured notes and loans payable to unrelated third parties	500,000	24	500,000
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		2.	
	26	of Schedule D	0 000 010	25	0.050.016
	26	Organizations that follow FASB ASC 958, check here	2,228,010	26	2,072,216
S		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	5,727,736	27	5,983,597
ala	28	Net assets with donor restrictions	151,013	28	113,040
d B		Organizations that do not follow FASB ASC 958, check here	131,013		113,040
un-		and complete lines 29 through 33.			
orF	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	5,878,749	32	6,096,637
ž	33	Total liabilities and net assets/fund balances	8,106,759	33	8,168,853
			-,=,.55		-,===,===

Form	1990 (2023) End Hunger in Calvert County, Inc.	80-0456174		Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		3,8	342,	453
2	Total expenses (must equal Part IX, column (A), line 25)		3,0	527,	158
3	Revenue less expenses. Subtract line 2 from line 1	3	:	215,	295
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,8	378,	749
5	Net unrealized gains (losses) on investments	5		2,	593
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	6,0	096,	637
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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?		2b	х	
	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.				
	X 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?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Γ			

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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SCHEDULE A (Form 990)

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.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Inspection

Name of the organization Employer identification number End Hunger in Calvert County, Inc. 80-0456174 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**. X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

Secti	on A. Public Support			•	•	•		
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and	,	, ,		, ,	` '		
	membership fees received. (Do not							
	include any "unusual grants.")	3.058.158	4,069,370	4 - 835 - 921	2.570.277	3.291.619	17,825,345	
2	Tax revenues levied for the	3,030,130	1,003,070	1,000,022	2,370,277	3,232,023	17,023,313	
_	organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities							
3	furnished by a governmental unit to the							
4								
4	-	3,058,158	4,069,370	4,835,921	2,570,277	3,291,619	17,825,345	
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)						139,360	
6	Public support. Subtract line 5 from line 4 .						17,685,985	
	on B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	3,058,158	4,069,370	4,835,921	2,570,277	3,291,619	17,825,345	
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties, and income from							
	similar sources					48	48	
9	Net income from unrelated business							
	activities, whether or not the business							
	is regularly carried on							
10	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)	49,492	41,773	26,880	58,570	29,898	206,613	
11	Total support. Add lines 7 through 10	13,132	11,775	20,000	30,370	23,030	18,032,006	
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	10,001,000	
13	First 5 years. If the Form 990 is for the o						(c)(3)	
	organization, check this box and stop he	•			•		` , ` ,	
Secti	on C. Computation of Public Suppo							
14	Public support percentage for 2023 (line			11. column (f))		14	98.08 %	
15	Public support percentage from 2022 Sch	, ,	•			15	98.76 %	
16a	33 1/3% support test - 2023. If the organ							
.00	box and stop here. The organization qua							
b	33 1/3% support test - 2022. If the organ	•		•			_	
	• • •							
17a								
174								
	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 - 20	•						
	15 is 10% or more, and if the organization					•	•	
	in Part VI how the organization meets the			-		•		
	organization							
18	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see _	
	instructions						<u> </u>	
EEA						Schedule	A (Form 990) 2023	

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

(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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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.)						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975 Add lines 10a and 10b						
C 11							
11	Net income from unrelated business						
	activities not included on line 10b, whether						
12	or not the business is regularly carried on Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		 				
10	and 12.)						
14	First 5 years. If the Form 990 is for the or		rst second th	ird fourth or fi	fth tax vear as	a section 501 <i>(</i>	(c)(3)
• • •	organization, check this box and stop her	•					` ` ` '
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2023 (line 8			13. column (f))		15	%
16	Public support percentage from 2022 Sch		•	, ,		16	%
	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2023 (I			by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2022					18	%
19a	33 1/3% support tests - 2023. If the orga						
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2022. If the organization	-	-		•		
	line 18 is not more than 33 1/3%, check this box						□
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV Supporting Organizations

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

^	•	A 11	^	4.	_	anizations
SACTION	^	ΛH	SIID	AAPTIBA	/ Ira	anizatione
SECHOL	~ .	\sim	Sub	ooi iii u	Olu	ainzanuns

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		100	110
-	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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If</i> "Yes," answer	_		
-	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- Cu		
~	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If</i>	-		
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If</i> "Yes,"	-		
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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 line 10b below.	10a		
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.)	10b		

Ves No No No No No No No N	Part	V Supporting Organizations (continued)		•	<u> </u>
11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either aline or toegether with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on line 11a above? c. A 35% controlled entity of a person described on line 11a above? c. A 35% controlled entity of a person described on line 11a above? c. A 35% controlled entity of a person described on line 11a above? d. Did the governing body, members of the governing body, efficers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of more supported organizations have the power to regulate a person of the end of the supported organization have the power to regulate the power of the power to appoint or elect at least a majority of the organizations of the end organization have the end organization of the end organization organization organization appeared organization and mere than one supported organization organization and what conditions or restrictions. If any, applied to such powers during the tax year also a majority of the directors or trustees of each of the organization's controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization (s) that operated. 2 Section D. All Type II Supporting Organizations 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 powering organization's was vested in the same persons that controlled or managed the supported organization provide to each of its supported organization's tax year, (i) a written notice describing the tax year also a majority of the directors or trustees of the organization's powering documents in refect on the date of notification, to the extent n				Yes	No
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that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		······································			
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involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b	·			
"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-	-			
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 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 	3	· · · · · · · · · · · · · · · · · · ·	_~		
trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	~		3a		
	b				
11 ···································		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

7

(see instructions).

Schedul	e A (Form 990) 2023 End Hunger in Calvert County, Inc.		80-04561	.74	Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Control of	gan	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	j tru:	st on Nov. 20, 1970 <i>(expla</i>	in in Part V	<i>1).</i> See
	instructions. All other Type III non-functionally integrated supporting organ	izati	ions must complete Section	ns A throug	jh Ε.
Socti	on A - Adjusted Net Income		(A) Prior Year	(B) Curre	ent Year
	on A - Adjusted Net Income		(A) FIIOI Teal	(optic	nal)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5_	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Curre	
			,	(optic	onal)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2_	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, $$				
	see instructions).	4			
5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Curren	t Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	П			
	emergency temporary reduction (see instructions).	6			

Schedule A (Form 990) 2023 EEA

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Part	v Type III Non-Functionally integrated 509(a)(3) Supporting Organ	ilzations (continue	<u>a)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	,	1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of suppor	ted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purport	oses of supported orgar	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Par		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	n the organization is resp			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	 		0	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
<u> </u>	From 2020				
d	From 2021			_	
e	From 2022			_	
T	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>n</u>	Applied to 2023 distributable amount				
-	Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
<u></u>	Distributions for 2023 from				
4	Section D, line 7: \$				
	Applied to underdistributions of prior years			-	
	Applied to underdistributions of prior years Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if			-	
3	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
·	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

EEA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

2023

Employer identification number

Open to Public Inspection

80-0456174 End Hunger in Calvert County, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 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 **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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c. acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedul Part	e D (Form 990) 2023 End Hunger in C			torical T	Treasures (or Ot	80-04561 her Similar As		Page 2
3	Using the organization's acquisition, access							0010 (00//	tiiria day
J	collection items (check all that apply):	ion, and other record	us, oricon e	iny or the r	ollowing that in	anc sig	grilloarit use or its		
а	Public exhibition		Ь	Loan o	r exchange pro	aram			
b	Scholarly research		e	Other	exchange pro	gram			
C	Preservation for future generations		·						
4	Provide a description of the organization's c	collections and expla	in how they	/ further th	e organization's	s exem	nnt nurnose in Part		
•	XIII.	onconorio ana expla	iii iiow tiio	, iditalor al	o organization (J CACII	ipt parpose ii i art		
5	During the year, did the organization solicit	or receive donations	of art_hist	orical treas	sures or others	similar			
·	assets to be sold to raise funds rather than							☐ Yes	□No
Part			part or the	organizati	STO CONCOLIOTE				
	Complete if the organization		on Forr	n 990, F	art IV, line 9	, or r	eported an amo	ount on F	orm
	990, Part X, line 21.						•		
1a	Is the organization an agent, trustee, custoo	lian or other interme	diary for co	ntributions	or other asset	s not			
	included on Form 990, Part X?		-					Yes	No
b	If "Yes," explain the arrangement in Part XII							_	_
	•	·	ŭ				Amo	unt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F					t liabili	ty?	Yes	No
b	If "Yes," explain the arrangement in Part XII						-		Π
Part			•						
	Complete if the organization	answered "Yes"	" on Forr	n 990, F	art IV, line 1	١0.			
		(a) Current year	(b) Pri	or year	(c) Two years ba	ack	(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cui	rrent year end balan	ce (line 1q,	column (a	i)) held as:	'			
а	Board designated or quasi-endowment	%	, ,	`	**				
b	Permanent endowment %								
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held ar	nd administered	I for the	Э		
	organization by:							Ye	s No
	(i) Unrelated organizations?							3a(i)	
	(ii) Related organizations?							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz	zations listed as requ	ired on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses of th	e organization's end	owment fu	nds.				•	
Part	VI Land, Buildings, and Equip	oment							
	Complete if the organization	answered "Yes"	" on Forr	n 990, F	art IV, line 1	11a. S	See Form 990, F	Part X, lin	e 10.
	Description of property	(a) Cost or oth	er basis	(b) Cost o	r other basis	(c) A	Accumulated	(d) Book va	lue
		(investm	ent)	(0	other)	de	preciation		
1a	Land								
b	Buildings								
С	Leasehold improvements				L38,720		138,720		
d	Equipment				514,415		251,881	262	2,534
е	Other				321,250		98,034		3,216
Total.	Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. line 10c					7,485	

Schedule D (For		County,	, Inc.	80-	0456174	Page 3
Part VII	Investments - Other Securities					
	Complete if the organization answered "Yes	s" on Forn	n 990, Part IV,	line 11b. See Form	990, Part X, Ii	ine 12.
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation: -of-year market value	
(1) Financial	derivatives	[
(2) Closely-he	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	(I) (Fig. 200 B) (V (Fig. 40 - 1/B))					
Part VIII	n (b) must equal Form 990, Part X, line 12, col.(B)) Investments - Program Related					
Part VIII	Complete if the organization answered "Yes	s" on Forn	n 990, Part IV,	line 11c. See Form	990, Part X, li	ine 13.
	(a) Description of investment		(b) Book value		hod of valuation: -of-year market value	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, line 13, col. (B))	<u></u>				
Part IX	Other Assets Complete if the organization answered "Yes	s" on Forn	n 990, Part IV,	line 11d. See Form	990, Part X, Ii	ine 15.
	(a) Description				(b) Book va	alue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, line 15 col. (B))	<u></u>				
Part X	Other Liabilities Complete if the organization answered "Yes	e" on Forn	n 000 Part IV	line 11e or 11f Sec	Form 000 D	art Y
	line 25.	• OII FOIII	11 990, Fait IV,	ille Tie of Til. See		ait A,
1.	(a) Description of liability	(b) Book val	lue			
	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						

Total. (Column (b) must equal Form 990, Part X, line 25 col. (B)) . . 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(9)

Part	<u> </u>	•	Returi	1
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total revenue, gains, and other support per audited financial statements		1	4,095,016
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2,593		
b	Donated services and use of facilities	161,504		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	88,466		
е	Add lines 2a through 2d		2e	252,563
3	Subtract line 2e from line 1		3	3,842,453
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
5 Dort	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 Dot	3,842,453
Part	Reconciliation of Expenses per Audited Financial Statements Wi Complete if the organization answered "Yes" on Form 990, Part IV, lin		er Keu	arn
1	Total expenses and losses per audited financial statements		1	3,877,128
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	161,504		
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)	88,466	0.0	0.40 0.00
e	Subtract line 2e from line 1		2e	249,970
3	1 1		3	3,627,158
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		40	
C E			4c 5	2 607 150
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information		5	3,627,158
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and	1 2h: Part V lina 4: E	Part V lin	2
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additiona		ait A, IIII	C
	Other revenues not included on Form 990 (Part XI, line 2d)	i illioimation.		
<u>01. (</u>	other revenues not included on Form 990 (Part XI, Time 2d)			
Front	- Fynongog			
Fvent	Expenses			

EEA Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

02. Other expenses not included on Form 990 (Part XII, line 2d)

Event Expenses

03. Footnote for uncertain tax position under FIN 48 (Part X)

End Hunger is subject to income taxes on unrelated business income, as defined by the Internal Revenue Service. During the year then ended, End Hunger had no taxable unrelated business income, and accordingly, no provision for income taxes is required in the accompanying financial statements.

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, End Hunger may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position.

Examples of tax positions include the tax-exempt status of End Hunger and various positions related to the potential sources of unrelated business taxable income (UBIT). The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for the year.

End Hunger's policy would be to recognize interest and penalties, if any, on tax positions related to its unrecognized tax benefits in income tax expense in the financial statements. No interest and penalties were assessed or recorded during the year.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

Open to Public Inspection

Employer identification number End Hunger in Calvert County, Inc. 80-0456174 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 а Mail solicitations Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants b | Phone solicitations Special fundraising events С In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, ☐ Yes ☐ No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) (ii) Activity custody or control of (or retained by) from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 5 6 7 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through Bike Ride Dragon Boat col. (c)) (total number) (event type) (event type) Revenue Gross receipts 38,425 57,858 123,794 27,511 2 Less: Contributions 10,125 15,890 12,244 38,259 Gross income (line 1 minus line 2) 28,300 41,968 15,267 85,535 4 Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages Other direct expenses 22,153 42,759 23,554 88,466 Direct expense summary. Add lines 4 through 9 in column (d) 88,466 10 Net income summary. Subtract line 10 from line 3, column (d) 11 (2,931 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

SCHEDULE I (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

	2023
	Open to Publi
	Inspection
Employer identif	ication number

OMB No. 1545-0047

End Pa	Hunger in Calvert County, rt General Information on	Inc. Grants and Assis	stanco				80-0456174	
_	Does the organization maintain records to			istance the grantees' s	ligibility for the grants o	r aggistance, and		
1	the selection criteria used to award the gr							. X Yes No
2	Describe in Part IV the organization's pro							· Mies III
	rt II Grants and Other Assistan				nts Complete if the	organization answered	l "Yes" on Form 90)O
	Part IV, line 21, for any recip		•		· ·	~	. 100 0111 01111 00	,0,
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)						other)		
(2)								
(3)								
(4)								
(4)								
(5)								
(6)								
(7)								
(.,								
(8)								
(9)								
(10)							
2	Enter total number of section 501(c)(3) a	I nd government organiz	I rations listed in the line	1 table	<u> </u>			l
3	Enter total number of other organizations	listed in the line 1 table	e					

Part III Grants and Other Assistance to Do Part III can be duplicated if additiona			ne organization ansv	wered "Yes" on Form 98	90, 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
Distribute food to needy families					
1 thru local food pantries.	25,000		2,359,598	FMV of Food Pounds	Food
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	the information r	equired in Part I, I	ine 2; Part III, colum	n (b); and any other add	ditional information.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

	Hunger in Calvert County,	Inc.		80-0456	5174			
Par	t 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	Method on noncash cor			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	х		2,107,123				
20	Drugs and medical supplies	Α		2,107,125				
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		during the tax year for contribu	tions for				
	which the organization completed Form	•	•		29			
	Which the organization completes i offin	0200, 1 411 1	, Denied / toknowieugement				Yes	No
30a	During the year, did the organization rec	eive by contr	ibution any property reported in	n Part I lines 1 through				
	28, that it must hold for at least 3 years f	-	* * * * * *	•				
	used for exempt purposes for the entire					30a		х
b	If "Yes," describe the arrangement in Par	٠.				000		Λ
31	Does the organization have a gift accept		hat requires the review of any	nonstandard				
J.		. ,				31	v	
32a	Does the organization hire or use third p						Х	
ozu	•					32a		v
b	If "Yes," describe in Part II.	• • •			· · ·	o_a		X
33	If the organization didn't report an amou	nt in column	(c) for a type of property for wh	ich column (a) is checked				
-	describe in Part II.	III OOIGIIIII	(5) . S. a type of property for will	John (a) io oriootou,				

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 80-0456174 End Hunger in Calvert County, Inc. 01. Amended return information Remove Robert Hahn from Board List 02. Officer, directors, etc. family relationship (Part VI, line 2) The Executive Director and the Secretary of the Board have a direct family relationship. 03. Form 990 governing body review (Part VI, line 11) The 990 is reviewed in detail with the preparer, an independent CPA. The 990 is also reviewed by the leadership team and the full board prior to its filing. 04. Conflict of interest policy compliance (Part VI, line 12c) Potential conflicts are brought to the attention of the Board Chair and President. Individuals with potential conflicts are excluded from deliberation and voting on the potential conflict. 05. CEO, executive director, top management comp (Part VI, line 15a) Compensation for the President and key employees are determined and approved by the board and compensation committee. 06. Other officer or key employee compensation (Part VI, line 15b Compensation for other employees are approved by the board through the annual budgeting process. 07. Governing documents, etc, available to public (Part VI, line 19)

Governing documents are available upon request.

SCHEDULE R (Form 990)

Part I

(1)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Open to Public Inspection

(f) Direct controlling entity

Department of the Treasury Internal Revenue Service

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

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Total income

Name of the organization

End Hunger in Calvert County, Inc.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 80-0456174

(e) End-of-year assets

(2)								
(3)								
(4)								
(5)								
Part II Identification of Related Tax-Exempt Organ one or more related tax-exempt organizations	izations. Co	l omplete if th ax year.	ne organization a	nswered "Yes" or		IV, line 34, bed	ause it h	ad
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 controlle	g) i12(b)(13) ed entity?
(1) Chesapeake Church, 52-1378847 6201 Solomons Island Road Huntingtown MD 20639	Religiou Activiti		MD	501(c)(3)	1	N/A	100	x
(2)								
(3)								
(4)								
(5)								
For Denominals Deducation Ant Nation and the Instructions for Form O								

(a)
Name, address, and EIN (if applicable) of disregarded entity

	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, F	art IV, line 34
I dit iii	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	(h) Disprope alloca	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			General or managing		(k) Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No			
(1)														
(2)														
(3)														
(4)														
(5)														

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr enti	12(b)(13)
									Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

No

Yes

Part V Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	x
b	Gift, grant, or capital contribution to related organization(s)				1b	х
С	Gift, grant, or capital contribution from related organization(s)				1c	x
d	Loans or loan guarantees to or for related organization(s)				1d	x
е	Loans or loan guarantees by related organization(s)				1e	х
f	Dividends from related organization(s)				1f	x
g	Sale of assets to related organization(s)				1g	x
h	Purchase of assets from related organization(s)				1h	x
i	Exchange of assets with related organization(s)				1i	x
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	x
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	x
	Performance of services or membership or fundraising solicitations for related organization(s)				11	x
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	x
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	x
	Sharing of paid employees with related organization(s)				10	x
р	Reimbursement paid to related organization(s) for expenses				1p	x
	Reimbursement paid by related organization(s) for expenses				1q	x
·						
r	Other transfer of cash or property to related organization(s)				1r	x
s	Other transfer of cash or property from related organization(s)				1s	x
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, incl					
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of determining	amount inv	olved
		type (a-s)				
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
EEA	-					m 990) 2023

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sections 501(partners tion (c)(3)	(f)	(g) Share of end-of-year assets	alloca	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	(k) Percentage ownership
(4)				sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
					1				<u> </u>					