

Return of Organization Exempt From Income Tax

2022

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2022** calendar year, or tax year beginning **January 01, 2022**, and ending **December 31, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MT AIRY NET INC		D Employer identification number 52-1819054
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (301) 829-0472
	P.O. Box 569 1402 N. Main Street		F Group Exemption Number
City or town, state or province, country, and ZIP or foreign postal code MOUNT AIRY, MD 21771			

G Accounting Method: Cash Accrual Other (specify): _____

H Check if the organization is not required to attach Schedule B (Form 990).

I Website www.mtairy.net

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (0) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 159,265

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	158,985
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	280
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	159,265	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	142,337
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	25,841
	13 Professional fees and other payments to independent contractors	13	5,564
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	809
	16 Other expenses (describe in Schedule O)	16	7,555
17 Total expenses. Add lines 10 through 16	17	182,206	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	(22,841)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	325,733
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	(17)
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	302,875

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	325,733	22 302,875
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	325,733	25 302,875
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	325,733	27 302,875

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Food assistance for 991 individuals (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	80,669
29 Automobile expense assistance for 933 individuals (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	33,323
30 Rent expense assistance for 12 individuals (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	19,926
31 Other program services (describe in Schedule O) (Grants \$ 8419) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	8419
32 Total program service expenses (add lines 28a through 31a)	32	142,337

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Charles Harner Vice President	4	0	0	0
Carol Cahall Treasurer	3	0	0	0
Betty Logan Recording Secretary	2	0	0	0
Laura Hagenbuch Board of Directors	1	0	0	0
Charles Sauerwein Board of Directors	2	0	0	0
Ed Garabedian Board of Directors	2	0	0	0
Renee Wolfe Board of Directors	2	0	0	0
Wendi Peters Board of Directors	2	0	0	0
Susan Veres Operations Director	25	13488	0	0
Jami Trumbower Food Pantry Manager	25	10320	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Input box for Schedule O

Main form area with questions 33-45b and Yes/No columns. Includes questions about significant activity, changes to documents, unrelated business income, political expenditures, borrowing, and tax shelter transactions.

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 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	47	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) compensation
None		

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here	Signature of officer Carol Cahall Treasurer <i>Carol Cahall</i>		Date 05/06/2023		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if <input type="checkbox"/> self-employed	PTIN
	Firm's name		Firm's EIN		
	Firm's address		Phone no		

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