									C	$\mathbf{O}(\mathbf{i})$	PY
					IC DISCL				_		
	0	00			nization <b>B</b>						o. 1545-0047
Fon	тy	90	Under section 501(c							s) <b>2</b>	J21
Dana	rtmont	of the Treasury	25 m		ecurity number						to Public
Interr	nal Reve	nue Service			/Form990 for in					Insp	pection
-			lar year, or tax year b	eginning J	UL I, 20	JZL and	lending J	1			
B	Check if applicab	le:	f organization						yer identific	ation numbe	ər
	chang		AS FOODBANK	WAREHO	USE INC			40	005001	1.2	
	chang	e Doing b	usiness as				<b>D</b>		-095921		
	returr Final		E. DOUGLAS	if mail is not de	elivered to street a	ddress)	Room/suite		one number 16)265-		
L	returr termii	·	own, state or province	acustar and	7IP or foreign p			G Gross re			7,611.
	ated Amer	ded WT CT		211	ZIF OF IOTEIGHT P	JUSIAI COUE			is a group re		//0110
	returr Appli tion		ind address of principa		AN WALKE	R			ubordinates?		es 🚺 No
	pendi	<sup>ng</sup> 1919	E DOUGLAS,	WICHITA	, KS 67	211					
		empt status:		D1(c) (	) 🗲 (insert no.)	4947(a)(1)	or 🚺 527	] If "N	o," attach a l	list. See instr	uctions
			ODBANK.ORG			1.				n number 🕨	
				Trust 🗌 A	ssociation	Other 🕨	L Year	of formation	1983 M	State of legal	domicile: KS
Pa	art I	Summary								001 101	
ø	1	Briefly descril	be the organization's m	ission or most	t significant activ	vities: TO F	EED TH	E HUNG	KY BY	SOLICI	TING
anc			EIVING FOOD								MAL
Governance	2		ox 🕨 🛄 if the orga						1 - 1	ets.	18
200	3		ting members of the ge dependent voting mem								18
<u>م</u>	4		of individuals employe	_							32
Activities &	6		of volunteers (estimate								3246
tivi	1 -		d business revenue fro								0.
Ă			business taxable inco								0.
-								Prior Y		Curren	
a	8	Contributions	and grants (Part VIII, I	ine 1h)					5,136.		39,190.
Revenue	9	-	ice revenue (Part VIII, li						9,563.		34,046.
3ev	10		come (Part VIII, columi						4,470.2,652.		4,883.
-	11		e (Part VIII, column (A),						2,821.		<u>165.</u> 7,284.
			- add lines 8 through 7					29,54	0.	24,37	0.
	13		milar amounts paid (Pa to or for members (Pa						0.		0.
	45		r compensation, emplo					1,55	2,388.	1,72	22,822.
ses	16a		undraising fees (Part I)						0.		0.
Expenses	b		ing expenses (Part IX,		ie 25) 🕨	335,5	46.				
ш	17		es (Part IX, column (A)						6,302.		94,801.
	18	Total expense	es. Add lines 13-17 (mu	ist equal Part I	IX, column (A), li	ne 25)			8,690.		7,623.
	19	Revenue less	expenses. Subtract lin	e 18 from line	12				4,131.		0,339.
t Assets or								ginning of C		End of	
Sset	20		, , , , , , , , , , , , , , , , , , , ,						6,237. 2,164.		77,689.
Net A	21		s (Part X, line 26)		- line 00				4,073.		)4,549.
	22 art II		fund balances. Subtra	ct line 21 from	1 line 20			24,75	1,075.	21,20	
	and an all the second second	and the second se	I declare that I have exan	nined this return	, including accom	panying schedule	es and statem	ents, and to t	he best of mv	knowledge and	d belief. it is
			Deplaration of preparer							····	,
	,		DUL	¥	(11)			C	21221	2023	
Sig	n		e officer					D	ate	0	
Her			N WALKER, P	RESIDEN	T/CEO						
-			print name and title		1			Data	1		
		Print/Type pre			Preparer's signa	ature		Date	Check if		0614
Paio		LAURA I		DD 0 340		TD			self-employe		
	parer		► REGIER CA					F	irm's EIN ▶	48-0573	104
USE	Only	Firm's addres	WICHITA.			900		P	hone no 31	6-264-2	335

May the IRS discuss this return with the preparer shown above? See instructions	

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

... - <del>- -</del> (2021

Form	990 (2021) KANSAS	S FOODBANK WAREHOUSE IN	IC	48-0959213 Page 2
Par	t III Statement of Program S	Service Accomplishments		
	Check if Schedule O contains a	response or note to any line in this Part III		
1	Briefly describe the organization's mis			
		BY SOLICITING AND RECE	IVING FOOD AND O	THER GOODS
		L AND NATIONAL FOOD CO		
	ENTERPRISES.			
2	Nid the organization undertake any si	gnificant program services during the year w	hich were not listed on the	
2				Yes X No
•	If "Yes," describe these new services			Yes X No
3		g, or make significant changes in how it con	ducts, any program services?	
	If "Yes," describe these changes on S			
4		service accomplishments for each of its three		
	Section 501(c)(3) and 501(c)(4) organi	zations are required to report the amount of	grants and allocations to others,	the total expenses, and
	revenue, if any, for each program serv			
4a	(Code:) (Expenses \$24	1,016,923. including grants of \$	) (Revenue	<pre>\$ 1,551,211. )</pre>
	SOLICITATION OF FOC	D CONTRIBUTIONS AND DI	STRIBUTION OF FO	OD RECEIVED TO
	VARIOUS COMMUNITY C	HARITIES FOR THE NEEDY	•	
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue	\$)
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue	\$)
4d	Other program services (Describe on	Schedule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expenses 🕨	24,016,923.		
	· · · · · ·			Form <b>990</b> (2021)
132002	2 12-09-21			, , ,
		3		

2021.05050 KANSAS FOODBANK WAREHOUSE 2075\_\_\_1

Form 990 (				WAREHOUSE	INC
Part IV	Checklis	t of Required Sc	hedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	L
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, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
. –	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
~~	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
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 approximation of Rate IX, column (A), line 12, if IV/column (A) approximation of the second domestic approximation of	04		х
1005-	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	<u>A</u> (2021)
132003	12-09-21	LOUU		(ZUZI)

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Form	990	(2021)
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			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		<u> </u>
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		37	
<b>.</b> -	Schedule J	23	X	<u> </u>
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	<u>24a</u>		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		
	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	05.		x
	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes." <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
26	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,			<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	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		X
29	Did the organization receive more than \$25,000 in non-cash 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		X
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			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
25 ~	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	- 23	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		<b></b>
5	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 related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	Х	
10005	(gambling) winnings to prize winners?	1c		(2021)
132004	<sup>↓</sup> 12-09-21 5	Form	550	(2021)

2021.05050 KANSAS FOODBANK WAREHOUSE 2075\_\_\_1

Form	990 (2021) KANSAS FOODBANK WAREHOUSE INC 48-0959	213	Р	age <b>5</b>
Par	t V 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 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-file}$ . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		x
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
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		X
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 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a			
	Gross income from members or shareholders       11a         Gross income from other sources. (Do not net amounts due or paid to other sources against       1			
b	amounts due or received from them.)			
1 <b>2</b> 2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note:</b> 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		X
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		x
	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		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.			
132005	12-09-21 6	Form	990	(2021)

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2021.05050 KANSAS FOODBANK WAREHOUSE 2075\_\_\_1

Form	990	(2021)
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#### KANSAS FOODBANK WAREHOUSE INC

48-0959213 Page 6

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					X	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		18		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with an	y other			
	officer, director, trustee, or key employee?		-	2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was f	iled?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhold	ers, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	-	-		Х	
b	Each committee with authority to act on behalf of the governing body?					X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue C	ode)			
			0001/		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				-	
-				10	,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		guieren			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12:	X	
b	···· ··· ··· · · · · · · · · · · · · ·					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$					
Ŭ	on Schedule O how this was done	,		120	x	
13						
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?					
15	Did the process for determining compensation of the following persons include a review and approval					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by inde	pendent			
~	The experimentary of Concerning Directory of the management official			15	x	
				15		X
b	Other officers or key employees of the organization				, 	
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nont with	1 2			
100				16:		x
<b>۲</b>	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			10	•	
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•			
	exempt status with respect to such arrangements?			16		
Sec	tion C. Disclosure			101	/	I
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990.T	(section 501)	c)(3)s only	) availa	ble
10	for public inspection. Indicate how you made these available. Check all that apply.	10 000 1	(3001001)		) avana	DIC
	X       Own website       Another's website       X       Upon request       Other (explain	on Cab	odulo ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col		,	and fina	ncial	
15	statements available to the public during the tax year.		niciosi poncy	, and inta	ioidi	
	State the name, address, and telephone number of the person who possesses the organization's boo	ke and "	ecorde			
20	otate the name, address, and telephone number of the person who possesses the organization's boo	no di lu l				
20	ADAMS BROWN - (316)262-6578					
20	ADAMS BROWN - (316)262-6578 358 N MAIN, SUITE 100, WICHITA, KS 67202				m <b>990</b>	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		T	mzu			iper	Jour			
(A)	(B)	) (C) Position						(D)	(E)	(F)
Name and title	Average	(do not		heck	more	than o		Reportable	Reportable	Estimated
	hours per		oox, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week			uau		1/		from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ustee	trust		ee	upens		1099-NEC)	1099-INEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1033-1120)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRIAN WALKER	50.00	_	_	0	-	1				
PRESIDENT/CEO				х				161,537.	0.	49,768.
(2) REBECCA RATHER	1.00							ŕ		· · ·
CHAIRMAN		Х		х				0.	0.	0.
(3) DANA KNOTT	1.00									
FIRST VICE CHAIR		Х		Х				0.	0.	0.
(4) TIM ZYNDA	1.00									
SECOND VICE CHAIR		Х		Х				0.	0.	0.
(5) JOSHUA HAMPEL	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) SAM SEWARD	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) JIM COCCA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DAN DEJMAL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MICHAEL HERBERT	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) DOUG JENKINS	1.00								•	
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) ROGER KEPLEY	1.00									
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(12) DON MEIERGERD	1.00								0	
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) DANIEL EILERT	1.00	v						0	0	0
BOARD MEMBER (14) RENEE REED	1 00	Х						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(15) SERGIO ROMAN	1.00	Δ				-		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(16) JIM SHELDEN	1.00								0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(17) JUDY DAVIS	1.00									<b>~~</b>
BOARD MEMBER		x						0.	0.	0.
132007 12-09-21	1				L	I			<b>.</b>	Form <b>990</b> (2021)

132007 12-09-21

Form 990 (2021)

orm 990 (2021) KANSAS FOODBANK WAREHOUSE INC 48-0959213 Page										8		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											_	
(A) Name and title	(B) Average hours per week (list any hours for	box, offic	not ch unles cer an	(C Posit neck m is pers d a dir	tion nore th son is rector/	both /trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC/	am com	(F) timated nount of other pensation om the	
(18) KAREN WRIGHT	related organizations below line) 1.00	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	and	anization d related anizations	
BOARD MEMBER	1.00	x						0.	0		0.	•
(19) DAN HEINZ	1.00											_
BOARD MEMBER		X						0.	0	• 	0.	•
		-										_
		-								<u> </u>		_
1b Subtotal								161,537.	0	4	9,768.	- -
c Total from continuation sheets t     d Total (add lines 1b and 1c)     Total number of individuals (include	o Part VII, Section A				· · · · · · · · · · · · · · · · · · ·	 		0. 161,537.	0 0	•	0. 9,768.	•
compensation from the organizati	on 🕨										1	1
3 Did the organization list any <b>form</b>			-	•			Ŭ		•		Yes No	
<ul> <li>line 1a? <i>If "Yes," complete Schedu</i></li> <li>For any individual listed on line 1a and related organizations greater</li> </ul>	, is the sum of reportab	le co	mpe	nsat	ion a	and	oth	ner compensation from t	he organization	3	X	
<ul> <li>Did any person listed on line 1a re</li> <li>rendered to the organization? <i>If</i> "</li> </ul>	ceive or accrue comper	nsatio	on fr	om a	any u	unre	late	ed organization or individ	dual for services	5	X	
Section B. Independent Contractors												
Complete this table for your five h     the organization. Report compens	ation for the calendar y	•						the organization's tax y	•			
Name and	(A) business address	NC	ONE	<u> </u>				(B) Description of s	ervices	(C Comper	;) nsation	_
												_
												_
2 Total number of independent cont \$100,000 of compensation from the		ot lin	nited	l to tl	hose 0		ed	above) who received mo	ore than	Form	<b>990</b> (2021	1)

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Form	1 990	(2021) KANSAS FOODBA	NK WAREHO	USE INC		48-0959	213 Page <b>9</b>
Pa	rt VI	I Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line	e in this Part VIII	(B)		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
°, G d	с	Fundraising events 1c					
ar /	d	Related organizations 1d					
s, ( imil	е	Government grants (contributions)	322,320.				
tion S	f	All other contributions, gifts, grants, and					
ibu		similar amounts not included above 1f	22,516,870.				
ut pu	g	Noncash contributions included in lines 1a-1f	17,266,080.				
ы С й	h	Total. Add lines 1a-1f		22,839,190.			
			Business Code	1 265 445	1 265 445		
ice	2 a		624200	1,367,445.			
er v	b		624200	166,601.	166,601.		
Program Service Revenue	C						
grai Rev	d						
, ro	e f	All other program service revenue					
-	ı a	_ · · · · · · · ·		1,534,046.			
	3	Investment income (including dividends, intere		_,,,			
	•	other similar amounts)		92,067.			92,067.
	4	Income from investment of tax-exempt bond p					,
	5	Royalties	ŕF				
		(i) Real	(ii) Personal				
	6 a	Gross rents					
	b						
	с	Rental income or (loss) 6c 12,000.					
	d	Net rental income or (loss)	►	12,000.			12,000.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 1,083,143.					
	b	Less: cost or other basis					
anc		and sales expenses					
evenue		Gain or (loss)					
		Net gain or (loss)	▶	82,816.			82,816.
Other R	8 a	Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	0 9 a	Gross income from gaming activities. See					
	5 d	Part IV, line 19 9a					
	h	Less: direct expenses 9b					
	c		<b>&gt;</b>				
		Gross sales of inventory, less returns					
		and allowances <u>10a</u>					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
ŝno	11 a	OTHER REVENUE	900099	17,165.	17,165.		
evenue	b						
eve	c						
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d	►	17,165.			
	12	Total revenue. See instructions	►	24,577,284.	1,551,211.	٥.	186,883.
13200	9 12-09	)-21					Form <b>990</b> (2021

KANSAS FOODBANK WAREHOUSE INC

132009 12-09-21

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KANSAS FOODBANK WAREHOUSE INC Part IX Statement of Functional Expenses

Seci	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising 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				
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,	215 205	107 602		
-	trustees, and key employees	215,385.	107,693.	53,846.	53,846.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,070,280.	919,679.	118,047.	32,554.
7	Other salaries and wages	1,070,200.		,U4/•	34,334.
8	Pension plan accruals and contributions (include	18,922.	16,156.	1,826.	940
•	section 401(k) and 403(b) employer contributions)	320,715.	282,275.	35,165.	<u>940</u> . 3,275.
9	Other employee benefits	97,520.	79,102.	12,582.	5,836.
10	Payroll taxes	57,520.	79,102.	12,302.	5,050.
11	Fees for services (nonemployees):				
a h	Management	1,183.		1,183.	
b		44,300.		44,300.	
		41,5001		<u> </u>	
d e					
f	Investment management fees				
' g					
9	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	8,301.	6,200.	1,887.	214.
13	Office expenses	321,334.	73,732.	8,901.	238,701.
14	Information technology				
15	Royalties				
16	Occupancy	152,654.	152,364.	249.	41.
17	Travel	7,239.	5,642.	1,547.	50.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,778.	2,104.	585.	89.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	368,282.	358,919.	9,363.	
23	Insurance	91,160.	82,857.	8,303.	
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 0.)	17 001 020	17 001 022		
a	DONATED FOOD DISTRIBUTE	17,091,932.	17,091,932. 3,483,863.		
b	COST OF PURCHASED FOOD	<u>3,483,863</u> . 646,534.	<u> </u>		
c	UNUSUABLE INVENTORY	123,188.	91,642.	31,546.	
d	R&M, EQUIPMENT RENTAL	652,053.	616,229.	35,824.	
-	·	24,717,623.	24,016,923.	365,154.	335,546.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	44, III,043.	<u>44,010,343</u> .	JUJ, 194.	555,540.
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 Fight if following SOP 98-2 (ASC 958-720)				

11

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Form 990 (2021)

# 12 2021.05050 KANSAS FOODBANK WAREHOUSE 2075\_\_\_1

Form	990 (2	2021) KANSAS FOODBAN	K WA	REHOUSE INC		48-	0959213 Page 11
Pa		Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year		
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments	11,985,004.	2	12,998,947.		
	3	Pledges and grants receivable, net	58,750.	3	4,000.		
	4	Accounts receivable, net			183,779.	4	250,228.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	on 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			1,872,326.	8	1,328,000.
Ä	9	Prepaid expenses and deferred charges			84,470.	9	89,811.
	10a						
		basis. Complete Part VI of Schedule D	10a	10,299,395.			
	b	Less: accumulated depreciation	10b	3,591,519.	6,766,197.	10c	6,707,876.
	11 Investments - publicly traded securities				4,245,711.	11	3,798,827.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	

Other assets. See Part IV, line 11

Accounts payable and accrued expenses

Grants payable

Deferred revenue Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Loans and other payables to any current or former officer, director,

Secured mortgages and notes payable to unrelated third parties

Organizations that follow FASB ASC 958, check here 🕨 🔀

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

Retained earnings, endowment, accumulated income, or other funds

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

controlled entity or family member of any of these persons

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

trustee, key employee, creator or founder, substantial contributor, or 35%

Total assets. Add lines 1 through 15 (must equal line 33)

-<sub>age</sub> 11

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<u>25,177,</u>689.

323,831.

649,309.

973,140.

23,092,339.

1,112,210.

25,196,237.

205,796.

56,368.

262,164.

23,148,455.

24,934,073.

25,196,237.

1,785,618.

25,177,689. Form 990 (2021)

24,204,549.

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of Schedule D

Liabilities

Net Assets or Fund Balances

_	1990 (2021) KANSAS FOODBANK WAREHOUSE INC	48-0	959213	Paç	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,577		
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,717		
3	Revenue less expenses. Subtract line 2 from line 1	3	-140	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,934		
5	Net unrealized gains (losses) on investments	5	-589	),18	85.
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	24,204	.,54	<u>49.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	·····	····	X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			37
2a			2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x	I
	review, or compilation of its financial statements and selection of an independent accountant?		2c	^	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Audit		~	I
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			x	1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(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. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of t	the or	ganizati	on
-----------	--------	----------	----

Name	lame of the organization Employer identification number									
		KANS	AS FOODBAN	K WAREHOUSE	INC			4	8-0959213	
Par	tl	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	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	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	ו 990).)					
3 [		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4 [	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state:									
5 [		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in	
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7 [	X	An organization that norma	lly receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ie general p	oublic described in	
-		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8 [		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)					
9 [		An agricultural research org				-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
L. F		university:								
10 [		An organization that norma								
		activities related to its exem		-					-	
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
<b>.</b> . [	_	See section 509(a)(2). (Con	• •				O(-)(A)			
11 [ 12 [	=	An organization organized a	-	•	•			rny out the	nurnance of one or	
		An organization organized a more publicly supported or	-	-	-			•		
		lines 12a through 12d that	-							
а		<b>Type I.</b> A supporting orga						-	aivina	
u	L	the supported organization	-	-	•	-				
		organization. You must c			indjointy o				,pporting	
b		<b>Type II.</b> A supporting org			ion with it:	s supporte	d organizatio	n(s), by hav	vina	
		control or management o	-				•		•	
		organization(s). You mus			·		·			
с		] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,	
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.			
d		] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	/eness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .			
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supportion	ng organiz	ation.			[]	
		r the number of supported o	•							
g		ide the following information		d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of			
	(I	) Name of supported organization	(ii) EIN	(described on lines 1-10	in your governi	ng document?	support (see ir	,	(vi) Amount of other support (see instructions)	
				above (see instructions))	Yes	No				
Total										

KANSAS FOODBANK WAREHOUSE INC

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21314649.	19124078.	23785522.	26156136.	22839190.	113219575
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	21314649.	19124078.	23785522.	26156136.	22839190.	113219575
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)						46966650.
6	Public support. Subtract line 5 from line 4.						66252925.
	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	21314649.	19124078.	23785522.	26156136.	22839190.	113219575
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	93,450.	147,901.	144,044.	158,321.	104,067.	647,783.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						113867358
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 9	,315,125.
13	First 5 years. If the Form 990 is for the	he organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and sto						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2021 (	line 6, column (f), d	ivided by line 11, o	column (f))		14	58.18 %
15	Public support percentage from 2020	) Schedule A, Part	II, line 14			15	60.00 %
16a	33 1/3% support test - 2021. If the	organization did no	t check the box o	n line 13, and line <sup>.</sup>	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2020. If the	organization did no	t check a box on I	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circum	nstances test, che	ck this box and <b>s</b> t	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17b</u>	o, check this box a	nd see instructions	s <b>&gt;</b>
						Schedule A	(Form 990) 2021

KANSAS FOODBANK WAREHOUSE INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	<u></u>	,						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(	<b>e)</b> 2021	(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 per-								
	formed, 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 bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization'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								
	Amounts included on lines 1, 2, and								
	3 received from disgualified persons								
k	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								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support		1		1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(	e) 2021	(f) Total	
	Amounts from line 6								
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties, and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
	Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is regularly carried on								
12	Other income. Do not include gain								
_	or loss from the sale of capital								
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)								
	First 5 years. If the Form 990 is for the	L	irst second third :	fourth or fifth tax	Voar as a soction 5	01(0)(5	a) organizatio		
14	check this box and stop here	•						· –	
Se	ction C. Computation of Publi	c Support Per	rcentage						
	Public support percentage for 2021 (			column (f))		15			%
	Public support percentage from 2020		•			16			%
	ction D. Computation of Invest					1			
17	Investment income percentage for 20		mn (f), divided by li	ne 13. column (f))		17			%
	Investment income percentage from					18			%
	a 33 1/3% support tests - 2021. If the						6, and line 17	7 is not	
_	more than 33 1/3%, check this box a						, and mie in		
ł	<b>33 1/3% support tests - 2020.</b> If the								
	line 18 is not more than 33 1/3%, che							_	
20	<b>Private foundation.</b> If the organization								Ξ
-	23 01-04-22		,	. ,				(Form 990) 20	021

KANSAS FOODBANK WAREHOUSE INC

1

2

Yes No

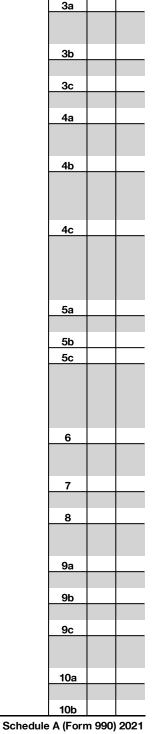
#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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#### Schedule A (Form 990) 2021 KANSAS FOODBANK WAREHOUSE INC

Yes No

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	lb		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	1c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

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

supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations
--

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
•		(000 110 1 00 1010)

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- **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 of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

Yes No

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Sche	dule A (Form 990) 2021 KANSAS FOODBANK WAREHO			48-0959213 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990) 2021

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instructions).

a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

Section D - Distributions

#### KANSAS FOODBANK WAREHOUSE INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect					Gurrent rear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
-	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	: From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

**Current Year** 

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021			WAREHOUSE		48-0959213 Page 8
Part VI	line 1; Part IV, Section A, lines	s 1, 2, 3b, 3c, 4b, D, lines 2 and 3; F	4c, 5a, 6, 9a, 9b, Part IV, Section E,	9c, 11a, 11b, and 11 lines 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a d c; Part IV, Section B, lines and 3b; Part V, line 1; Part lete this part for any additi	V, Section B, line 1e; Part V,
132028 01-04-2	2					Schedule A (Form 990) 202
				21		· · ·

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

\*\* PUBLIC DISCLOSURE COPY \*

# Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

959213

48-0

KANSAS	FOODBANK	WAREHOUSE	INC
Organization type (check one):			

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

48-0959213

## KANSAS FOODBANK WAREHOUSE INC

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>3,275,533.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>3,657,602.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>4,318,652.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>629,297.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>4,557,412.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
123452 11-11-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

2021.05050 KANSAS FOODBANK WAREHOUSE 2075\_\_\_1

Name of o	rganization		Employer identification number
KANSA	S FOODBANK WAREHOUSE INC		48-0959213
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Listo received
	FOOD	_	
		\$3,215,53	33. 06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Listo received
	FOOD	_	
2		\$3,657,60	02. 06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	l listo received
3	FOOD	_	
		\$4,318,6	52. 06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
	FOOD	_	
4		\$429,2	97. 06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
_	FOOD	_	
5		-	
		\$ <u>4,557,4</u> 2	<u>12.</u> <u>06/30/22</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		— I ' —————	

Schedule B (Form 990) (2021)

Page 3

Schedule B (Form 990) (2021)

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Schedule B	(Form 990) (2021)			Page <b>4</b>
Name of org	ganization			Employer identification number
KANSAS	FOODBANK WAREHOUSE IN	<b>-</b>		48-0959213
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in		
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000	or less for the year. (Enter this info. on	nce.) ▶ \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.	<u> </u>	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
F		(e) Transfer of	l gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
F		(e) Transfer of g	I gift	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of		
			-	
-	Transferee's name, address, a	nd ZIP + 4		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, and ZIP + 4		Relationship of tra	ansferor to transferee
123454 11-11-	21			Schedule B (Form 990) (2021)

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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.



Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

_	KANSAS FOODBANK WAR			48-0959213
Par			Accour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v		funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			•	Yes No
Par		panization answered "Yes" on Form 990. Par	t IV. line 7	
1	Purpose(s) of conservation easements held by the organization		,	-
•	Preservation of land for public use (for example, recreat	· · · · · · · · · · · · · · · · · · ·	historically	important land area
	Protection of natural habitat	Preservation of a		
	Preservation of open space		centined m	stone structure
•		ind concernation contribution in the form of a		tion accoment on the last
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.			Held at the End of the Tax Year
			0	
b				
С	Number of conservation easements on a certified historic stru		<u>2c</u>	
d	Number of conservation easements included in (c) acquired a	-		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	ganization	during the tax
	year 🕨			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatior	n easemen	ts during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	1)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation			d
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statements	s that desc	cribes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	<sup>•</sup> Art, Historical Treasures, or Othe	er Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	blic exhibition, education, or research in furth	erance of	public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 95		ance sheet	works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
				\$
	(i) Revenue included on Form 990, Part VIII, line 1		•	
0		agurag, ar athar similar agosts for financial as		
2	If the organization received or held works of art, historical treater following an experiment received to be reported up for a factor of the following and t		an, provide	3
	the following amounts required to be reported under FASB A	-	•	٨
	Revenue included on Form 990, Part VIII, line 1			\$
		<i>.</i>		·
LHA	For Paperwork Reduction Act Notice, see the Instructions	s tor Form 990.		Schedule D (Form 990) 2021

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2021.05050	KANSAS	FOODBANK	WAREHOUSE	2075_	1

Sche		FOODBANK WA					59213	
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Otl	her Similar A	Assets	(continu	ied)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	e significant us	e of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's e	xempt purpose	in Part >	KIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other sim	ilar assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?		🗌	Yes	No
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes"	on Form 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets n	ot included			
	on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
							Amount	
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	orm 990, Part X, line 2	21, for escrow or cu	istodial account lia	ability?	🗆	Yes	No
	If "Yes," explain the arrangement in Part XIII.					<u></u>		
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, lir				
		(a) Current year	(b) Prior year	(c) Two years bac			<b>(e)</b> Four y	/ears back
1a	Beginning of year balance	3,932,062.	2,775,651.	2,639,01	7. 2,50	4,029.	3,2	208,657.
b	Contributions	91.	527,912.					
с	Net investment earnings, gains, and losses	-405,891.	641,059.	146,13	5. 14	4,043.	3	307,268.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs						1,0	000,000.
f	Administrative expenses	11,975.	12,560.	9,50	1.	9,055.		11,896.
g	End of year balance	3,514,287.	3,932,062.	2,775,653	1. 2,63	9,017.	2,5	504,029.
2	Provide the estimated percentage of the curr	-	(line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment	94.0700	_%					
b	Permanent endowment  5.9300	%						
с	Term endowment  .0000	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered fo	r the organizati	on	_	
	by:						<u>ر</u>	res No
	(i) Unrelated organizations						3a(i)	<u> </u>
	(ii) Related organizations						3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	<b>t VI</b> Land, Buildings, and Equipm			an Faura 000 David	V line 10			
	Complete if the organization answere							
	Description of property	(a) Cost or ot			Accumulated	I	(d) Book	value
		basis (investm	,	· · ·	depreciation		1 0 0 0	105
	Land			9,485.	<b>F03 0C</b>			<u>,485.</u>
	Buildings		0,25	4,154. 1	,593,86	<u>7.</u>	±,000	,285.
	Leasehold improvements		2.07		007 65		070	106
	Equipment		2,9/	<u>5,756.</u> 1	,997,65	<u>••</u>	918	<u>,106.</u>
	Other			I		-	5 707	Q76
<u>i ota</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part ⟩	( <u>, column (B), line 1</u>	0c.)	-			<u>,876.</u>
					S	cnedule	D (Form	990) 2021

	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990. Part X, line 12	
	ON OF SECURITY OF CATEGORY (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial	derivatives			-
2) Closely h	eld equity interests			
3) Other	-			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
fotal. (Col. (b)	must equal Form 990, Part X, col. (B) line 12.)			
	Complete if the organization answered "Yes"	on Form 000 Dort IV line	11a Saa Farm 000 Dart V lina 12	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(4)	(a) Description of investment	(b) BOOK Value	(c) Method of Valdation. Cost of end	a-or-year market value
(1)				
(2)				
<u>(3)</u> (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.) 🕨			
	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	1
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.		·····	
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
	(a) Description of liability			. (b) Book value
1. (1) Fede	ral income taxes			
	NDS HELD FOR OTHERS			27,069
	FUNDABLE GRANT ADVANCES			622,240
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(9) Total. (Colum	nn (b) must equal Form 990. Part X. col. (B) line	25)		649,309

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

Schedule D (Form 990) 2021

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(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>-</sup>	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

	edule D (Form 990) 2021 KANSAS FOODBANK WAREHOUSE		0959213 Page 4								
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.										
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.										
1	Total revenue, gains, and other support per audited financial statements			1	23,329,590.						
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:										
а	Net unrealized gains (losses) on investments	2a	-589,185.								
b	Donated services and use of facilities	2b									
с	Recoveries of prior year grants	2c									
d	Other (Describe in Part XIII.)	2d									
е	Add lines 2a through 2d			2e	-589,185.						
3	Subtract line <b>2e</b> from line <b>1</b>			3	23,918,775.						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:										
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,975.								
b	Other (Describe in Part XIII.)	4b	646,534.								
	Add lines <b>4a</b> and <b>4b</b>			4c	658,509.						
с	Add lines 4a and 4b										
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)			5	24,577,284.						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem				<u>24,577,284</u> . n.						
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	nents With			n.						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	nents With <sup>2a.</sup>	Expenses per F		24,577,284. n. 24,059,114.						
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>TXII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With <sup>2a.</sup>	Expenses per F	letur	n.						
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements	nents With	Expenses per F	letur	n.						
5 Pa 1 2	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With 2a.	Expenses per F	letur	n.						
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	nents With           2a.            2a            2a            2b	Expenses per F	letur	n.						
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>tt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a.            2a            2b            2c	Expenses per F	letur	n.						
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a            2a            2b            2c            2d	I Expenses per F	letur	n. <u>24,059,114</u> . 0.						
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a            2a            2b            2c            2d	Expenses per F	1	n. 24,059,114.						
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a            2a            2b            2c            2d	Expenses per F	1 2e	n. <u>24,059,114</u> . 0.						
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	11,975.	1 2e	n. <u>24,059,114</u> . 0.						
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	Expenses per F	1 2e	n. 24,059,114. 0. 24,059,114.						
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other statements         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d           2d           4a           4b	11,975. 646,534.	1 2e	n. 24,059,114. 0. 24,059,114. 658,509.						
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d           4a           4b	11,975. 646,534.	1 2e 3	n. 24,059,114. 0. 24,059,114.						

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

FUNDS CAN BE USED TO FINANCE PROGRAMS AND GENERAL OPERATIONS, INCLUDING

BUT NOT LIMITED TO THE PURCHASING OF PRODUCTS; AND FUNDING TRANSPORTATION,

SALARIES/COMPENSATION, UTILITIES, INSURANCE AND EMERGENCY EFFORTS.

PART X, LINE 2:

THE ORGANIZATION IS ORGANIZED AS A KANSAS NONPROFIT CORPORATION AND HAS

BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM

FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

(IRC). THE ORGANIZATION IS QUALIFIED TO RECEIVE DEDUCTIBLE CHARITABLE

CONTRIBUTIONS UNDER SECTION 170(B)(1)(A)(VI), AND HAS BEEN DETERMINED NOT

30

TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A). THE

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021       KANSAS FOODBANK WAREHOUSE INC       48-0959213       Page 5         Part XIII       Supplemental Information (continued)       6000000000000000000000000000000000000
FOUNDATION IS QUALIFIED TO RECEIVE DEDUCTIBLE CHARITABLE CONTRIBUTIONS
UNDER SECTION 170, AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION
UNDER SECTIONS 509(A). THE FOUNDATION IS EXEMPT UNDER 509(A)(3). THE
ORGANIZATION AND FOUNDATION ARE ANNUALLY REQUIRED TO FILE A RETURN OF
ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION,
THE ORGANIZATION AND THE FOUNDATION ARE SUBJECT TO INCOME TAX ON NET
INCOME DERIVED FROM UNRELATED BUSINESS INCOME. FOR THE YEAR ENDED JUNE
30, 2022, THE ORGANIZATION AND THE FOUNDATION DID NOT INCUR ANY UNRELATED
BUSINESS INCOME. THE ORGANIZATION AND THE FOUNDATION BELIEVE THAT IT HAS
APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL
FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX
POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE
ORGANIZATION AND THE FOUNDATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST
AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN
INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. THE
FEDERAL EXEMPTION FROM INCOME TAX IS RECOGNIZED BY STATE AUTHORITIES.
KFBW, LLC IS CONSIDERED A DISREGARDED ENTITY OF THE ORGANIZATION AND IS
INCLUDED IN THE RESPECTIVE FORM 990.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

UNUSABLE PRODUCT INCLUDED IN DONATED FOOD

PART XII, LINE 4B - OTHER ADJUSTMENTS:

UNUSABLE PRODUCT INCLUDED IN DONATED FOOD

646,534.

646,534.

Schedule D (Form 990) 2021

132055 10-28-21

10100217 757970 2075

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.								
Department of the Treasury		Open to Public							
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest information	on.		Inspection	
Name of the organization		FOODBANK WAREHOUSE	<b>T 3 7</b> /	~				entification number	
Dout L Euroducio	48-0959								
	complete this par	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not	
a X Mail solicitat b X Internet and c Phone solici d In-person so	tions email solicitations tations licitations		tion of tion of fundra	non-g gover aising	overnment grants nment grants events	toos	or		
key employees list	ed in Form 990, P highest paid indiv	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofessi	onal fi	undraising services?		X Ye		
(i) Name and addres or entity (fund		(ii) Activity	(iiii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
BRAD CECIL & ASSOC	IATES -		Yes	No					
2115 ARLINGTON DOWN	NS RD,	DIRECT MAIL SERVICES		x	1,218,760.		293,847	. 924,913.	
Total			<u></u>		1,218,760.		293,847	. 924,913.	
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (	exempt from r	egistration	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

KANSAS FOODBANK WAREHOUSE INC

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro		,	• ·	s greater than \$5,000.
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
_			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue						
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
lirect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10		9 in column (d)		►	
_	11				►	
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				<b>.</b>
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Å	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		•	
		Het gaming meene sammary. Subtrast mie r				I
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	the organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
b	If "	'No," explain:				
		ere any of the organization's gaming licenses re			ear?	Yes No
b	) I† "	'Yes," explain:				
	_					
1320	32 10	D-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021 KANSAS FOODBANK WAREHOUSE INC 48-0	)9 <u>5</u> 9	213	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
		13b		<u> </u>
	An outside facility	130		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Address			
				_
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	📖	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
40				
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
~	organization's own exempt activities during the tax year <b>&gt;</b> \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lir	100 Q Q	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, m	103 0, 0	b, 10b,
gC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS			
50	MEDOLE G, TAKI I, DINE 2D, DIGI OF TEN MIGHEGI TAID FONDKAIDEK.			
<i>(</i> т	NAME OF HUNDRATCHD, DRAD GEGIL & ACCOCTAMES			
<u>(I</u>	) NAME OF FUNDRAISER: BRAD CECIL & ASSOCIATES			
<i>.</i> –			C 0 1	4
(1	) ADDRESS OF FUNDRAISER: 2115 ARLINGTON DOWNS RD, ARLINGTON, T	<u> </u>	601	L
			Cours (	000) 0001

Schedule G	G (Form	990)

Part IV	Supplemental Information	(continued)
	~	Schedule G (Form 990)
132084 11-18-	21	

SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2021		
	rtment of the Treasury	Attach to Form 990.		Open to		ic
-	al Revenue Service ne of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer id	Inspe		mhor
Indii	le of the organization	KANSAS FOODBANK WAREHOUSE INC		95921		nbei
Pa	rt I Question	s Regarding Compensation	40-0	9 9 9 2 1	5	
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.		103	
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o		nal use			
	Travel for com	<b>o</b>				
	Tax indemnific	ation and gross up payments Health or social club dues or initiation fees				
	Discretionary	spending account Personal services (such as maid, chauffeu	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	y, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensation	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior					
	Independent of	ompensation consultant Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year did	any parson listed on Form 900 Part VII. Section A line 1a with respect to the filing				
4	organization or a re	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
а				4a		x
b		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?			Х	<u> </u>
c		eive payment from an equity-based compensation arrangement?				x
•		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			. 5a		X
b	Any related organiz	ation?		. 5b		X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			. <u>6a</u>		X
b	Any related organiz			. 6b		X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				37
_		es 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	е			v
~				8		X
9		d the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9	- 000	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n 990)	12021

132111 11-02-21

Schedule J (Form 990) 2021

48-0959213

Page 2

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		<b>(B)</b> Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BRIAN WALKER	(i)	161,537.	0.	0.	26,344.	23,424.	211,305.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### PART I, LINE 4B:

BRIAN WALKER - DEFERRED COMPENSATION PLAN - \$20,520

Schedule J (Form 990) 2021

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

ZUZ

**Open to Public** 

Inspection

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Employer identification number 48-0959213

Department of the Treasury Internal Revenue Service

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

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

## Name of the organization

		FOODBANK	WAREHOUSE	INC
Dert	Turnen of Duenewhy			

Pai	IT Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of de noncash contribu		•	 s
1	Art - Works of art			, , ,				
2	Art - Historical treasures							
2								
	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	176	17,256,487	.\$1.92/LB OF	FO	DD I	JON
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25								
25 26								
20 27								
	Other ()							
28	Other ()	ation during	l the tex year for a					
29	Number of Forms 8283 received by the organiz	-						
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	ement 29			~	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							37
	exempt purposes for the entire holding period?					30a		X
b	, , , , , , , , , , , , , , , , , , ,							
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contrib	utions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncas	า			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is ch	ecked,			
	describe in Part II							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

	is reporting in Part I, column (b), the number of contribution this part for any additional information.	itions, the number of items rece	ived, or a combination of both. Also complete
132142 11-17-2	1		Schedule M (Form 990) 202 <sup>-</sup>
		40	

 Schedule M (Form 990) 2021
 KANSAS
 FOODBANK
 WAREHOUSE
 INC
 48-0959213
 P

 Part II
 Supplemental Information.
 Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization

SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Name of the organization

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

48-0959213

KANSAS FOODBANK WAREHOUSE INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOOD COMPANIES AND OTHER ENTERPRISES.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO OTHER COMMITTEE MINUTES KEPT CONTEMPORANEOUSLY BEYOND THE

BOARD OF DIRECTORS MINUTES IN THE ORGANIZATION. ALL OTHER COMMITTEES REPORT

TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

PRELIMINARY FORM 990 IS SENT TO THE BOARD TREASURER FOR APPROVAL AND IS

MADE AVAILABLE TO THE OTHER MEMBERS OF THE BOARD OF DIRECTORS. THE

TREASURER MAKES THE RECOMMENDATION TO APPROVE THE FORM 990 TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY AT

THE FIRST MEETING OF THE NEW BOARD. MEMBERS OF THE BOARD ARE REQUIRED TO

REPORT ANY CHANGES RELATED TO THE ORGANIZATION'S CONFLICT OF INTEREST

POLICY TO THE BOARD AS SOON AS THE CHANGE OCCURS. NO CHANGES ARE MADE TO

THE POLICY WITHOUT A VOTE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS EVALUATES THE EXECUTIVE DIRECTOR'S PERFORMANCE AND

REVIEWS SALARIES OF OTHER EXECUTIVE DIRECTORS OF FOODBANKS OF SIMILAR SIZE.

THE BOARD OF DIRECTORS SETS THE SALARY OF THE EXECUTIVE DIRECTOR SO IT IS

COMPARABLE WITH OTHER FOODBANKS.

KANSAS FOODBANK WAREHOUSE INC

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST AT THE MAIN OFFICE OF THE

ORGANIZATION.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH IS RESPONSIBLE FOR THE

OVERSIGHT OF THE AUDIT AND APPROVAL OF THE FINANCIAL STATEMENTS. THE

AUDIT COMMITTEE IS ALSO RESPONSIBLE FOR THE SELECTION OF THE

INDEPENDENT AUDITING FIRM.

Schedule O (Form 990) 2021

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#### (Form 990)

# Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number 48 - 0959213

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### KANSAS FOODBANK WAREHOUSE INC

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
KFBW, LLC	OPERATES EXCLUSIVELY TO				
1919 E DOUGLAS	FURTHER THE CHARITABLE				KANSAS FOODBANK
WICHITA, KS 67211	PURPOSES OF ITS MEMBER	KANSAS	0.	547,770.	WAREHOUSE, INC.

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
KANSAS FOOD BANK FOUNDATION, INC	TO SERVE AS A SUPPORT						
87-4745665, 1919 E. DOUGLAS AVE., WICHITA,	ORGANIZATION FOR THE				KANSAS FOOD BANK		
KS 67211	KANSAS FOOD BANK	KANSAS			WAREHOUSE, INC.		х
	-						

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

Schedule R (Form 990) 2021

#### Schedule R (Form 990) 2021 KANSAS FOODBANK WAREHOUSE INC

48-0959213 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	General or managing partner?		Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
										+		

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512(b contr	tion b)(13) rolled tity?
		country)						Yes	No

### Schedule R (Form 990) 2021 KANSAS FOODBANK WAREHOUSE INC

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

uring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ift, grant, or capital contribution to related organization(s) ift, grant, or capital contribution from related organization(s)	1a 1b		X
ift, grant, or capital contribution to related organization(s)	1b		
ift, grant, or capital contribution to related organization(s)			
	4		Х
	1c		Х
pans or loan guarantees to or for related organization(s)	1d		X
pans or loan guarantees by related organization(s)	1e		Х
ividends from related organization(s)	1f		Х
ale of assets to related organization(s)	1g		Х
urchase of assets from related organization(s)	1h		Х
	1i		Х
ease of facilities, equipment, or other assets to related organization(s)	1j		Х
ease of facilities, equipment, or other assets from related organization(s)	1k		Х
erformance of services or membership or fundraising solicitations for related organization(s)	11		Х
	1m		Х
haring of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
haring of paid employees with related organization(s)	10		Х
eimbursement paid to related organization(s) for expenses	1p		Х
eimbursement paid by related organization(s) for expenses	1q		Х
ther transfer of cash or property to related organization(s)	1r		Х
ther transfer of cash or property from related organization(s)	1s		Х
ivaux e e e e h h e e tit	vidends from related organization(s)	vidends from related organization(s)	vidends from related organization(s)

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
(3)			
<u>(</u> 4)			
<u>(</u> 5)			
<u>(6)</u>			

#### Schedule R (Form 990) 2021 KANSAS FOODBANK WAREHOUSE INC

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org: <b>Yes</b>	all rs sec. c)(3) s.?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(ř Dispr tior alloca <b>Yes</b>	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	) ging ter?	<b>(k)</b> Percentage ownership
			30010113 0 12 0 14)	Yes	NO			Yes	NO		Yes	NO	

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### PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

#### NAME OF RELATED ORGANIZATION:

KANSAS FOOD BANK FOUNDATION, INC.

PRIMARY ACTIVITY: TO SERVE AS A SUPPORT ORGANIZATION FOR THE KANSAS FOOD

#### BANK WAREHOUSE, INC.

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