# PUBLIC DISCLOSURE COPY KANSAS FOODBANK WAREHOUSE INC 06/30/2024



#### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Form **990** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Form 990 (2023)

Department of the Treasury Internal Revenue Service

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

JUL 1, 2023 and ending JUN 30, A For the 2023 calendar year, or tax year beginning B Check if applicable: C Name of organization D Employer identification number Address change KANSAS FOODBANK WAREHOUSE INC Name change 48-0959213 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (316)265-4421Final return/ 1919 E. DOUGLAS 34,257,718. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return WICHITA, KS 67211 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BRIAN WALKER for subordinates? \_\_\_\_ Yes X No H(b) Are all subordinates included? 1919 E DOUGLAS, WICHITA, KS Yes 527 If "No," attach a list. See instructions 4947(a)(1) or (insert no.) KSFOODBANK.ORG H(c) Group exemption number J Website: K Form of organization: X Corporation L Year of formation: 1983 M State of legal domicile: KS Association Part I Summary Briefly describe the organization's mission or most significant activities: TO FEED THE HUNGRY BY SOLICITING AND RECEIVING FOOD FROM LOCAL, REGIONAL AND NATIONAL FOOD COMPANIES Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 Number of voting members of the governing body (Part VI, line 1a) 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 33 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 8634 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 27,556,823. 31,577,237. Contributions and grants (Part VIII, line 1h) 8 Revenue 2,628,427. 2,316,696. Program service revenue (Part VIII, line 2g) 9 56,709. 41,638. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 29,930,228. 34,247 302. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 12,551,147. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 1,927,981. 2,133,660. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 25,938,187. 29,603,119. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 31,736,779. 40,417,315. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -10,487,087. 2,510,523. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year OF 14,425,726. 17,009,826. 20 Total assets (Part X, line 16) 708,895. 678,702. 21 Total liabilities (Part X, line 26) 13,747,024. 16,300,931. Net assets or fund balances. Subtract line 21 from line 20 .... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign BRIAN WALKER, PRESIDENT/CEO Here Type or print name and title PTIN Preparer's signature Print/Type preparer's name LAURA LEHMER, CPA 03/18/25 P01252614 LAURA LEHMER, Paid Firm's EIN 48-0573184 REGIER CARR & MONROE, L.L.P. Preparer Firm's name 300 W. DOUGLAS AVE. STE. 900 Use Only Firm's address Phone no. 316-264-2335 WICHITA, KS 67202-2914 X Yes May the IRS discuss this return with the preparer shown above? See instructions

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LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Га	Statement of Frogram Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO FEED THE HUNGRY BY SOLICITING AND RECEIVING FOOD AND OTHER GOODS	
	FROM LOCAL, REGIONAL AND NATIONAL FOOD COMPANIES AND OTHER ENTERPRISES	
	·	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		▼
		Δ No
	If "Yes," describe these new services on Schedule O.	1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	20.050.400	27. \
Tu	THE KANSAS FOODBANK WAREHOUSE, INC. DISTRIBUTED OVER 18,000,000 POUNDS	
	OF FOOD TO PARTNER AGENCIES IN 85 COUNTIES OF WESTERN, CENTRAL AND	
	SOUTHEAST KANSAS. 1 IN 7 KANSANS EXPERIENCE FOOD INSECURITY. THE	
	MAJORITY OF PEOPLE SERVED THROUGH OUR NETWORK OF PARTNER AGENCIES,	
	MOBILE FOOD DISTRIBUTIONS OR OTHER MEANS ARE CHRONICALLY HUNGRY	
	CHILDREN, SENIORS LIVING ON LIMITED INCOMES, HARD WORKING PEOPLE WHO	
	ARE STRUGGLING TO MAKE ENDS MEET ALONG WITH THOSE WHO HAVE A CHRONIC	
	ILLNESS.	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$	
	(Code:	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 30,958,420.	
	Form <b>99</b> 0	0 (2023)

## Form 990 (2023) KANSAS FOODBANK WAREHOUSE INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,			X
^	Schedule D, Part III	8		
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?			<b> </b> ₩
	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		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	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		X
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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<del></del>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>⊢</b> ''		
13		12		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<del>  ^</del> `
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		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			<sub>v</sub>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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## Form 990 (2023) KANSAS FOODBANK WAREHOUSE INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule 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		<u>X</u>
	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 noncash contributions? If "Yes," complete Schedule M	29	X	
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		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		7.7	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			37
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	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			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	77	Ц
	Check if Schodula O contains a reapprop or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in this Part V		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21		. 55	140
	Enter the number reported in 50x 5 of 10fm 1050. Enter 40 in 10t applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	
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Part 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	33						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	X				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accou	nt)?	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 A	ccour	its (FBAR).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		_X_			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?								
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?								
7									
	a 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?  b. If "Yes," did the organization potify the donor of the value of the goods or services provided?								
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
C	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?								
ч	to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  7d								
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.		,	7e 7f		X			
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as required?	7g					
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
	sponsoring organization have excess business holdings at any time during the year?								
9	9 Sponsoring organizations maintaining donor advised funds.								
а									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:		1						
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b	•						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the								
b	organization is licensed to issue qualified health plans	13b	1						
c	Enter the amount of reserves on hand	13c							
			•	14a		Х			
<ul> <li>Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O</li> </ul>									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			14b					
excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.			15					
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?									
If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.	•							

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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 it Schedule O contains a response or note to any line in this Part VI			Δ					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 19	Ц							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		x					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		x					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	· · ·							
		7b		x					
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75							
		8a	х						
a		8b	21	х					
ь		OD							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x					
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u> </u>							
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	l NI a					
10-	Did the expenientian have lead chanters branches as offiliated?	100	res	No X					
	Did the organization have local chapters, branches, or affiliates?	10a							
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ						
ь	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1	3.7						
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х	<u> </u>					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filedNONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	ADAMS BROWN - (316)262-6578								
	358 N MAIN, SUITE 100, WICHITA, KS 67202								

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

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

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

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

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

- 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.

(A)  Name and title	(B) Average hours per week	(do box		Pos heck	ition	than o	one n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BRIAN WALKER	48.00			,,				170 501	_	F0 FF7
PRESIDENT/CEO (2) REBECCA RATHER	2.00			Х				179,591.	0.	52,557.
(2) REBECCA RATHER CHAIRMAN	1.00	Х		х				0.	0.	0.
(3) DANA KNOTT	1.00	^		^				0.	0.	<u> </u>
FIRST VICE CHAIR	1.00	Х		х				0.	0.	0.
(4) TIM ZYNDA	1.00			25				•	•	<u>.</u>
SECOND VICE CHAIR	1.00	х		x				0.	0.	0.
(5) JOSHUA HAMPEL	1.00									
SECRETARY	1.00	Х		х				0.	0.	0.
(6) SAM SEWARD	1.00									
TREASURER	1.00	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		Х						0.	0.	0.
(10) DOUG JENKINS	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(11) ROGER KEPLEY	1.00	1								
BOARD MEMBER	1 00	Х						0.	0.	0.
(12) DON MEIERGERD	1.00	ļ								•
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) DANIEL EILERT	1.00	.,							,	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) RENEE REED	1.00	3,7							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) SERGIO ROMAN BOARD MEMBER	1.00	Х						0.	0.	0.
(16) JIM SHELDEN	1.00	Λ						1	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(17) JUDY DAVIS	1.00	-22				$\vdash$			· ·	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
	<u> </u>			l	ı		I		J •	Form 990 (2022)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)			
(A)	(C)						(D)	(E)	,			
Name and title	Average	(do		Positheck n			ne	Reportable	Reportable		Es	timated
	hours per	box	, unle	ss pers	son is	s both	an	compensation	compensatio			nount of
	week (list any				CCIO	1711 431	cc)	from the	from related			other
	hours for	director				D D		organization	organization (W-2/1099-MIS			pensation om the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	, 0,		anization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	ŕ		an	d related
	below	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizations
(10) KADDAL LIDIGUM	line) 1.00	Pul	l s	#0	Key	Hig	횬					
(18) KAREN WRIGHT BOARD MEMBER	1.00	Х						0.		0.		0.
(19) DAN HEINZ	1.00	Λ						0.		٠.		0.
BOARD MEMBER	1.00	х						0.		0.		0.
(20) SHANNON O'NEIL	1.00											
BOARD MEMBER		Х						0.		0.		0.
		1										
		-										
		-										
		1										
1b Subtotal		l						179,591.		0.	5	2,557.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								179,591.		0.	5	2,557.
2 Total number of individuals (including but n								eceived more than \$100,	000 of reportable	<del>,</del>		
compensation from the organization												1
												Yes No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	emplo	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su	•							•	•			37
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a	•				•			•			_	х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or st	ıch p	ers	on .					5	
Complete this table for your five highest contains the second secon	mpensated inc	lene	nder	nt co	ntra	actor	s th	nat received more than \$	100 000 of comp	ensat	ion fro	om
the organization. Report compensation for	•	•							, , , , , , , , , , , , , , , , , , ,	onoa		2111
(A)								(B)			(0	<del></del>
Name and business	address							Description of s	ervices	С		nsation
LEE CONSTRUCTION, INC.												
413 CAMPUS DR #1, GARDEN	CITY, K	S	<u>67</u>	846	5		_	CONSTRUCTION		2	,21	<u>5,786.</u>
							_					
							$\dashv$		+			
							$\dashv$					
2 Total number of independent contractors (ii	ncluding but n	ot lir	nited	to t	hos	e lis	ted	above) who received mo	ore than			

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\$100,000 of compensation from the organization

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
<b>'0</b> '0	_	Fordered commercians					000000000000000000000000000000000000000
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns 1a					
g on		Membership dues 1b					
s, An		Fundraising events1c					
를 돌		d Related organizations 1d					
ini	(	Government grants (contributions)	5,855,287.				
Ρ̈́S	1	All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f	25,721,950.				
달	,	Noncash contributions included in lines 1a-1f 1g \$	21,749,707.				
a S	1	Total. Add lines 1a-1f		31,577,237.			
			Business Code				
σ.	2 :	FOOD PURCHASE PROGRAM	624200	2,366,300.	2,366,300.		
Š.	_ `	SHARED MAINTENANCE	624200	238,096.	238,096.		
e n		<u> </u>	021200	200,000.	200,050.		
n S	•						
ga Be	(	<u> </u>					
Program Service Revenue		·		24 224	04.004		
-		All other program service revenue	900099	24,031.	24,031.		
$\longrightarrow$		Total. Add lines 2a-2f		2,628,427.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		41,149.			41,149.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	•	10.005	(.,, 5				
		accord carer and more y					
		Less: cost or other basis					
Ĭ.		and sales expenses 7b 10,416.					
ther Revenue		3 dail of (1033)		400			400
æ		d Net gain or (loss)		489.			489.
<u>a</u>	8	a Gross income from fundraising events (not					
8		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	- 1	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 :	a Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances10a					
		J					
$\rightarrow$		Net income or (loss) from sales of inventory	Business Code				
S			Business Code				
eor Pe	11 :		<b> </b>				
lan en	ı	·	<b></b>				
Miscellaneous Revenue							
Mis	•	d All other revenue					
		Total. Add lines 11a-11d	<u></u>				
	12	Total revenue. See instructions		34,247,302.	2,628,427.	0.	41,638.

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 257,274. 77,182. 154,364. 25,728. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,363,673. 1,212,162. 86,921. 64,590. Other salaries and wages 7 Pension plan accruals and contributions (include 25,964. 24,467. 392. 1,105. section 401(k) and 403(b) employer contributions) 367,190. 339,753. 9,182. 18,255. Other employee benefits 9 119,559. 97,086. 15,989. 6,484. 10 Payroll taxes 11 Fees for services (nonemployees): Management 4,530. 2,205. 2,325. Legal 53,713. 53,713. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 9,345. 2,575. 6,578. 192. Advertising and promotion 12 343,843. 81,670. 6,298. 255,875. 13 Office expenses Information technology 14 15 Royalties 135,437. 135,030. 244. 163. Occupancy 16 28,209. 27,837. 302. 70. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 12,996. 410. 13,680. 274. Conferences, conventions, and meetings 19 548. 548. 20 Payments to affiliates 21 388,533. 372,683. 15,850. Depreciation, depletion, and amortization 22 118,365. 112,447. 3,551. 2,367. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 21,482,140. 21,482,140. DONATED FOOD DISTRIBUTE COST OF PURCHASED FOOD 5,573,718. 5,573,718. 506,325. 506,325. UNUSUABLE INVENTORY 192,353. 17,663. 2,883. 212,899. d R&M, EQUIPMENT RENTAL 731,834. 705,791. 1,013.25,030. e All other expenses 31,736,779. 30,958,420. 408,433. 369,926. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X | Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	······		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments			3,382,055.
	3	Pledges and grants receivable, net	4,000.		4,000.
	4	Accounts receivable, net	370,554.	4	698,976.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,658,050.	8	1,357,244.
Ä	9	Prepaid expenses and deferred charges	1 115 176	9	137,096.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 15,221,			
	b	Less: accumulated depreciation 10b 4,286,2		10c	10,935,536.
	11	Investments - publicly traded securities		11	393,021.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	134,946.		101,898.
	16	Total assets. Add lines 1 through 15 (must equal line 33)			17,009,826.
	17	Accounts payable and accrued expenses	I	17	302,227.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	•		21	
es	22	Loans and other payables to any current or former officer, director,			
iiti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	495 705		106 660
		of Schedule D	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	25	406,668. 708,895.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here X	0/0,/02•	26	700,093.
ý		,			
nce		and complete lines 27, 28, 32, and 33.	13,140,238.	27	15,193,466.
ala	27	Net assets without donor restrictions			1,107,465.
Р	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here		20	1,107,403
Fun		and complete lines 29 through 33.			
ō	20	•		29	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss(	30	Retained earnings, endowment, accumulated income, or other funds		31	
et /	31				16,300,931.
ž	32	Total liabilities and net assets/fund balances	14 405 506	33	17,009,826.
	33	Total liabilities and net assets/fund balances	14,443,140.	აპ	5 <b>990</b> (200)

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Pai	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 24			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,73			
3	Revenue less expenses. Subtract line 2 from line 1	3		,51			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> 13</u>	,74			
5	Net unrealized gains (losses) on investments	5		4	3,3	84.	
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						
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X	
					Yes	No	
1	Accounting method used to prepare the Form 990:						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis 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	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X		
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						
				Form	990	(2023)	

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **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

Open to Public Inspection

Name of the organization

KANSAS FOODBANK WAREHOUSE INC

Employer identification number

			K WAREHOUSE					8-0959213				
Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.					
The orga	nization is not a private found											
1 🔲	A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).						
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)								
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).						
4 🔲	A medical research organiz	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
	city, and state:											
5	An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental un	it describ	ed in				
	section 170(b)(1)(A)(iv). (C	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local go	local government or governmental unit described in section 170(b)(1)(A)(v).										
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8 🔙	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 🔙	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a l	and-grant	college				
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of t	he college	e or				
	university:											
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi <sub>l</sub>	p fees, an	d gross receipts from				
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment				
	income and unrelated busing		(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.				
	See <b>section 509(a)(2).</b> (Co	•										
11	An organization organized a	•	•	•				_				
12	An organization organized a	•	•	-			•					
	more publicly supported or	-						Check the box on				
	lines 12a through 12d that						-					
a	Type I. A supporting orga	•	•	•	-							
	the supported organization			majority o	tne airec	tors or trustee	s of the si	upporting				
<b>.</b> _	organization. You must o			ion with it		d organization	(a) by bay	ina				
b	Type II. A supporting org	•				-		-				
	control or management o organization(s). <b>You mus</b>			arrie perso	iis iiiai co	illioi or manag	e trie sup	ported				
с [	Type III functionally inte			in connect	ion with	and functionally	v integrate	ad with				
· _	its supported organization						y integrate	ou with,				
d [	Type III non-functionally		·				ed organi	zation(s)				
~ _	that is not functionally int						-					
	requirement (see instruct	-		•		-	u u					
e	Check this box if the orga	•	•	•			. Type III					
	functionally integrated, or					31 · , 31	, ,,					
<b>f</b> Ent	er the number of supported of											
<b>g</b> Pro	vide the following information											
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	•	(vi) Amount of other				
	organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)				
Total												
Total						l		1				

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	23785522.	26156136.	22839190.	27556823.	31577237.	131914908			
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	23785522.	26156136.	22839190.	27556823.	31577237.	131914908			
	The portion of total contributions	23733223				525772571				
J	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)						40420124			
_							49420134. 82494774.			
	Public support. Subtract line 5 from line 4.						02434114.			
	•••		# \ aaaa	( ) 222 (	1 ( 1) 2222	(),,,,,,,,	(0.7			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022 27556823.	(e) 2023	(f) Total			
	Amounts from line 4	23/83322.	<u> 70130130•</u>	<u> </u>	<u> </u>	313//23/.	131914908			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	1 4 4 9 4 4	450 004	104 065	42 466	44 440	400 545			
	and income from similar sources	144,044.	158,321.	104,067.	43,166.	41,149.	490,747.			
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	<b>Total support.</b> Add lines 7 through 10						<u> 132405655</u>			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 11	,108,410.			
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)				
	organization, check this box and sto	p here								
Sec	ction C. Computation of Publ	ic Support Per	centage							
14	Public support percentage for 2023 (	line 6, column (f), d	ivided by line 11, o	column (f))		14	62.30 %			
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	59.98 %			
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	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 - 2022. If the	organization did no	t check a box on I							
	and stop here. The organization qua									
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact	_								
	meets the facts-and-circumstances to			-						
h	10% -facts-and-circumstances test	-	· · · ·	*	-					
~		_					/ 0 - 0 .			
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization									
<u></u>	ato roundations in the organization	and not officer a	20X 011 III 10, 10	۵, ۱۰۵, ۱۲۵, ۱۲۲	s, shook and box a		(Form 990) 2023			

#### 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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.)

		Yes	No
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Par	t IV	Supporting Organizations (continued)			
		(Community)		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
Sect	ion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sect	ion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	suppo	orted organizations played in this regard.	3		
Sect	ion E	E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	truction	s).	ı
2		ties Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		at of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			

332025 12-21-23 Schedule A (Form 990) 2023

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

aha	dule A (Form 990) 2023 KANSAS FOODBANK WAREHOUS	יד ה	NC.	48-0959213 Page 6
	dule A (Form 990) 2023 KANSAS FOODBANK WAREHOUS:  TV Type III Non-Functionally Integrated 509(a)(3) Supporting		nizations	40-0939213 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying t			Part VI) See instructions.
	All other Type III non-functionally integrated supporting organizations must co		· ·	
ect	on 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		
ect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		

				<u> </u>
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-functionally in	ntegra	ted Type III supporting organ	nization (see

8

instructions).

Schedule A (Form 990) 2023

Current Year

Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

Schedule A (Form 990) 2023

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2023

Name of the organization

KANSAS FOODBANK WAREHOUSE INC

48-0959213

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 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 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 a requirements of Schedule B (Form 990)

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2** 

Name of organization

Employer identification number

#### KANSAS FOODBANK WAREHOUSE INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,755,267.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 750,385.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 4,301,681.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No4_	Name, address, and Zir + 4	\$ 4,696,389.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 2,766,153.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 2,629,182.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **2** 

Name of organization Employer identification number

#### KANSAS FOODBANK WAREHOUSE INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$921,487.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>1,653,412.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and ZIF + +	\$ 1,467,106.	Person X Payroll Noncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### KANSAS FOODBANK WAREHOUSE INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD	\$_3,755,267.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD	\$_4,227,332.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	FOOD	\$ <u>4,696,389</u> .	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	FOOD	\$_2,766,153.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	FOOD	\$2,629,182.	
000450 40.00			Cabadula D (Farm 000) (0000)

Name of organization Employer identification number

#### KANSAS FOODBANK WAREHOUSE INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	I if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	FOOD		
		\$ 921,487.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	FOOD	_	
		\$350,416.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
323453 12-26		\$	Schedule R (Form 990) (2023)

Name of organization **Employer identification number** KANSAS FOODBANK WAREHOUSE INC 48-0959213 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

KANSAS FOODBANK WAREHOUSE INC

**Employer identification number** 48-0959213

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ad	Counts. Complete if the
		(a) Donor advised fund	ds	(b) Funds 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 w	riting that the assets held in c	donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat		servation of a histo	orically important land area
	Protection of natural habitat	· —		ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution i	n the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				2a
b	<b>-</b>			2b
c	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included on line 2c acquir	•••		
-	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			
Ü	year	asca, extinguished, or termin	ated by the organi	zation during the tax
4	Number of states where property subject to conservation ease	ament is located		
5	Does the organization have a written policy regarding the peri		andling of	
3	violations, and enforcement of the conservation easements it	• • • • • • • • • • • • • • • • • • • •	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	etan and volunteen neare develous to membering, mepeeting, r	arraining of Violationic, and orni	oromig comportation	on eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing	a conservation ea	sements during the year
-	, under the expenses meaned in monitoring, indposting, marian	ing of violations, and officions	g concervation ca	comente dannig the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of se	ction 170(h)(4)(B)(i	)
_	and section 170(h)(4)(B)(ii)?			· — —
9	In Part XIII, describe how the organization reports conservatio			
·	balance sheet, and include, if applicable, the text of the footnote		•	
	organization's accounting for conservation easements.	oto to the organization o infant		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasur	es, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		•	
1a	If the organization elected, as permitted under FASB ASC 958		statement and hala	ance sheet works
	of art, historical treasures, or other similar assets held for public	, .		
	service, provide in Part XIII the text of the footnote to its finance			ice of public
b	If the organization elected, as permitted under FASB ASC 958			sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	exhibition, education, or resea		or public service,
				<b>¢</b>
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	curse or other similar assets		
2				provide
_	the following amounts required to be reported under FASB AS			<b>c</b>
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	IUI FUIIII 99U.		Schedule D (Form 990) 2023

332051 09-28-23

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Distributions during the year

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

(a) Current year

3,817,923.

545,757.

16,944.

4,346,736.

Loan or exchange program

Other

(b) Prior year

3,514,287.

317,322.

13,686.

3,817,923.

3,932,062

-405,891.

11,975.

3,514,287.

91.

b

С

Part IV

collection items (check all that apply).

Preservation for future generations

reported an amount on Form 990, Part X, line 21.

If "Yes," explain the arrangement in Part XIII and complete the following table:

Public exhibition

**1a** Beginning of year balance

and programs

End of year balance

Contributions

Net investment earnings, gains, and losses Grants or scholarships

Administrative expenses

Other expenditures for facilities

Scholarly research

а	Board designated or quasi-endowment94.1200%			
b	Permanent endowment5 • 8800%			
С	Term endowment%			
	The percentages on lines 2a, 2b, and 2c should equal 100%.			
За	Are there endowment funds not in the possession of the organization that are held and administered for the			
	organization by:		Yes	No
	organization by: (i) Unrelated organizations?	3a(i)	Yes	No X
	•	3a(i) 3a(ii)	Yes X	X
b	(i) Unrelated organizations?		Yes X X	X

#### Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land		1,069,485.		1,069,485.			
<b>b</b> Buildings		6,507,837.	1,978,509.	4,529,328.			
c Leasehold improvements							
<b>d</b> Equipment		3,581,633.	2,307,714.	1,273,919.			
e Other		4,062,804.		4,062,804.			
Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (R))							

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	ket value
(a) Description of security or category (including name of security)  (b) Book value  (c) Method of valuation: Cost or end-of-year man (1) Financial derivatives  (2) Closely held equity interests  (3) Other  (A)  (B)  (C)  (D)  (E)  (F)  (G)  (H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	ket value
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	ket value
(2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(A) (B) (C) (D) (E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(A) (B) (C) (D) (E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(B) (C) (D) (E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(C) (D) (E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(D) (E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(G) (H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year mar	
	ket value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	
Part IX Other Assets	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(a) Description (b) Bo	ok value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))  Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	ok value
	14140
	67,740.
(2) FUNDS HELD FOR OTHERS (3) REFUNDABLE GRANT ADVANCES  3	38,928.
	50,940.
(5)	
(7) (8)	

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

Schedule D (Form 990) 2023

406,668.

(9)

	t XI Reconciliation of Revenue per Audited Financial State		nue per Return	Page
	Complete if the organization answered "Yes" on Form 990, Part IV, line		por 11010	
1	Takaharan and alkaharan and alkaharan and alkaharan and	124.	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		·····	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	A 1.117 A 1.41		4c	
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line 12.)			
	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expe	enses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	-	•	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		· · · · · · · · · · · · · · · · · · ·	
– a	Donated services and use of facilities	2a		
b	Prior year adjustments	I I		
c	Other losses	_		
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
			4c	
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)			
	rt XIII Supplemental Information			
	ide 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.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	•	, , a, , , , , , , , , , , , , , , , ,	,,
	Za ana 15, ana 1 ar An, into Za ana 15.7 ioo complete and part to provide any	additional information.		
PAF	RT V, LINE 4:			
	·- · , ·			
TUT	NDS CAN BE USED TO FINANCE PROGRAMS AND	GENERAL OPER	ATTONS INCLUDING	
	, DD OIL DE ODED TO TENENOE PROGRAMME	011111111111111111111111111111111111111	111101127 11102021110	
BUT	NOT LIMITED TO THE PURCHASING OF PRODUC	CTS AND FUND	ING TRANSPORTATIO	N.
				,
SAI	LARIES/COMPENSATION, UTILITIES, INSURANCE	E AND EMERGE	NCY EFFORTS.	
PAF	RT X, LINE 2:			
	11, 2212 21			
тнт	E ORGANIZATION IS ORGANIZED AS A KANSAS 1	NONPROFIT CO	RPORATION AND HAS	
			111 0111111 11110	
BEI	EN RECOGNIZED BY THE INTERNAL REVENUE SE	RVICE (TRS)	AS EXEMPT FROM	
	IN THEORITIES ST THE INTERNAL REVERSES OF	it ICL (III)		
FEI	DERAL INCOME TAXES UNDER SECTION 501(C)(	3) OF THE TN	TERNAL REVENUE CO	DE
	THE THOUSE THE SUPER DECITOR SUITE,	J, JI IIII IIV		
(TF	RC). THE ORGANIZATION IS QUALIFIED TO REC	CEIVE DEDUCT	IBLE CHARTTABLE	
<u>,                                    </u>				
COL	NTRIBUTIONS UNDER SECTION 170(B)(1)(A)(V	I), AND HAS	BEEN DETERMINED N	ОТ

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

48-0959213 Page 5 KANSAS FOODBANK WAREHOUSE INC Schedule D (Form 990) 2023 Part XIII | Supplemental Information (continued) 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, 2024, 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.

Schedule D (Form 990) 2023

#### **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Name of the organization			_				ntification number
	FOODBANK WAREHOUSE					48-0959	
Part I Fundraising Activities. required to complete this par	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "Y	es" or	n Form 990, Part IV, I	ine 17	. Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the following sed funds through any of the following Solicitates for oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursuances.	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
BRAD CECIL & ASSOCIATES -		Yes	No				
2115 ARLINGTON DOWNS RD,	DIRECT MAIL SERVICES		Х	1,240,442.		312,573.	927,869.
Total  3 List all states in which the organization	on is registered or licensed to solicit (			1,240,442.	it is e	312,573.	927,869.
or licensing.	nn io rogiotoroa di modricoa to comore			- That Been Healing		xompt mom ro;	giotiation

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

Sch	edul	e G (Form 990) 2023 KANSAS	FOC	DDBANK WAR	EHO	OUSE INC	C	48-	-0959213 Page 2
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups of the contributions and groups.						rt IV, line 18, or reported	more than \$15,000
				(a) Event #1		<b>(b)</b> Event #2		(c) Other events	(d) Total events (add col. (a) through
nue				(event type)		(event type)		(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts							
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
S	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
irect E	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses		l (-l)					
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li							
Pa	rt I				990	, Part IV, line	19, or	reported more than	1
Revenue				(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo (c) Other gaming		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1	Gross revenue							
sesue	2	Cash prizes							
Direct Exper	3	Noncash prizes							
Direc	4	Rent/facility costs							
	5	Other direct expenses	-	l <b>v</b>	-	1,,	0.4		
	6	Volunteer labor		Yes % No		Yes No	% 	Yes %  No	
	7	Direct expense summary. Add lines 2 through	ı 5 in	column (d)					
	8	Net gaming income summary. Subtract line 7	from	line 1, column (d)					
		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac		_	state	s?			Yes No
		No," explain:							

0a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	☐ No
b	nny of the organization's gaming licenses revoked, suspended, or terminated during the tax year? " explain:		

Schedule G (Form 990) 2023 332082 09-13-23

Sch	edule G (Form 990) 2023 KANSAS FOODBANK WAREHOUSE INC 46-0	J	<u>113</u>	Page 3
11	J J	Y	es/	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	es/	No
	Indicate the percentage of gaming activity conducted in:	11		
	The organization's facility	13a		<u>%</u>
	An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		<u>%</u>
14	criter the flame and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 ነ	es/	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 \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
47				
	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	retain the state gaming license?		es/	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —		
_	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, line	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SC:	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	<u>}:</u>		
(I	) NAME OF FUNDRAISER: BRAD CECIL & ASSOCIATES			
`-	, man or romanically and one a made crimina			
(I	) ADDRESS OF FUNDRAISER: 2115 ARLINGTON DOWNS RD, ARLINGTON, TX	76	01:	L
	·			

Schedule G	G (Form 990)	KANSAS	FOODBANK	WAREHOUSE	INC	48-0959213	Page 4
Part IV	G (Form 990)  Supplemental Infori	mation (con	etinued)				
		(COII	tiriueu)				
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## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Internal Revenue Service Name of the organization

Department of the Treasury

Open to Public

Employer identification number

OMB No. 1545-0047

open to Public Inspection

### KANSAS FOODBANK WAREHOUSE INC

**Questions Regarding Compensation** 

INC 48-0959213

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		<u> X</u>
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		
^	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:			Х
a	The organization?	6a		X
a	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	6b		
7				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		х
٥	not described on lines 5 and 6? If "Yes," describe in Part III	<b>-</b> '-		
8	Sitial content constitution described in Developing and the FO 4050 4(-)(0)0 If IIV and the content in Developing	8		х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	r		-23
9	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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)	159,591.	20,000.	0.	28,838.	23,719.	232,148.	0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

	Part III   Supplemental Information
PART I, LINE 4B:  BRIAN WALKER - DEFERRED COMPENSATION PLAN - \$22,231	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.
BRIAN WALKER - DEFERRED COMPENSATION PLAN - \$22,231	PART I, LINE 4B:
	BRIAN WALKER - DEFERRED COMPENSATION PLAN - \$22,231

# SCHEDULE M (Form 990)

## **Noncash Contributions**

0000

2023

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection
Employer identification number

		KANSAS FOODB	ANK WA.	KEHOUSE II	NC		48	-0959.	<b>∠</b> ⊥3	
Par	t I Types of P	roperty								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported or Form 990, Part VIII, line	ı	Method o	(d) of determin tribution ar	•	:s
1	Art - Works of art									
2		res								
3		sts								
4	Books and publication	ns								
5	Clothing and househ	old goods								
6		les								
7										
8										
9		raded								
10	Securities - Closely h	eld stock								
11	Securities - Partnersh									
	trust interests									
12		eous								
13	Qualified conservatio	n contribution -								
	Historic structures									
14		n contribution - Other								
15	Real estate - Residen	tial								
16	Real estate - Comme	rcial								
17	Real estate - Other									
18										
19			X	172	21,733,39	4. \$1	.97/LB	OF FO	DD I	DON
20		upplies								
21	Taxidermy									
22										
23										
24		s								
25	<b>-</b> ,	)								
26	Other (	)								
27	<b>_</b>	)								
28	Other (	)								
29	Number of Forms 828	83 received by the organiz	zation during	g the tax year for c	ontributions					
	for which the organiz	ation completed Form 828	83, Part V, D	Oonee Acknowledg	ement <b>29</b>					
									Yes	No
30a	During the year, did t	he organization receive by	y contributio	n any property rep	orted in Part I, lines 1 th	rough 28	that it			
	must hold for at least	3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be u	sed for				
	exempt purposes for	the entire holding period?	?					30a		X
b		arrangement in Part II.								
31	Does the organization	n have a gift acceptance p	oolicy that re	equires the review	of any nonstandard cont	ributions?	?	31		Х
32a	Does the organization	n hire or use third parties	or related or	ganizations to soli	cit, process, or sell nonc	ash				
	contributions?							32a		Х
b	If "Yes," describe in F									
33	If the organization did	dn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is	checked,				
										4

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

Schedule M (Form 990) 2023

332142 09-11-23

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KANSAS FOODBANK WAREHOUSE INC

Employer identification number 48-0959213

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:

A 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.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023		Page 2
Name of the organization  KANSAS FOODBANK WAREHOUSE INC	Employ 48	yer identification number 3 – 0 9 5 9 2 1 3
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 RESPONSE	BLE FO	OR THE
OVERSIGHT OF THE AUDIT AND APPROVAL OF THE FINANCIAL STAT	EMENTS	S. THE
AUDIT COMMITTEE IS ALSO RESPONSIBLE FOR THE SELECTION OF	THE	
INDEPENDENT AUDITING FIRM.		

#### SCHEDULE R (Form 990)

Part I

## **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.

(c)

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End-of-year assets

Department of the Treasury Internal Revenue Service

(a)

Name, address, and EIN (if applicable)

of disregarded entity

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

(f)

Direct controlling

entity

Name of the organization

KANSAS FOODBANK WAREHOUSE INC

Employer identification number
48-0959213

							_
KANSAS FOOD BANK FOUNDATION, INC 87-4745665, 1919 E. DOUGLAS AVE., WICHITA, KS 67211	TO SERVE AS A SUPPORT ORGANIZATION FOR THE KANSAS FOOD BANK	KANSAS	501(C)(3)	LINE 12A, I	KANSAS FOOD BANK	Х	
(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 501(c)(3))	(f) Direct controlling entity	conf	(g) 512(b)(13) trolled htity?
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	on answered "Yes" on Form 990	0, Part IV, line 34, t	pecause it had one	e or more related tax-exe	mpt	
KFBW, LLC 1919 E DOUGLAS WICHITA, KS 67211	OPERATES EXCLUSIVELY TO FURTHER THE CHARITABLE PURPOSES OF ITS MEMBER	KANSAS			KANSAS FOODI WAREHOUSE, I		

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

SEE PART VII FOR CONTINUATIONS

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

(b)

Primary activity

Schedule R (Form 990) 2023

Page 2

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Legal omicile state or oreign ountry)  Direct controlling entity  entity  Direct controlling (related, unrelated, excluded from tax under sections 512-514)		Share of total	Share of	Disproportionat		Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(b contr enti	tion b)(13) rolled tity?
		country)		or trusty		233013		Yes	No
	-								
								$\vdash$	<del>                                     </del>

Page 3

Yes No

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

D	o Giπ, grant, or capital contribution to related organization(s)				ן מר		_^
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	d Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	f Dividends from related organization(s)				1f		Х
g	g Sale of assets to related organization(s)				1g		X
h	n Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
	Lease of facilities, equipment, or other assets from related organization(s)				1k		_X_
	Performance of services or membership or fundraising solicitations for related organization(s)				11		_X_
m	<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m		_X_
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		_X_
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	S Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete th	is line, including covered r	elationships and transaction thresholds.			
	(a) (b Name of related organization Transa type	action	<b>(c)</b> Amount involved	(d) Method of determining amount inv	olved		
1)							
2)							
•							
3)							
4)							
5)							
6)							
	63 09-28-23			Schedule	R (Form	າ 990)	2023
					•	,	

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									