			EXTENDED TO MAY 15, 2023		
	Q	90	Return of Organization Exempt Fron		OMB No. 1545-0047
For	m J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		
		of the Treasury	Do not enter social security numbers on this form as it m		Open to Public Inspection
		enue Service	► Go to www.irs.gov/Form990 for instructions and the la ar year, or tax year beginning JUL 1, 2021 and ending	JUN 30, 2022	
	Check if	1	organization	D Employer identifi	
-	applicab	ole:			
	Addre		FOODBANK, INC.		
	Name	ge Doing bu	isiness as	86-10828	80
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final returr termii		RMOR PLACE	93746102	
_	ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	27,891,927.
F	returr Appli	DAII	ON, OH 45417	H(a) Is this a group re	
	tion pendi	^{יה} F Name ar ^{ing} דה אסי	nd address of principal officer:MICHELLE L. RILEY MOR PLACE, DAYTON, OH 45417	for subordinates	
				527 H(b) Are all subordinates in If "No." attach a	
			THEFOODBANKDAYTON.ORG	H(c) Group exemptio	list. See instructions
		f organization:			A State of legal domicile: OH
_	art I	Summary			
-	1		e the organization's mission or most significant activities: THE FOOD	BANK RELIEVES	HUNGER IN
Governance		THE COM	MUNITY THROUGH A NETWORK OF PARTNER A	GENCIES BY AQ	UIRING AND
erne	2	Check this bo	★ ▶ □ if the organization discontinued its operations or disposed of r	nore than 25% of its net as	
0 N	3	Number of vot	ing members of the governing body (Part VI, line 1a)		12
	4		ependent voting members of the governing body (Part VI, line 1b)		12
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)		84
tivit	6		of volunteers (estimate if necessary)		2088
Act			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		
	8	Contributions	and grants (Part VIII, line 1h)	Prior Year 32,483,434.	Current Year 27,857,530 •
nue	9		ce revenue (Part VIII, line 2g)	7,190.	0.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)	1,604.	0.
č			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	278,214.	34,397.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,770,442.	27,891,927.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	2,248,224.	2,690,107.
Expenses	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 736,624.	0.	0.
Ч	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 136,624.	25,371,127.	
-	11		es (Part IX, column (A), lines 11a-11d, 11f-24e)	27,619,351.	23,077,524. 25,767,631.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	5,151,091.	2,124,296.
or es	19	nevenue less		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)	19,261,746.	20,325,458.
Ass ABa	21		(Part X, line 26)	523,282.	501,407.
Pund	22		fund balances. Subtract line 21 from line 20	18,738,464.	19,824,051.
		Signature			
			declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sin	n	Signature		Date	

Sign	Signature of officer		Dale							
Here	MICHELLE L. RILEY, CHI	EF EXECUTIVE OFFICE	٤							
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	MELESSA L. BEHYMER	MELESSA L. BEHYMER	02/02/23 if p01380154							
Preparer	Firm's name 🕞 BRADY, WARE & SC		Firm's EIN 35-1476702							
Use Only	Firm's address 💊 3 EASTON OVAL, S	UITE 300								
	COLUMBUS, OH 432	:19	Phone no.614-885-7407							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	I32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) THE FOODBANK, INC.	86-1082880	Page
Par	t III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		<u> L</u>
1	Briefly describe the organization's mission:		
	THE FOODBANK RELIEVES HUNGER IN THE COMMUNITY THROUGH A	A NETWORK OF	
	PARTNER AGENCIES BY AQUIRING AND DISTRIBUTING FOOD.		
2	Did the organization undertake any significant program services during the year which were not listed on the		X
	prior Form 990 or 990-EZ?	Yes	
`	If "Yes," describe these new services on Schedule O.	? Yes	T
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as massured by expense	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to otl		
	revenue, if any, for each program service reported.		and
4a	(Code:) (Expenses \$ 24,227,300 · including grants of \$) (Reve	enue \$ 34,	, 397
	THE MISSION OF THE FOODBANK IS TO RELIEVE HUNGER THROUG		
	AND DISTRIBUTION OF FOOD TO HUNGRY PEOPLE THROUGHOUT TH	HE MIAMI VALI	LEY.
	FOOD AND RELATED SUPPLIES ARE DISTRIBUTED TO A NETWORK	OF PANTRIES,	,
	COMMUNITY KITCHENS, SHELTERS AND OTHER CHARITABLE PROGE		
	WHICH SUPPORT THE HEALTH AND DEVELOPMENT OF FOOD INSECU		
	DURING THE FISCAL YEAR, THE ORGANIZATION DISTRIBUTED 15	5, <u>159,018 P</u> OU	JNDS
	OF FOOD WHICH RESULTED IN 12,632,515 MEALS SERVED.		
4b	(Code:) (Expenses \$) (Reverses \$) (Revers	enue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Rever	enue \$	
4.1			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 24,227,300.)	
4e	Total program service expenses ► 24,227,300.		000 /~
		Form	390 (2
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<u>م</u> د	-	1 - 0	EF '
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Form 990 (2021) THE FOODBANK, 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '		
Ŭ	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		XX
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		<u> </u>
iza	Schedule D. Parts XI and XII	100	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	<u> </u>
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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			x
10000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	gan	(2021)
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 Form 990 (2021)
 THE FOODBANK, INC.

 Part IV
 Checklist of Required Schedules (continued)

00			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	Х	
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
	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			
h	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
254	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	200		
	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			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		_ <u>^</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	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			
	Part V, line 1	34		X
35a	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			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	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 and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
	•	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
10000	(gambling) winnings to prize winners?	1 c	X 990	 (2021)
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Form 990 (2021)

Part V

2021)	THE	FOODBANK,	INC.	
Statements	Regard	ing Other IRS F	ilings an	d Tax Compliance (continued)

					Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		04			
	filed for the calendar year ending with or within the year covered by this return	-	84		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	ns				
				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedul			3b		┢
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe					
	financial account in a foreign country (such as a bank account, securities account, or other financia	l accou	int)?	4a		Ľ
b	If "Yes," enter the name of the foreign country		. (55.15)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			_		Ι.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		+
	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					
	any contributions that were not tax deductible as charitable contributions?			6a		┢
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
_	were not tax deductible?			6b		┢
7	Organizations that may receive deductible contributions under section 170(c).			_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		╞
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		•	_		
	to file Form 8282?			7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	-				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f		╞
-	If the organization received a contribution of qualified intellectual property, did the organization file I			7g		╞
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi	zation f	ile a Form 1098-C?	7h		╘
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		╞
9	Sponsoring organizations maintaining donor advised funds.					
				9a		╞
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		╞
10	Section 501(c)(7) organizations. Enter:		1			
	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		_		
1	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	?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched	ule O		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur	eratior	n or			
	excess parachute payment(s) during the year?			15		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investme	ent inco	ome?	16		
	If "Yes," complete Form 4720, Schedule O.					
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage i	n any				Γ
17				1		1
7	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		L
7				17		

Form 990	(2021)
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THE FOODBANK, INC.

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

Sec	tion A. Governing Body and Management			_
			Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	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 12			
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		
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		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
- 5		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		-
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		-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Č	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		•
			Yes	•
0-2	Did the organization have local chapters, branches, or affiliates?	10a	100	
		10a		•
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	1
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent	17		Ī
5				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	-
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	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		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			ĺ
	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		
ec	tion C. Disclosure	1010		•
7	List the states with which a copy of this Form 990 is required to be filed ►OH			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3			
0		JS OFIIY) avai	'
	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)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finai	ncial	
	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			
	MICHELLE L. RILEY - 937-461-7060			1
	56 ARMOR PLACE, DAYTON, OH 45417			•
2006	5 12-09-21	Form	990)
	7			
30	202 795339 15855.000 2021.05040 THE FOODBANK, INC.	158	355	

Part VII	Compensation of Officers,	Directors, Trustees	s, Key Employees,	, Highest Comp	pensated
	Employees, and Independe	ent Contractors			

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

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more rson	l than is bot pr/trus	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MICHELLE RILEY	40.00									
EXECUTIVE DIRECTOR		Х		х				209,893.	0.	14,492.
(2) MARY HEDRICK	1.00									
CHAIR		Х		Х				0.	0.	0.
(3) PAT HOBBY	1.00									
VICE CHAIR		Х		х				0.	0.	0.
(4) DAVE GIROUARD	1.00									
TREASURER		Х		X				0.	0.	0.
(5) TROY ERBES	1.00									0
SECRETARY	1 00	X		X				0.	0.	0.
(6) DEWAYNE KOGER	1.00							0		0
BOARD MEMBER	1 00	X						0.	0.	0.
(7) JAMES COSBY JR.	1.00							0	0	0
BOARD MEMBER	1.00	X						0.	0.	0.
(8) JANA COLLIER	1.00	v						0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(9) LISA SANDNER BOARD MEMBER	1.00	x						0.	0.	0.
(10) JONATHAN THACKERAY	1.00	<u>^</u>						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(11) JOEY MAGGARD	1.00								••	0.
BOARD MEMBER	1000	x						0.	0.	0.
(12) GAYLE INGRAM	1.00									
BOARD MEMBER		x						0.	0.	0.
(13) ADRIAN TAYLOR	1.00									
BOARD MEMBER		x						0.	0.	0.
		1								
		1								
132007 12-09-21										Form 990 (2021)

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	990 (2021) THE FOOD	BANK, IN	NC .	•						86-1	082	880	Pa	age 8
Part			ploy	ees			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatic from related	on	an	(F) timate nount 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)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om the anizati d relate anizatio	e ion ed
1b :	Subtotal						<u> </u>	•	209,893.		0.	1	4,4	
d	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n								0 • 209 , 893 • eceived more than \$100	,000 of reportab	0. 0. le	1	4,4	0. 92.
(compensation from the organization												Yes	1 No
	Did the organization list any former officer, ine 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	,	,		•	,		0	phest compensated emp	,		3	163	X
á	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4	x	
<u> </u>	rendered to the organization? If "Yes," com	-				-			-			5		Х
	on B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of con	npens	ation f	rom	
t	the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	ithir I	n the organization's tax (B)	year.		(0	•\	
	Name and business	address	NC	ONE	3			_	Description of s	ervices	C	omper		n
								_						
	Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot lii	mite	d to		se lis)	stec	d above) who received n	nore than		Form	990 (*	2021)

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			Check if Schedule O contains a re	esponse	or note to any lin	e in this Part VIII	/=		
						(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
nts nts	1	а	Federated campaigns	1a	173,959.				
Contributions, Gifts, Grants and Other Similar Amounts				1b					
Am (С	S H	1c					
Giff İlar		d	Related organizations	1d					
Sini,			9 \ / L	1e	2,290,309.				
er (f	All other contributions, gifts, grants, and						
ĘĘ			··· •	1f	25,393,262.				
ti pc		g	Noncash contributions included in lines 1a-1f	1g \$	20,118,095.				
āŬ		h	Total. Add lines 1a-1f	<u></u>		27,857,530.			
					Business Code				
ice	2	а							
ue v		b							
ven S		С							
Be		d							
Program Service Revenue		е							
-			All other program service revenue						
	_		Total. Add lines 2a-2f						
	3		Investment income (including dividen						
			other similar amounts) Income from investment of tax-exemption						
	4 5				· · · ·				
	5		Royalties	Real	(ii) Personal				
	6	2	Gross rents 6a	- Total	(ii) Forooriai				
	0		Less: rental expenses 6b						
			Rental income or (loss) 6c						
					>				
	7			curities	(ii) Other				
		u	assets other than inventory 7a						
		h	Less: cost or other basis						
e		Ň	and sales expenses 7b						
her Revenue		с	Gain or (loss) 7c						
Re			Net gain or (loss)						
ler	8		Gross income from fundraising events (nc						
ŧ	-			of					
			contributions reported on line 1c). Se						
			Part IV, line 18						
		b	Less: direct expenses						
			Net income or (loss) from fundraising		►				
	9	а	Gross income from gaming activities.	See					
			Part IV, line 19	9a					
		b	Less: direct expenses						
			Net income or (loss) from gaming acti		►				
	10	а	Gross sales of inventory, less returns						
			and allowances	10	a				
		b	Less: cost of goods sold	10	D D				
		с	Net income or (loss) from sales of inve	entory .	►				
s					Business Code				
e	11	а	OTHER INCOME		900099	34,397.	34,397.		
ant		b							
ev le		с							
Miscellaneous Revenue		d	All other revenue						
_		е	Total. Add lines 11a-11d			34,397.			
	12		Total revenue. See instructions		🕨	27,891,927.	34,397.	0.	0.

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Form 990 (2021) THE FOODBANK, INC. Part VIII Statement of Revenue

THE FOODBANK, INC.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respor not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			general expenses	CAPCILICO
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	257,157.	128,579.	64,289.	64,289
6	Compensation not included above to disqualified	-			-
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,942,194.	1,333,453.	284,170.	324,571
8	Pension plan accruals and contributions (include	,- , -	, ,	- , -	
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	325,016.	219,077.	49,816.	56,123
0	Payroll taxes	165,740.	110,375.	26,149.	29,216
1	Fees for services (nonemployees):				,
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	100,658.	1,332.	98,973.	353
12	Advertising and promotion	200,0001			
13	-	229,093.	85,513.	24,333.	119,247
3 4	Office expenses	225,055.	00,010	24,555.	119,21,
	Information technology				
5	Royalties	239,956.	152,822.	59,253.	27,881
6		255,550.	152,022.	55,255.	27,001
7	Travel				
8	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials	72,567.	41,634.	15,575.	15,358
9	Conferences, conventions, and meetings	8,231.	41,0340	13,373.	8,231
0	Interest	0,231.			0,201
:1	Payments to affiliates	392,271.	313,817.	78,454.	
2	Depreciation, depletion, and amortization	49,591.	37,193.	12,398.	
3	Insurance	49,391.	57,195.	12,390.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A).				
	amount, list line 24e expenses on Schedule 0.)	19,961,234.	19,961,234.		
a					
b	GOODS DISTRIBUTED-PURCH	1,286,267.	1,286,267.		
c	INVENTORY SPOILAGE	346,939.	346,939.	22 1 / 7	27 601
d	MISCELLANEOUS	79,002.	8,254.	33,147.	37,601
_	All other expenses	311,715.	200,811.	57,150.	53,754
5	Total functional expenses. Add lines 1 through 24e	25,767,631.	24,227,300.	803,707.	736,624
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2021) THE FOODBANK,

INC.

2 Savings and temporary cash investments 482,840. 2 240,779 3 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 159,200. 4 280,598 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958)(10), and persons described in section 4958(0)(3)(B) 6 7 7 Notes and loans receivable, net 907,836. 8 747,003 9 Prepaid expenses and deferred charges 9 0 10a 2,952,875. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7,952,875. 10b 2,908,195 11 Investments - publicly traded securities 11 11,278,011. 12 10,239,303 13 Investments - program-related. See Part IV, line 11 11 11,278,011. 12 10,239,303 14 Intangible assets 11 11,5648. 17 345,836 15	Pa	rt X	Balance Sheet					
Beginning of year End of year 1 Cash - non-interest-bearing 1, 991, 089, 1 2,908, 028 2 Savings and temporary cash investments 3 482, 840, 2 240, 779 3 Pledges and grants receivable, net 3 280, 598 3 280, 598 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 5 6 Loans and other receivables from other disqualified persons (as defined under section 49580(r1), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 907, 836, 8 747, 003 9 Prepaid expenses and depred charges 9 9 10a 7, 952, 875, 10b 11 11, 278, 011, 12 10, 239, 303 11 Investments, publicity taded securities 11 11, 52 1, 552 11 Investments, program-related. See Part IV, line 11 11, 278, 011, 12 10, 239, 303 11 Investments, program-related. See Part IV, line 13 111, 552 14 10, 945, 19<			Check if Schedule O contains a response or not	e to ar	y line in this Part X			
2 Savings and temporary cash investments 482,840. 2 240,779 3 Pledges and grants receivable, net 3 280,598 4 Accounts receivable, net 159,200. 4 280,598 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 receivable, net 6 0 9 Prepaid expenses and deferred charges 9 7 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7, 952, 875. 6 11 Investments - publicly traded securities 11, 278, 011. 12 10, 239, 303 13 Investments - publicly traded securities 11 11, 278, 011. 12 10, 239, 303 14 Intragible assets See Part IV, line 11 13 14 11, 278, 011. 12 10, 239, 303 15 Total assets. Add lines 1 through 15 (must equal line 33) 19, 261, 746. 16 20, 225, 458 16 Total assets. Add lines 1 through 15 (must equal line 33) 19, 261, 746. 2						Beginning of year		End of year
2 Savings and temporary cash investments 482,840. 2 240,779 3 Pledges and grants receivable, net 3 280,598 4 Accounts receivable, net 159,200. 4 280,598 5 Leans 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 Leans and other receivable, net 6 8 Inventories for sale or use. 907,836. 8 9 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7,952,875. 1 Investments - publicly traded securities 11 11,278,011. 12 10,239,303 13 Investments - publicly traded securities 11 11,278,011. 12 10,239,303 16 Total assets. Add lines 1 through 15 (must equal line 33) 19,261,746. 16 20,225,458 17 Accounts payable and accrued expenses 1115,648. 17,345,836 18 Grants payable 18 10,945. 19		1	Cash - non-interest-bearing				1	2,908,028.
4 Accounts receivable, net 159,200.4 280,598 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(0)(3)(B) 6 7 Notes and loans receivable, net 907,836.8 747,003 9 Prepaid expenses and deferred charges 9 9 10a 17,952,875. 9 b Less: accumulated depreciation 10a 7,952,875. 11 11,278,011.12 10,239,303 13 Investments - publicly traded securities 11 14 Investments - publicly traded securities 11 15 Other assets. See Part IV, line 11 11,278,011.12 10,239,303 16 Total assets. See Part IV, line 11 14 12 10 Other assets. See Part IV, line 11 14 12 10 Other assets. See Part IV, line 11 12 10,945.19 10 Other assets. See Part IV, line 11 12 20 16 Grants pay		2				482,840.	2	240,779.
4 Accounts receivable, net 159,200.4 280,598 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(0)(1)), and persons described in section 4958(0)(3)(E) 6 7 Notes and hans receivable, net 907,836.8 747,003 9 Prepaid expenses and deferred charges 9 9 10a 17,952,875. 9 9 11 Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 11,278,011.12 10,239,303 13 Investments - program-related. See Part IV, line 11 13 14 15 Other assets. See Part IV, line 11 14 10,945.19 16 Total assets. See Part IV, line 11 10,945.19 20 18 Grants payable and accrued expenses 115,648.17 345,836 18 Grants payable and accrued expenses 21 22 21 Loans and other payables to any current or former officer, director, trustee, ke		3	Pledges and grants receivable, net				3	
9 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()(1), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 907, 836. 8 747,003 9 Prepaid expenses and deferred charges 9 9 10a 7, 952, 875. 9 10 Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 7, 952, 875. 9 11 11 Investments - publicly traded securities 11 11, 278, 011. 12 10, 239, 303 13 Investments - program-related. See Part IV, line 11 11 11, 278, 011. 12 10, 239, 303 14 Intargible assets. See Part IV, line 11 13 14 15 0. 15 1, 552 16 Total assets. Add lines 1 through 15 (must equal line 33) 19, 261, 746. 16 20, 325, 458 16 Grants payable 18 20 21 22 </th <th></th> <th>4</th> <td></td> <td></td> <td></td> <td>159,200.</td> <td>4</td> <td>280,598.</td>		4				159,200.	4	280,598.
ggg controlled entity or family member of any of these persons 5 6 Lcans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 907, 836. 9 9010 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7, 952, 875. 11 Investments - publicly traded securities 11 11, 278, 011. 12 12 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 11 10, 945. 16 20, 325, 458 16 Total assets. Add lines 1 through 15 (must equal line 33) 19, 261, 746. 16 20, 325, 458 18 Grants payable 18 10, 945. 19 20 21 Escrow or custodial account liabilities 20 21 20 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 2		5						
geg 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(B) 6 geg 7 Notes and loans receivable, net 7 8 Inventories for sale or use 907,836.8 747,003 9 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7,952,875. b Less: accumulated depreciation 10a 7,952,875. 10b 11 Investments - publicly traded securities. 11 11,278,011.1 12 10,239,303 11 Investments - orderan-related. See Part IV, line 11 11 11 11 12 10,239,303 13 Investments - orderan-related. See Part IV, line 11 11 11 12 10,239,303 14 Intangible assets 14 10 1,552 16 Total assets. See Part IV, line 11 13 11 12 10,234,588 17 Accounts payable and accrued expenses 115,648.17 345,836 14 15 20.25,458 18 Deferred revenue 10,945.19			trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
gege under section 4958(h(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 907, 836. 8 747,003 9 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7,952,875. 9 11 Investments - publicly traded securities 11 1 1 12 Investments - other securities. See Part IV, line 11 11,278,011. 12 10,239,303 13 Investments - program-related. See Part IV, line 11 11 11 11 14 Intangible assets. 14 14 14 15 Other assets. See Part IV, line 11 13 14 14 16 Other assets. See Part IV, line 11 13 14 14 16 Other assets. See Part IV, line 11 13 14 14 17 Accounts payable and accrued expenses 115,648. 17 345,836 17			controlled entity or family member of any of thes	e pers	ons		5	
9 7 Notes and loans receivable, net 7 9 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7,952,875. b Less: accumulated depreciation 10b 2,044,680. 4,442,770. 10c 5,908,195 11 Investments - publicly traded securities 11 11,278,011. 12 10,239,303 13 Investments - program-related. See Part IV, line 11 11 11,278,011. 12 10,239,303 14 Intangible assets 14 11 11,278,011. 12 10,239,303 14 Intangible assets 14 11 11,278,011. 12 10,239,303 15 Other assets. See Part IV, line 11 11 11,278,011. 12 10,239,303 16 Total assets. Add lines 1 through 15 (must equal line 33) 19,261,746. 16 20,325,458 16 Grants payable 10,945. 19 20 24 20 21 20 Tax-exempt bond liabilities 20 21 22 22		6	Loans and other receivables from other disqualit	fied pe	rsons (as defined			
8 Inventories for sale or use 907,836.8 747,003 9 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 7,952,875. b Less: accumulated depreciation 10b 2,044,680.4 4,442,770.1 10c 5,908,195 11 Investments - publicly traded securities 11 11 11 11 12 Investments - other securities. See Part IV, line 11 11,278,011.1 12 10,239,303 13 Investments - publicly traded securities 11 11 11 11 14 Intargible assets 11 11,552 1,552 14 14 15 16 Total assets. Acd lines 1 through 15 (must equal line 33) 19,261,746.1 16 20,325,458 11 17 Accounts payable and accrued expenses 110,945.1 19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 20 21 22 Loans and other payable to unrelated third parties 396,689.24 155,571 23							6	
9 Preparad expenses and observed charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7,952,875. b Less: accumulated depreciation 10b 2,044,680. 4,442,770. 10c 5,908,195 11 Investments - publicly traded securities 11 11 11 11 12 Investments - other securities. See Part IV, line 11 11,278,011. 12 10,239,303 13 Investments - program-related. See Part IV, line 11 11 11 11 14 Intangible assets 0. 15 1,552 16 Total assets. Add lines 1 through 15 (must equal line 33) 19,261,746. 16 20,325,458 17 Accounts payable and accrued expenses 115,648. 17 345,836 19 Deferred revenue 10,945. 19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other 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 22 23	ets	7				0.0 0.0 0.0 0.0	-	
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24 Unsecured notes and loans payable to unrelated third parties 396,689.24 155,571 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 523,282.26 501,407 X	Ë	23					23	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 523, 282. 26 501, 407 Organizations that follow FASB ASC 958, check here ► X						396,689.		155,571.
of Schedule D 25 26 Total liabilities. Add lines 17 through 25 523,282.26 Organizations that follow FASB ASC 958, check here ► X X		25						
26 Total liabilities. Add lines 17 through 25 523,282. 26 501,407 Organizations that follow FASB ASC 958, check here ► X			parties, and other liabilities not included on lines	17-24). Complete Part X			
Organizations that follow FASB ASC 958, check here ► X			of Schedule D				25	
Source Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ 38 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds		26				523,282.	26	501,407.
and complete lines 27, 28, 32, and 33. 18, 067, 551. 27 19, 299, 674 28 Net assets with donor restrictions 670, 913. 28 524, 377 0 organizations that do not follow FASB ASC 958, check here □ 1 1 29 Capital stock or trust principal, or current funds 29 29	ß		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🔀			
27 Net assets without donor restrictions 18,067,551.27 19,299,674 28 Net assets with donor restrictions 670,913.28 524,377 0rganizations that do not follow FASB ASC 958, check here ▶ 1 1 1 and complete lines 29 through 33. 29 29 29	ice.							
28 Net assets with donor restrictions 670,913.28 524,377 Organizations that do not follow FASB ASC 958, check here ▶	alar	27				27		
G Organizations that do not follow FASB ASC 958, check here u and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	В	28		670,913.	28	524,377.		
b and complete lines 29 through 33. b g 29 Capital stock or trust principal, or current funds	Ű.							
29 Capital stock or trust principal, or current funds 29	ъ							
	ets (
30 Paid-in or capital surplus, or land, building, or equipment fund 30	SSE							
31 Retained earnings, endowment, accumulated income, or other funds 31	et A					10 720 /6/		
	ž							19,824,051. 20,325,458.
		33	I otal liabilities and net assets/fund balances			17,401,/40•	33	Form 990 (2021)

Form **990** (2021)

2021.05040 THE FOODBANK, INC.

15230202 795339 15855.000

Form	1990 (2021) THE FOODBANK, INC.	86	-1082880	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	27,893 25,76 2,124 18,733 -1,038	7,6 4,2 3,4	31. 96. 64.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	19,824	4,0	51.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1 2a	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	No X
b	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?			x	
с	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sch	e audi	t, 2c	x	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı		v	
Ŀ	Act and OMB Circular A-133?	iun el co		Х	
d 	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2021)

132012 12-09-21

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization

Nam	e of t	he organization						• •	identification number		
			FOODBANK ,						6-1082880		
Pa	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	See instruction	ıs.			
The o	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(*	1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in		
		section 170(b)(1)(A)(iv). (C									
6	37	A federal, state, or local gov									
7	Х	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in		
		section 170(b)(1)(A)(vi). (C									
8		A community trust describe									
9		An agricultural research org				-		-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	t the colleg	e or		
10		university:		the second (00) and the second				h			
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain excentions; and (2) no more than 33 1/3% of its support from gross investment.									
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
		See section 509(a)(2). (Con		(less section of r lax) in		sses acqu	lifed by the of	ganization	aller Julie 30, 1975.		
11		An organization organized a		ively to test for public sa	fety See	section 50)Q(a)(4)				
12		An organization organized a	-	•	•			arry out the	purposes of one or		
		more publicly supported or	-	-	-			•			
		lines 12a through 12d that	-								
а		Type I. A supporting orga				-		-	giving		
		the supported organization		-	•						
		organization. You must c									
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving		
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,		
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organi	zation(s)		
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness		
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga					а Туре I, Туре	II, Type III			
		functionally integrated, or									
f		er the number of supported of									
g		vide the following informatior i) Name of supported	about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other		
	(organization		(described on lines 1-10	in your governi Yes	nization listed ng document? No	support (see in		support (see instructions)		
				above (see instructions))	165						
Tota											

Schedule A	(Form	990)	202

THE FOODBANK, INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16,034,285.	21,968,715.	25,680,316.	32,483,434.	27,683,570.	123,850,320.
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 \dots						
4	Total. Add lines 1 through 3	16,034,285.	21,968,715.	25,680,316.	32,483,434.	27,683,570.	123,850,320.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						123,850,320.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	16,034,285.	21,968,715.	25,680,316.	32,483,434.	27,683,570.	123,850,320.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						123,850,320.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, f	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (I	line 6, column (f), c	livided by line 11, o	column (f))			100.00 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	100.00 %
1 6a	1 33 1/3% support test - 2021. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2020. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	blicly supported o	organization		
b	0 10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circl	umstances test. Th	ne organization qua	alifies as a publicly	/ supported organ	ization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ►
						Schedule A	(Form 990) 2021

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132022 01-04-22

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.)

	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	021	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5			1	1			
	Amounts included on lines 1, 2, and			1	1			
	3 received from disgualified persons							
b	Amounts included on lines 2 and 3 received			1	1			
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
~	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	021	(f) Total
	Amounts from line 6	(u) 2017	(6) 2010	(0) 2010	(4) 2020	(0)2	521	(i) iotai
	Gross income from interest,							
va	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
D	(less section 511 taxes) from businesses							
	· · · · ·							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
1	Net income from unrelated business activities not included on line 10b.							
	whether or not the business is							
_	regularly carried on							
2	Other income. Do not include gain or loss from the sale of capital				1			
	assets (Explain in Part VI.)							
3	Total support. (Add lines 9, 10c, 11, and 12.)							
4	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) c	organizatio	on,
	check this box and stop here						<u></u>	►
ec	tion C. Computation of Publ							
5	Public support percentage for 2021 (I	ine 8, column (f), d	divided by line 13,	column (f))		15		9
	Public support percentage from 2020					16		9
	tion D. Computation of Invest							
	Investment income percentage for 20					17		9
	Investment income percentage from 2					18		9
	33 1/3% support tests - 2021. If the						and line 1	
	more than 33 1/3%, check this box at							► Γ
h	33 1/3% support tests - 2020. If the						3 1/3%	🖛 🖵
U	line 18 is not more than 33 1/3%, che							
0								
	Private foundation. If the organizatio	п иш пот спеск а		a, ur 190, check t	nis bux and see In			
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
-	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in</i>			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No

the supported organization(s).	1	
or management of the supporting organization was vested in the same persons that controlled or managed		
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
were a majority of the organization's directors of trustees during the tax year also a majority of the directors		

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

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a ______ 2b _____ 3a _____ 3b _____

3

Yes No

Yes No

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Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021
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Part V Type III Non-Functionally Integrated 509(a)(3) Suppo	orting Organ		00-1002000 Page
1 Check here if the organization satisfied the Integral Part Test as a qua	alifying trust on	Nov. 20, 1970 (explain in	Part VI). See instructions
All other Type III non-functionally integrated supporting organizations	must complete	Sections A through E.	
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 amoun	t,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-func		ed Type III supporting or	anization (see

instructions).

Schedule A (Form 990) 2021

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continued}	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	0	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
-	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
-	Excess from 2017				
	Excess from 2018				
-	Excess from 2019				
-	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

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Part VI	Supplemental Information. Pro	wide the explanations requ	ired by Part II, line 10: Pa	rt II, line 17a or 17b: Part III, line	12·
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b line 1; Part IV, Section D, lines 2 and 3; Section D, lines 5, 6, and 8; and Part V (See instructions.)	, 4c, 5a, 6, 9a, 9b, 9c, 11a, Part IV, Section E, lines 1c,	11b, and 11c; Part IV, Se , 2a, 2b, 3a, and 3b; Part	ction B, lines 1 and 2; Part IV, S V, line 1; Part V, Section B, line	ection C,
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Schedule A (Form 990) 2021 THE FOOD

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THE FOODBANK, INC.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

2021

Employer identification number

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

THE FOODBANK,

INC.

Name of organization

Page 2 Employer identification number

86-1082880

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) (b) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 FEEDING AMERICA Person Payroll 12,323,549. 35 EAST WACKER DRIVE, SUITE 2000 Noncash X \$ (Complete Part II for CHICAGO, IL 60601 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution OHIO ASSOCIATION OF SECOND HARVEST 2 FOODBANKS Person Payroll 35 EAST STREET, SUITE 502 1,233,634. Noncash X \$ (Complete Part II for COLUMBUS, OH 43215 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution UNITED STATES DEPARTMENT OF 3 AGRICULTURE Person Payroll 1400 INDEPENDENCE AVENUE 4,361,743. Noncash X (Complete Part II for WASHINGTON, DC 20250 noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 23 2021.05040 THE FOODBANK, INC.

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Noncash Property (see instructions). Use duplicate copies of Part (b) Description of noncash property given FOOD (b) Description of noncash property given FOOD (b) Description of noncash property given FOOD (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (See instructions.) (C) FMV (or estimate) (See instructions.)	(d) Date received
Description of noncash property given FOOD (b) Description of noncash property given	FMV (or estimate) (See instructions.) (See instructions.) (c) FMV (or estimate)	Date received
(b) Description of noncash property given	(c) FMV (or estimate)	(d)
(b) Description of noncash property given	(c) FMV (or estimate)	(d)
Description of noncash property given	FMV (or estimate)	
FOOD		
	\$1,233,634.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
FOOD		
	\$ <u>4,361,743</u> .	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	End of noncash property given FOOD (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	IO FMV (or estimate) (See instructions.) Description of noncash property given \$

2021.05040 THE FOODBANK, INC.

Schedule B (Form 990) (2021)

Name of organization

	ODBANK, INC.				86-1082880
art III	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, chari Use duplicate copies of Part III if additional spa	ough (e) and the following line e itable, etc., contributions of \$1,000 c	ntry For organi	zations	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
-		(e) Transfer of g			
_	Transferee's name, address, and a	ZIP + 4	Relatio	onship of tra	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer of g	ift		
-	Transferee's name, address, and a	ZIP + 4	Relatio	onship of tra	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
.					
		(e) Transfer of g	ift		
-	Transferee's name, address, and a	ZIP + 4	Relatio	onship of tra	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
.					
	Transferee's name, address, and 2	(e) Transfer of g		onshin of tra	nsferor to transferee
			neidli		

SCI	HEDULE D	Supplement	al Financial Statements	1		OMB No. 1545-0047
	n 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b			2021
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest informa	ation.		Open to Public Inspection
Nam	e of the organizati					identification number $6-1082880$
Par	t I Organiza		ed Funds or Other Similar Funds	or Ad		
	organizatio	n answered "Yes" on Form 990, Part IV, lir	ne 6.			
			(a) Donor advised funds	(b) Funds an	d other accounts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year	writing that the assets held in donor advise			
5	-		exclusive legal control?			Yes No
6			advisors in writing that grant funds can be			
Ū			or donor advisor, or for any other purpose of			
	impermissible priv				-	Yes No
Par	t II Conserv		ganization answered "Yes" on Form 990, P			
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that apply).			
	Preservation	n of land for public use (for example, recrea	ation or education)	a histor	rically impo	rtant land area
		f natural habitat	Preservation of a	a certifi	ed historic	structure
		of open space				
2	Complete lines 2a day of the tax year		fied conservation contribution in the form of	ofacor Г		easement on the last at the End of the Tax Year
а				- F	2a	
					2b	
			ucture included in (a)		2c	
			after 7/25/06, and not on a historic structu			
					2d	
3			leased, extinguished, or terminated by the		zation durir	ng the tax
	year 🕨					
4	Number of states	where property subject to conservation ea	sement is located			
5		tion have a written policy regarding the pe				
•		orcement of the conservation easements i				
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervatio	n easemen	ts during the year
7	Amount of expens		dling of violations, and enforcing conservat	ion og	somente du	ring the year
•	► \$			lon cac		ining the year
8		vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)	(i)	
	and section 170(h))(4)(B)(ii)?				Yes No
9			ion easements in its revenue and expense			
	balance sheet, and	d include, if applicable, the text of the foot	note to the organization's financial stateme	ents tha	at describes	s the
Der		ounting for conservation easements.			···· · · · · ·	• -
Par		C	f Art, Historical Treasures, or Ot	iner S	Similar A	ssets.
4 -		the organization answered "Yes" on Form		nd h - '		worko
та			58, not to report in its revenue statement a			
		· ·	blic exhibition, education, or research in fu ncial statements that describes these item		ice or publi	
b	· •		58, to report in its revenue statement and b		sheet wor	ks of
~			c exhibition, education, or research in furth			
		ng amounts relating to these items:	,,,			,
	•	č			▶ \$	
					▶ \$	
2			asures, or other similar assets for financial			
	-	unts required to be reported under FASB A	-			
					▶ \$	
					► \$	
	•	eduction Act Notice, see the Instruction	s tor Form 990.		Sche	dule D (Form 990) 2021
13205	1 10-28-21		26			

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2021.05040 THE FOODBANK, INC.

	dule D (Form 990) 2021 THE FOO: t III Organizations Maintaining C	DBANK, INC.		easures or Ot	her Simil	86-10 ar A sse	8288 ts (contin		ige 2
3	Using the organization's acquisition, accessi							ucu)	
3	collection items (check all that apply):	on, and other records	s, check any of the	TO TO TO THE THE	e signincarn	use of its			
•	Public exhibition	d		hange program					
a L		u							
b	Scholarly research	e							
c									
4						ose in Par	t XIII.		
5	During the year, did the organization solicit o						٦.,		1
De	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		te if the organizatio	on answered "Yes"	on Form 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi		iary for contribution	s or other assets r	not included				
14	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			······ ـــــ		L	
D.		and complete the for	iowing table.				Amount		
•	Paginning balance				1c		,		
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f	Ending balance Did the organization include an amount on Fe	orm 000 Dart V lina (21 for opprover of		I		Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • •	L]
Par									1
I ui		(a) Current year	(b) Prior year	(c) Two years back		vears back	(e) Four	vears	hack
1.	Deginging of year belongs	11,278,011.	6,319,746.			321,580.		,428,	
	Beginning of year balance	11,270,011.	4,000,000.		-	250,000.	2	, <u>420,</u> 250,	
	Contributions	-1,104,185.	973,248.	, ,	_	141,669.			
	Net investment earnings, gains, and losses	-1,104,105.	975,240.	55,976	·	141,009.		148,	380.
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	45.400	4.4.000	44.005		- 110			
	Administrative expenses	17,130.	14,983.			7,118.			025.
g	End of year balance	10,156,696.	11,278,011.		4,2	206,131.	2	,821,	580.
2	Provide the estimated percentage of the curr			a)) held as:					
	a Board designated or quasi-endowment > 96.1989 %								
	Permanent endowment 3.8010	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	ind administered fo	or the organi	zation	г		
	by: Yes No								
	(i) Unrelated organizations 3a(i) X								
	(ii) Related organizations 3a(ii) X								
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b								
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or ot			Accumulat		(d) Bool	< value	Э
		basis (investm	,	· · ·	depreciation				
1a	Land			2,100.				2,1	
	Buildings		5,11	0,590.	600,4	37.	4,51	0,1	53.
	Leasehold improvements								
	Equipment			6,105.	636,7			9,3	
	Other		1,84	4,080.	807,4	99.	1,03	6 <u>,</u> 5	81.
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	10c.)			5,90	8,1	95.
						<u> </u>	D /F		

Schedule D (Form 990) 2021

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	Schedule D (Form 990) 2021	THE	FOODBANK,	INC.
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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			1 - f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) INVESTMENTS – OTHER	10,239,303.	END-OF-YEAR MARKET	VALUE
(A) INVESTMENTS - OTHER (B)	10,235,303.		VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	10,239,303.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end	l-of-vear market value
(1)	(~) Dook value		
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	. 15)		
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	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	>	
2. Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been pr	rovided in Part XIII 🗴

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 THE FOODBANK, INC.		86-	1082880 Page 4		
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue p				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements		1	26,853,218.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d -1,038,70)9.			
е	Add lines 2a through 2d		2e	-1,038,709.		
3	Subtract line 2e from line 1		3	27,891,927.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	c Add lines 4a and 4b					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			27,891,927.		
Ра	t XII Reconciliation of Expenses per Audited Financial Staten	•	per Retu	irn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			DE 767 601		
1	Total expenses and losses per audited financial statements		1	25,767,631.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1				
а	Donated services and use of facilities					
b	, , , ,					
с	Other losses					
d	Other (Describe in Part XIII.)			0		
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3	25,767,631.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а						
	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)			^		
	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		0.		
b c 5	Other (Describe in Part XIII.)	4b		0. 25,767,631.		

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

PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE THE EVALUATION OF TAX POSITIONS TAKEN, OR
EXPECTED TO BE TAKEN, IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX
RETURNS, TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT"
OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. THIS STATEMENT
PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE
RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY WHEN IT IS
"MORE-LIKELY-THAN-NOT" THE POSITION WILL BE SUSTAINED UPON EXAMINATION,
INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED
UPON THE TECHNICAL MERITS AND CONSIDERATION OF ALL AVAILABLE INFORMATION.
ONCE THE RECOGNITION THRESHOLD IS MET, THE PORTION OF THE TAX BENEFIT THAT
IS RECORDED REPRESENTS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER
132054 10-28-21 Schedule D (Form 990) 2021
29 230202 795339 15855.000 2021.05040 THE FOODBANK, INC. 15855_01

THAN 50 PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT WITH A TAXING AUTHORITY. BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITION THAT WOULD PLACE THE ORGANIZATION'S EXEMPT STATUS IN JEOPARDY, AS OF JUNE 30, 2022 AND 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGED IN VALUE IN BENEFICIAL INTEREST

PART V, LINE 4

THE ENDOWMENT FUNDS ARE ESTABLISHED FOR THE PURPOSE OF PROVIDING ANNUAL

INCOME FOR THE FOODBANK OPERATIONS

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30 2021.05040 THE FOODBANK, INC.

(Form 990) For cortain Officers, Directors, Trustes, Key Employees, and Highest Compensated Employees of the wave of the organization answered 'Yes' on Form 990, Part IV, line 23.		HEDULE J	Compensation Information	L	OMB No. 1	545-00	47
Department of the Insary	(Fo	rm 990)			20	21	
Department Pressure Exitate to Form 980. Open 100 (Inspection) Name of the organization E.G. to www.rsg. opt/Form9300 for instructions and the latest information. Impediation Name of the organization THE FOODBANK, INC. E.G. 108.2880 E.G. 108.2880 Part I Questions Regarding Compensation 8.6 - 108.2880 E.G. 108.2880 Impediation E.G. 108.2880 E.G. 108.2880 E.G. 108.2880 Impediation E.G. 108.2880 E.G. 108.2880 E.G. 108.2880 Impediation of 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 terms. Impediation regulates terms. Impediation regulates terms. Impediation requires basistation on provision of all of the expanses described abov? If 'No,' complete Part III to explain. 10 Impediation requires basistation requires abstantiation provises for embodiase senders of paralitoria sectors. 10 Impediation requires basistation requires the relative regarding the companization 's CEO/Executive Director, basistation requires basistation requires basistation requires basistation requires basis readored basistation requires basistatin requires term i							
Name of the organization Enclose Number Set 0.00000000000000000000000000000000000			Attach to Form 990.				
THE FOODBANK, INC. 866-1082880 Part II Questions Regarding Compensation In Creations Regarding Compensation provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, cold the organization regarding these terms. Ves No Part UI, Section A, line 1a, complete Part III to provide any relevant information regarding these terms. Provents for business use of personal residence Personal services (such as maid, chartfert, chef) b flary of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If 1%c, complete Part III to explain or reinbursement or provision of all of the expenses described above? If 1%c, complete Part III to explain or reinbursement or provision of all of the expenses described above? If 1%c, complete Part III to explain or reinbursement or provision of all of the expense described above? If 1%c, complete Part III to explain or reinbursement or provision of all of the expense described above? If 1%c, complete Part III to explain or reinbursement or provision of all of the explane of II 1%c. 2 Indicate which, if any, of the following the organization used to establish the compensation to the reganization to establish the compensation committee 2 2 3 Indicate which, jif any, of the following the organization set to write policy and any person isteed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to establish the organization: 2 4 X 4 During the year, dia any pers	-			Employeri			
Part 1 Questions Regarding Compensation Yes No ************************************	INdii	le of the organizatio					mber
1 0 0 Yes No 1a 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. Image: Section A, line 1a, Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a, Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a, Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a, Complete Part III to provide any relevant information regarding these items. 1 Tax indemnification and gross-up payments Health or social club dues or initiation fees Image: Section A, line 1a, Complete Part III to provide any relevant information regarding payment or reimbursenem tor provision of all of the expresses described above? If No.** Complete Part III to provide any other to prainization of all of the expresses described above? If No.** Complete Part III to provide any payment or reimbursenem tor provision or methods used by a related organization is CEC/Executive Director, but explain in Part III. Image: Section Complete Part III No.** Cec/Executive Director, but explain in Part III. Image: Section Complete Part III No.** Cec/Executive Director, but explain in Part III. Image: Section Complete Part III No.** Cec/Executive Director, but explain in Part III. Image: Section Complete Part III No.** Cec/Executive Director, but explain in Part III. Image: Section Complete Part III No.** Cec/Executive Director, but explain in Part III. Image: Section Complete Part IIII No.**	Pa	rt I Question		00 1	00200	0	
1a 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-Ideas or charter travel Housing allowance or residence for personal use Part of companions Part of companions and prossup payments Payments for business use of personal residence Healt to rookic Udd dues or inhibition feed 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 c Did the organization required usbitantiation prior to reimbursing or allowing exponess incured by all directors. 1b c Did the organization required usbitantiation prior to reimbursing or allowing exponess incured by all directors. 2 c Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation areany to berctor. Check all that apply. Do not check any boxes for methods used by a related organization to establish one compensation areany enter the organization explain IPart III. 2 d During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a elabed organization: 4a X d		account				Voc	No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. Image: Comparison of the companion of the companication 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? 1b 2 bit the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the companization used to establish the compensation of the companization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant 1b 2 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organizations or a related organizations 2d 3 Receive a severance payment from a supplemental nonqualified retriement plan? 4a X 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: 5a X 4 Daring the core companion or an elated organization proveneace to the explicable amounts for each item in Part II	19	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	990		165	
Image: Pirst-class or charter travel Image: Ima	ia			1000,			
Image: Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1 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 to establish compensation committee Written employment contract 2 4 During the year, did any person listed on Form 990, Part VII. Section A, line 1a, with respect to the filing organization or releted organization: 4a X 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: 4a X 4 During the year, did any person and provide the applicable amounts for each item in Part III. 4b X 5 Form 990 of other organization and provide the applicable amounts for each item in Part III. 5a X 6 For persons listed on Form 990, Part VII. Section A, line 1a, did the org				naluse			
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 CEO/Executive Director, boxes for methods used by a related organization to establish compensation committee 2 3 Indicate which, if any of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any of the following the organization used to establish the compensation committee 9 9 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: 4a X 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 5a X 6 For persons listed on For			, i i i i i i i i i i i i i i i i i i i				
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 reimbursion or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 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 to establish compensation committee Witten employment contract INST CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee INdice written employment contract INST Compensation committee Indice written employment contract Indice written employment contract Indicate write year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person adaptor/tom as euply based compensation arrangement? 4a X 5 Participate in or receive payment from an equity based compensation arrangement? 4a X 6 Participate in or receive payment from an e							
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 estabilish the compensation of the organization to estabilish compensation committee 2 4 Indicate which, if any, of the following the organization used to estabilish the compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the organization used to estabilish the compensation of the CEO/Executive Director, but explain in Part III. 2 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: 4a X 4 During the year, of any person sized on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a X 4 During the year, of any person sized on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 3a X 4 Participate in or receive payment from an equity-based compensation arangement?							
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, but explain in Part III. 2 3 Compensation committee Written employment contract 1 1 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 3 Compensation committee Written employment contract 1 1 Indicate which, if any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization a supplemental nonqualified refirement plan? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a X b Participate in or receive payment from an equity-based compensation arrangement? 4c X th "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5b X 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							
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Requiations section 53 4958-6(c)7	9						
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2021							

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86-1082880

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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHELLE RILEY	(i)	209,893.	0.	0.	0.	14,492.	224,385.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 202

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the o	organization
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Go to www.irs.gov/Form990 for instructions and the latest information.

INC.

Employer	identification	number
8	6-108288	80

ne of the organization		
	THE	FOODBANK,

Pa	rt I Types of Property				
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of determining
		applicable	contributions or	amounts reported on	noncash contribution amounts
			items contributed	Form 990, Part VIII, line 1g	
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	Х	8,108,936	20,118,095.	
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement _____ 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it

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ΙΗΔ	For Paperwork Reduction Act Notice see the Instructions for Form 990	Schedule M (F	orm 99	0) 2021
	describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
b	If "Yes," describe in Part II.			
	contributions?		a	X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		1	X
b	If "Yes," describe the arrangement in Part II.			
	exempt purposes for the entire holding period?		la	X
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for			

duction Act Notice, see the instructions for Form s

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27

28

Other

Other

Other

Other

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Yes No Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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132142 11-17-21			Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **Open to Public** Inspection Employer identification number

86-1082880

THE FOODBANK, INC.

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

DISTRIBUTING FOOD.

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

MANAGEMENT OF THE ORGANIZATION REVIEWS THE FORM 990 AND PROVIDES A COPY OF

THE FORM TO THE BOARD OF DIRECTORS FOR APPROVAL BEFORE IT IS FILED.

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

BOARD OF DIRECTORS ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST FORMS

ANNUALLY AND DISCLOSE BEFORE ANY VOTE ANY CONFLICT THEY MAY HAVE.

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

COMPARABLE SALARY DATA IS OBTAINED FROM FEEDING AMERICA'S SALARY SURVEY.

OFFICERS' SALARIES ARE APPROVED BY THE BOARD OF DIRECTORS.

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

THE FORM 990 AND ANNUAL REPORT ARE POSTED ON THE ORGANIZATION'S WEBSITE;

THE FORM 1023, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR SELECTING THE INDEPENDENT

ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Schedule O (Form 990) 2021

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