

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization  <b>CAPITAL AREA FOOD BANK, INC.</b>		<b>D</b> Employer identification number  <b>52-1167581</b>	
	Doing business as		<b>E</b> Telephone number <b>(202) 644-9800</b>	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	<b>4900 PUERTO RICO AVENUE, NE</b>			
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20017</b>		<b>G</b> Gross receipts \$ <b>115,644,405.</b>	
<b>F</b> Name and address of principal officer: <b>RADHA MUTHIAH</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No		
		<b>H(b)</b> Are all subordinates included? ..... Yes No		
		If "No," attach a list. See instructions		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number		
<b>J</b> Website: <b>WWW.CAPITALAREAFODBANK.ORG</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		<b>L</b> Year of formation: <b>1979</b>		<b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE PROVIDE NUTRITIOUS FOOD TO HELP OUR NEIGHBORS THRIVE TODAY AND BUILD BRIGHTER FUTURES TOMORROW.</b>		
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>218</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>16000</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>125,675,921.</b>	<b>103,909,688.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,912,031.</b>	<b>9,311,608.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>22,447.</b>	<b>358,531.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>326,120.</b>	<b>328,130.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>131,936,519.</b>	<b>113,907,957.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>15,836,447.</b>	<b>990,229.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>14,817,043.</b>	<b>17,622,456.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>1,515,799.</b>	<b>1,605,661.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>5,145,667.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>98,173,085.</b>	<b>91,077,050.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>130,342,374.</b>	<b>111,295,396.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>1,594,145.</b>	<b>2,612,561.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>62,292,293.</b>	<b>69,806,156.</b>
		<b>9,761,118.</b>	<b>14,657,173.</b>
		<b>52,531,175.</b>	<b>55,148,983.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>RADHA MUTHIAH, PRESIDENT &amp; CEO</b>		Date <b>2/6/2024</b>	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MEREDITH BELL</b>	Preparer's signature <i>MBell</i>	Date <b>02/06/24</b>	Check if self-employed <input type="checkbox"/>
	Firm's name <b>RSM US LLP</b>	Firm's EIN <b>42-0714325</b>	PTIN <b>P01696827</b>	
	Firm's address <b>1250 H STREET, SUITE 700 WASHINGTON, DC 20005</b>	Phone no. <b>202-293-2200</b>		

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

**Part III** Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

THE MISSION OF THE CAPITAL AREA FOOD BANK (THE FOOD BANK OR CAFB) IS TO HELP OUR NEIGHBORS THRIVE BY CREATING MORE EQUITABLE ACCESS TO FOOD AND OPPORTUNITY THROUGH COMMUNITY PARTNERSHIPS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 96,537,356. including grants of \$ 990,229. ) (Revenue \$ 9,311,608. )  
FOOD FOR TODAY:

IN TOTAL, CAFB DISTRIBUTED OR FACILITATED THE DISTRIBUTION OF 69.3 MILLION POUNDS OF FOOD DURING FISCAL YEAR 2023.

CAFB FOOD DISTRIBUTION IN POUNDS FOR FISCAL YEAR 2023 WAS 59.2 MILLION. THE PER POUND VALUE OF DONATED AND GOVERNMENT FOOD COMMODITIES FLUCTUATES YEAR-OVER-YEAR AND WAS \$1.92 IN FISCAL YEAR 2023. AS SUCH, IN-KIND DISTRIBUTION AMOUNTS WITHIN THE FINANCIAL STATEMENTS MAY NOT MIRROR DISTRIBUTION TRENDS BY POUNDAGE.

IN ADDITION TO THE POUNDS REPORTED IN THE FINANCIAL STATEMENTS, CAFB IS RESPONSIBLE FOR THE DISTRIBUTION OF PARTNER DIRECT PRODUCT. PARTNER DIRECT PRODUCT REPRESENTS PRODUCT RECEIVED FROM DONORS WHICH ARE

4b (Code: ) (Expenses \$ 1,689,904. including grants of \$ ) (Revenue \$ )  
FOOD FOR BRIGHTER FUTURES:

FOOD ALONE WON'T SOLVE HUNGER. TO ADDRESS THE ROOT CAUSES OF FOOD INSECURITY AND INEQUITY IN THE REGION, THE FOOD BANK IS PILOTING INNOVATIVE APPROACHES FOR PAIRING FOOD WITH OTHER CRITICAL SERVICES, SUCH AS HEALTH CARE AND EDUCATION. BY EXPANDING BEYOND CAFB'S TRADITIONAL FOOD PROVIDER NETWORK, THE FOOD BANK CAN MEET PEOPLE WHERE THEY ARE AND PROVIDE THEM WITH FOOD TO HELP ADDRESS THEIR MOST PRESSING CONCERNS. THE FOOD BANK ALSO OPERATES INNOVATIVE FOOD ACCESS PROGRAMS TO CREATE MORE WAYS IN WHICH NEIGHBORS WITH TRANSPORTATION OR OTHER CONSTRAINTS CAN GET THE FOOD THEY NEED.

4c (Code: ) (Expenses \$ 1,373,732. including grants of \$ ) (Revenue \$ )  
THOUGHT LEADERSHIP AND COMMUNITY ENGAGEMENT:

A. FOOD INSECURITY RESEARCH: THE CAFB REGULARLY PARTNERS WITH RESEARCH INSTITUTIONS TO GATHER AND PUBLISH DATA AND INFORMATION ABOUT FOOD INSECURITY, INEQUITY, AND OTHER ISSUES RELATED TO ITS WORK. THIS INFORMATION IS USED BY THE FOOD BANK TO GUIDE ITS ORGANIZATIONAL STRATEGY AND PROGRAMMATIC SERVICES, AND BY OTHER REGIONAL ORGANIZATIONS TO INFORM PLANNING AND POLICY.

B. CLIENT LEADERSHIP COUNCIL: TO AMPLIFY THE VOICES OF THE PEOPLE IT SERVES, CAFB CONVENES A CLIENT LEADERSHIP COUNCIL (CLC) EACH YEAR. A COHORT OF INDIVIDUALS WHO LIVE IN THE FOOD BANK'S SERVICE AREA AND WHO

4d Other program services (Describe on Schedule O.)

(Expenses \$ 511,838. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 100,112,830.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <span style="float: right;">2a 218</span>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <span style="float: right;">7d</span>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <span style="float: right;">10a</span>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float: right;">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <span style="float: right;">11a</span>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">11b</span>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float: right;">12b</span>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 <span style="float: right;">13b</span>		
<b>c</b> Enter the amount of reserves on hand <span style="float: right;">13c</span>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

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

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**Section A. Governing Body and Management**

	1a	1b	19	18	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year			19			
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.				18		
b Enter the number of voting members included on line 1a, above, who are independent						
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			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5			X
6 Did the organization have members or stockholders?			6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a			X
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			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?			8a		X	
b Each committee with authority to act on behalf of the governing body?			8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9			X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
11a		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
15a		
b Other officers or key employees of the organization		X
15b		
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed MD, VA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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  
JOHN ROBERTSON - (202) 644-9800  
4900 PUERTO RICO AVENUE, NE, WASHINGTON, DC 20017

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- 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 week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RADHA MUTHIAH PRESIDENT & CEO	40.00 0.20	X		X				426,065.	0.	35,301.
(2) JOHN ROBERTSON CHIEF FINANCIAL OFFICER	40.00 0.20			X				244,550.	0.	22,717.
(3) KRISTA SCALISE CHIEF OPERATING OFFICER	40.00 0.00				X			228,835.	0.	12,501.
(4) MARY BETH HEALY CHIEF REVENUE OFFICER	40.00 0.00				X			204,292.	0.	16,730.
(5) CHRISTEL HAIR SR. ADVISOR, CAPITAL CAMPAIGN	40.00 0.00					X		157,207.	0.	16,827.
(6) MELANIE MINZES SR. DIR., INST. PARTNERSHIPS	40.00 0.00					X		156,431.	0.	12,236.
(7) BRADLEY JENSEMA SR. DIR., DEVELOPMENT	40.00 0.00					X		153,750.	0.	8,533.
(8) CYNTHIA SINGISER SR. DIR., NOVA REGION	40.00 0.00					X		147,817.	0.	11,152.
(9) BRADLEY MISSAL DIRECTOR OF IT	40.00 0.00					X		140,304.	0.	12,299.
(10) PETER SCHNALL BOARD CHAIR (UNTIL 10/22)	4.00 0.20	X		X				0.	0.	0.
(11) RAHSAAN BERNARD BOARD CHAIR (FROM 11/22)	4.00 0.20	X		X				0.	0.	0.
(12) AMY CELEP VICE CHAIR (FROM 11/22)	4.00 2.00	X		X				0.	0.	0.
(13) PRADEEP PRABHALA TREAS & FIN COMM CHAIR (UNTIL 6/23)	2.00 0.20	X		X				0.	0.	0.
(14) THOMAS LOFLAND SECRETARY	2.00 0.00	X		X				0.	0.	0.
(15) SHARON O'BRIEN AUDIT COMMITTEE CHAIR	1.00 0.00	X						0.	0.	0.
(16) ERIC EISENBERG GOV COMM CHAIR (FROM 11/22)	1.00 0.00	X						0.	0.	0.
(17) ADAM GOLDBERG BOARD MEMBER	1.00 0.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANGIE LATHROP BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) ANNE KRESS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) BOB COHN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) DENISE DOMBAY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) ELAINE RICHARD BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) IRA KRESS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) JOHN HUFFMAN BOARD MEMBER (UNTIL 11/22)	1.00 0.00	X						0.	0.	0.
(25) LARRY HENTZ BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(26) LISA ROSS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,859,251.	0.	148,296.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,859,251.	0.	148,296.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

28

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FEEDING AMERICA, 161 N. CLARK STREET, SUITE 700, CHICAGO, IL 60601	FOOD PACKAGING AND TRANSPORTATION	12,182,969.
COASTAL SUNBELT PRODUCE PO BOX 62860, LAUREL, MD 21264	FOOD PACKAGING AND TRANSPORTATION	12,058,199.
VALUE ADDED FOOD SALES 965 RENO, WAYLAND, MI 49348	FOOD PACKAGING AND TRANSPORTATION	2,318,184.
MID-ATLANTIC REGIONAL COOPERATIVE (MARC), 6700 ESSINGTON AVENUE, UNIT J-216,	FOOD PACKAGING AND TRANSPORTATION	1,540,566.
NEMCO FOOD TRADING 207 BEDFORD ST, LAKEVILLE, MA 02347	FOOD PACKAGING AND TRANSPORTATION	1,430,486.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		61

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)



[illegible]

**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns .....	1a	687,637.			
	b	Membership dues .....	1b				
	c	Fundraising events .....	1c				
	d	Related organizations .....	1d	2,000,000.			
	e	Government grants (contributions) .....	1e	20,782,260.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	80,439,791.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 43,398,214.			
	h	<b>Total.</b> Add lines 1a-1f .....		103909688.			
<b>Program Service Revenue</b>			Business Code				
	2 a	PROGRAM SERVICE FEES	900099	9,311,608.	9,311,608.		
	b						
	c						
	d						
	e						
	f	All other program service revenue .....					
	g	<b>Total.</b> Add lines 2a-2f .....		9,311,608.			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) .....		364,616.			364,616.
	4	Income from investment of tax-exempt bond proceeds .....					
	5	Royalties .....					
	6 a	Gross rents .....	6a				
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss) .....	6c				
	d	Net rental income or (loss) .....					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities 1,730,363.	(ii) Other		
	b	Less: cost or other basis and sales expenses .....	7b	1,736,448.			
	c	Gain or (loss) .....	7c	-6,085.			
	d	Net gain or (loss) .....		-6,085.			-6,085.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	8a				
	b	Less: direct expenses .....	8b				
	c	Net income or (loss) from fundraising events .....					
	9 a	Gross income from gaming activities. See Part IV, line 19 .....	9a				
	b	Less: direct expenses .....	9b				
	c	Net income or (loss) from gaming activities .....					
	10 a	Gross sales of inventory, less returns and allowances .....	10a				
b	Less: cost of goods sold .....	10b					
c	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>			Business Code				
	11 a	MISCELLANEOUS	900099	328,130.			328,130.
	b						
	c						
	d	All other revenue .....					
	e	<b>Total.</b> Add lines 11a-11d .....		328,130.			
12	<b>Total revenue.</b> See instructions .....			113907957.	9,311,608.	0.	686,661.

**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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	990,229.	990,229.		
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	1,224,418.	282,680.	650,929.	290,809.
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	12,763,028.	9,428,337.	2,026,784.	1,307,907.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	911,778.	633,017.	174,548.	104,213.
9 Other employee benefits	1,717,342.	1,192,293.	328,763.	196,286.
10 Payroll taxes	1,005,890.	698,356.	192,564.	114,970.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	444,012.		444,012.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,605,661.			1,605,661.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,985,592.	861,752.	631,506.	492,334.
12 Advertising and promotion	336,584.	101,997.	15,919.	218,668.
13 Office expenses	2,573,735.	1,847,919.	267,564.	458,252.
14 Information technology	907,946.	636,503.	197,635.	73,808.
15 Royalties				
16 Occupancy	3,321,859.	3,005,211.	202,418.	114,230.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	288,525.	60,738.	191,601.	36,186.
20 Interest	4,245.		4,245.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,247,913.	943,113.	200,496.	104,304.
23 Insurance	281,780.	213,592.	44,566.	23,622.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a IN-KIND FOOD DISTR.	42,295,713.	42,295,713.		
b FOOD RELATED COSTS	31,492,376.	31,492,376.		
c PARTNER SHOPPING GRANT	4,169,398.	4,169,398.		
d VEHICLE EXPENSE	1,251,940.	1,251,940.		
e All other expenses	475,432.	7,666.	463,349.	4,417.
25 Total functional expenses. Add lines 1 through 24e	111,295,396.	100,112,830.	6,036,899.	5,145,667.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	4,341,076.	1	2,328,096.
	2 Savings and temporary cash investments .....	11,229,597.	2	11,321,830.
	3 Pledges and grants receivable, net .....	9,099,771.	3	6,748,719.
	4 Accounts receivable, net .....	2,267,163.	4	5,479,208.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	4,156,681.	8	5,306,530.
	9 Prepaid expenses and deferred charges .....	398,803.	9	821,459.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 44,717,908.		
	b Less: accumulated depreciation .....	10b 11,582,059.		
	11 Investments - publicly traded securities .....	30,475,625.	10c	33,135,849.
	12 Investments - other securities. See Part IV, line 11 .....	89,101.	11	115,125.
	13 Investments - program-related. See Part IV, line 11 .....		12	
	14 Intangible assets .....		13	
	15 Other assets. See Part IV, line 11 .....	234,476.	14	4,549,340.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	62,292,293.	15	69,806,156.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	3,659,322.	16	4,595,661.
	18 Grants payable .....		17	
	19 Deferred revenue .....	258,625.	18	0.
	20 Tax-exempt bond liabilities .....		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		20	
	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 .....		21	
	23 Secured mortgages and notes payable to unrelated third parties .....	5,205,000.	22	5,205,000.
	24 Unsecured notes and loans payable to unrelated third parties .....		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 .....	638,171.	24	4,856,512.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	9,761,118.	25	14,657,173.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		26
27 Net assets without donor restrictions .....		39,169,457.	27	39,614,071.
28 Net assets with donor restrictions .....		13,361,718.	28	15,534,912.
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
29 Capital stock or trust principal, or current funds .....			29	
30 Paid-in or capital surplus, or land, building, or equipment fund .....			30	
31 Retained earnings, endowment, accumulated income, or other funds .....			31	
32 <b>Total net assets or fund balances</b> .....		52,531,175.	32	55,148,983.
33 <b>Total liabilities and net assets/fund balances</b> .....	62,292,293.	33	69,806,156.	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	113,907,957.
2	Total expenses (must equal Part IX, column (A), line 25)	2	111,295,396.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,612,561.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,531,175.
5	Net unrealized gains (losses) on investments	5	5,247.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	55,148,983.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2022)

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

CAPITAL AREA FOOD BANK, INC.

Employer identification number

52-1167581

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 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 exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70117391.	88969521.	171918504	125675921	103939688	560621025
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	70117391.	88969521.	171918504	125675921	103939688	560621025
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)						59112514.
6 <b>Public support.</b> Subtract line 5 from line 4.						501508511

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	70117391.	88969521.	171918504	125675921	103939688	560621025
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	95,566.	73,681.	10,752.	22,447.	364,616.	567,062.
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.)	385,012.	394,863.	774,560.	326,120.	328,130.	2208685.
11 <b>Total support.</b> Add lines 7 through 10						563396772
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	89.02	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	90.75	%
16a <b>33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV** Supporting Organizations

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

**Section A. All Supporting Organizations**

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV** Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a 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?
- b A family member of a person described on line 11a above?
- c 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.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 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.
- 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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

**Section 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?
- 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).
- 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.

	Yes	No
1		
2		
3		

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- 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.

	Yes	No
2a		
2b		
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:****MISCELLANEOUS**

2018 AMOUNT: \$ 385,012.

2019 AMOUNT: \$ 394,863.

2020 AMOUNT: \$ 774,560.

2021 AMOUNT: \$ 326,120.

2022 AMOUNT: \$ 328,130.

# Schedule B

(Form 990)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2022

Name of the organization

Employer identification number

CAPITAL AREA FOOD BANK, INC.

52-1167581

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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

☒ 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 ..... \$ \_\_\_\_\_

**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).

Name of organization

Employer identification number

CAPITAL AREA FOOD BANK, INC.

52-1167581

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>18,242,741.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>14,887,058.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>3,005,470.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>2,493,949.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CAPITAL AREA FOOD BANK, INC.

52-1167581

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	FOOD DONATION _____ _____ _____	\$ <u>18,242,741.</u>	<u>06/30/23</u>
<u>2</u>	FOOD DONATION _____ _____ _____	\$ <u>14,887,058.</u>	<u>06/30/23</u>
<u>4</u>	FOOD DONATION _____ _____ _____	\$ <u>2,493,949.</u>	<u>06/30/23</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



Name of organization

Employer identification number

CAPITAL AREA FOOD BANK, INC.

52-1167581

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

CAPITAL AREA FOOD BANK, INC.

Employer identification number

52-1167581

**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... \$

3 Volunteer hours for political campaign activities .....

**Part I-B** Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Part I-C** Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... \$

4 Did the filing organization file Form 1120-POL for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying) .....															
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
c Total lobbying expenditures (add lines 1a and 1b) .....															
d Other exempt purpose expenditures .....															
e Total exempt purpose expenditures (add lines 1c and 1d) .....															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f) .....															
h Subtract line 1g from line 1a. If zero or less, enter -0- .....															
i Subtract line 1f from line 1c. If zero or less, enter -0- .....															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,010.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			2,010.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE CEO AND STAFF DIRECTLY CONTACTED LEGISLATORS, THEIR STAFF, AND

GOVERNMENT OFFICIALS ABOUT LEGISLATION THAT WOULD ALLEVIATE HUNGER AND

INCREASE ACCESS TO NUTRITIOUS FOODS. STAFF MAY ALSO PERIODICALLY ENGAGE

WITH GRASSROOTS SUPPORTS AND OTHER ADVOCACY-ORIENTED ORGANIZATIONS AND

SERVE ON LOCAL FOOD POLICY COUNCILS.

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

CAPITAL AREA FOOD BANK, INC.

Employer identification number  
52-1167581

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange program
- b ☐ Scholarly research e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment \_\_\_\_\_%
- b Permanent endowment \_\_\_\_\_%
- c Term endowment \_\_\_\_\_%

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,604,775.		8,604,775.
b Buildings		31,028,468.	7,761,170.	23,267,298.
c Leasehold improvements				
d Equipment		3,599,263.	2,484,589.	1,114,674.
e Other		1,485,402.	1,336,300.	149,102.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				33,135,849.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSETS	4,549,340.
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 4,549,340.

**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) PASSTHROUGH FUNDS	15,000.
(3) DEFERRED COMPENSATION LIABILITY	115,125.
(4) LEASE LIABILITIES	4,726,387.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 4,856,512.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

**Part XI** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	110,134,304.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,247.
b	Donated services and use of facilities	2b	390,498.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	395,745.
3	Subtract line 2e from line 1	3	109,738,559.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	4,169,398.
c	Add lines 4a and 4b	4c	4,169,398.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	113,907,957.

**Part XII** Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	107,516,496.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	390,498.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	390,498.
3	Subtract line 2e from line 1	3	107,125,998.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	4,169,398.
c	Add lines 4a and 4b	4c	4,169,398.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	111,295,396.

**Part XIII** Supplemental Information.

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:**

THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (THE IRC) AND IS CLASSIFIED AS A

PUBLICLY SUPPORTED ORGANIZATION UNDER SECTION 509(A)(1) OF THE IRC. THERE

WAS NO PROVISION FOR INCOME TAXES FOR THE YEAR ENDED JUNE 30, 2023, AS THE

ORGANIZATION HAD NO SIGNIFICANT NET UNRELATED BUSINESS INCOME.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

PARTNER SHOPPING GRANT

4,169,398.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

PARTNER SHOPPING GRANT

4,169,398.



Schedule D (Form 990) 2022		OMB 1545-0047
<b>Part XIII</b>	<b>Supplemental Information</b>	<i>(continued)</i>

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

CAPITAL AREA FOOD BANK, INC.

Employer identification number  
52-1167581

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations  
b ☒ Internet and email solicitations  
c ☒ Phone solicitations  
d ☒ In-person solicitations  
e ☒ Solicitation of non-government grants  
f ☒ Solicitation of government grants  
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PRODUCTION SOLUTIONS - 1953 GALLOWS ROAD, SUITE 500,	DIRECT MAIL PRODUCTION		X	5,229,056.	643,506.	4,585,550.
DONORVOICE LLC - 11710 PLAZA AMERICA DR. SUITE 2000,	DIRECT MAIL TARGETING AND CREATIVE DEVELOPMENT		X	0.	378,071.	-378,071.
DONALD A CAMPBELL AND COMPANY - 1 E WACKER DR STE 2100,	CAPITAL CAMPAIGN CONSULTING		X	0.	246,895.	-246,895.
<b>Total</b>				5,229,056.	1,268,472.	3,960,584.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

DC, MD, VA

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....				
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....				
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....				
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: PRODUCTION SOLUTIONS

(I) ADDRESS OF FUNDRAISER: 1953 GALLOWS ROAD, SUITE 500, VIENNA, VA 22182

(I) NAME OF FUNDRAISER: DONORVOICE LLC

(I) ADDRESS OF FUNDRAISER:

11710 PLAZA AMERICA DR. SUITE 2000, RESTON, VA 20190

**Part IV** Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: DONALD A CAMPBELL AND COMPANY

(I) ADDRESS OF FUNDRAISER: 1 E WACKER DR STE 2100, CHICAGO, IL 60601

SCHEDULE G, PART 1, LINE 2B:

PRODUCTION SOLUTIONS - IN ADDITION TO THE PROFESSIONAL FEES AND DIRECT  
MAIL PRODUCTION COSTS INCLUDED IN COLUMN (V), THE ORGANIZATION PAID  
\$393,372 TO THE VENDOR FOR POSTAGE COSTS.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**CAPITAL AREA FOOD BANK, INC.**

Employer identification number  
**52-1167581**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY, A GEORGIA CORPORATION - 2626 PENNSYLVANIA AVE NW - WASHINGTON, DC 20037	58-0660607	501(C)(3)	73,130.	0.			2023 CAPACITY GRANT
NEW HOPE AND LIFE CHURCH OF GOD INC - 8616 EDGEWORTH DRIVE - CAPITOL HEIGHTS, MD 20743	52-1974264	501(C)(3)	48,000.	0.			2023 CAPACITY GRANT
URBAN OUTREACH INC. 5343 C STREET, SE WASHINGTON, DC 20019	52-1913412	501(C)(3)	46,581.	0.			2023 CAPACITY GRANT
COMMUNITY OUTREACH AND DEVELOPMENT COMMUNITY DEVELOPMENT CORPORATION - 4719 MARLBORO PIKE - CAPITOL HEIGHTS, MD 20743	52-2112842	501(C)(3)	40,000.	0.			2023 CAPACITY GRANT
SIXTH PRESBYTERIAN CHURCH 5413 16TH STREET NW WASHINGTON, DC 20011	53-0205895	501(C)(3)	39,200.	0.			2023 CAPACITY GRANT
NOURISH NOW INC. 397 E. GUDE DRIVE ROCKVILLE, MD 20850	45-2404503	501(C)(3)	32,747.	0.			2023 CAPACITY GRANT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **67.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UPCOUNTY HUB, INC 12900 MIDDLEBROOK RD. GERMANTOWN, MD 20874	88-2381948	501(C)(3)	27,000.	0.			2023 CAPACITY GRANT
ALEXANDER MEMORIAL BAPTIST CHURCH 10675 CRAIN HIGHWAY UPPER MARLBORO, MD 20772	20-2727322	501(C)(3)	25,636.	0.			2023 CAPACITY GRANT
WESTERN FAIRFAX CHRISTIAN MINISTRIES - 4511 DALY DRIVE SUITE J, CHANTILLY VA 20151 - CHANTILLY, VA 20151	54-1606629	501(C)(3)	24,800.	0.			2023 CAPACITY GRANT
MANASSAS ST THOMAS UMC 8899 SUDLEY ROAD MANASSAS, VA 20110	54-1217800	501(C)(3)	22,000.	0.			2023 CAPACITY GRANT
ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM - PO BOX 74 - DUMFRIES, VA 22026	54-0897679	501(C)(3)	21,102.	0.			2023 CAPACITY GRANT
THE CATHOLIC CHARITIES OF THE DIOCESE OF ARLINGTON, INC. - 200 N. GLEBE RD., SUITE 250 - ARLINGTON, VA 22203	54-0515706	501(C)(3)	20,390.	0.			2023 CAPACITY GRANT
FAITH UNITED MINISTRIES 7905 FERNHAM LANE DISTRICT HEIGHTS, MD 20747	38-4089315	501(C)(3)	20,000.	0.			2023 CAPACITY GRANT
THRIVE DC 1525 NEWTON STREET, NW WASHINGTON, DC 20010	52-1485474	501(C)(3)	20,000.	0.			2023 CAPACITY GRANT
CELESTIAL CHURCH OF CHRIST - MAJEMU PARISH - 1880 ADAMS STREET, NE - WASHINGTON, DC 20018	31-1580532	501(C)(3)	19,500.	0.			2023 CAPACITY GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANCIS ON THE HILL 1614 MANCHESTER LANE NW WASHINGTON, DC 20011	81-1652587	501(C)(3)	19,000.	0.			2023 CAPACITY GRANT
CHRIST HOUSE 1717 COLUMBIA RD. NW WASHINGTON, DC 20009	52-1362103	501(C)(3)	19,000.	0.			2023 CAPACITY GRANT
THE BISHOP ALFRED A. OWENS JR. FAMILY LIFE COMMUNITY CENTER, INC. - 605 RHODE ISLAND AVENUE, NE - WASHINGTON, DC 20002	33-0993457	501(C)(3)	17,064.	0.			2023 CAPACITY GRANT
MARTHAS TABLE 2375 ELVANS ROAD SE WASHINGTON, DC 20020	52-1186071	501(C)(3)	17,000.	0.			2023 CAPACITY GRANT
WASHINGTON SPANISH BILINGUAL SDA CHURCH - 12604 NEW HAMPSHIRE AVE - SILVER SPRING, MD 20904	47-5564137	501(C)(3)	16,590.	0.			2023 CAPACITY GRANT
COMMUNITY HEALTH FOUNDATION INC 7903 TOLKIN COURT BOWLE, MD 20720	84-2739502	501(C)(3)	16,500.	0.			2023 CAPACITY GRANT
HOLY MOUNTAIN INTERNATIONAL MINISTRIES - 6971 MID CITIES AVENUE - BELTSVILLE, MD 20705	46-5158015	501(C)(3)	15,000.	0.			2023 CAPACITY GRANT
MOUNT RAINIER SEVENTH DAY ADVENTIST SPANISH CHURCH - 6012 AGER RD. - HYATTSVILLE, MD 20782	82-4103514	501(C)(3)	15,000.	0.			2023 CAPACITY GRANT
HOLINESS TABERNACLE CHURCH OF GOD IN CHRIST, INC - 1440 OLD BRIDGE RD - WOODBRIDGE, VA 22191	27-1152743	501(C)(3)	15,000.	0.			2023 CAPACITY GRANT

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROYALHOUSE CHAPEL INTERNATIONAL 7911 BRAYGREEN ROAD LAUREL, MD 20707	06-1574893	501(c)(3)	14,065.	0.			2023 CAPACITY GRANT
SHABACH EMERGENCY RESOURCE & EMPOWERMENT CENTER - 3600 BRIGHTSEAT RD - LANDOVER, MD 20785	52-1966871	501(c)(3)	14,000.	0.			2023 CAPACITY GRANT
MISSION OF LOVE CHARITIES, INC. 6180 OLD CENTRAL AVE CAPITAL HEIGHTS, MD 20743	52-1748577	501(c)(3)	14,000.	0.			2023 CAPACITY GRANT
HUGHES UNITED METHODIST CHURCH 10700 GEORGIA AVENUE WHEATON, MD 20901	52-0643032	501(c)(3)	13,078.	0.			2023 CAPACITY GRANT
ALLEN CHAPEL AME CHURCH OUTREACH MINISTRY - 2518 FAIRLAND RD - SILVER SPRING, MD 20904	06-1574893	501(c)(3)	13,000.	0.			2023 CAPACITY GRANT
MOTHER OF LIGHT CENTER PO BOX 1482 FALLS CHURCH, VA 22041	81-1635879	501(c)(3)	12,849.	0.			2023 CAPACITY GRANT
ALIVE 2723 KING ST. ALEXANDRIA, VA, VA 22302	54-0914017	501(c)(3)	12,292.	0.			2023 CAPACITY GRANT
REACHING THE WORLD COMMUNITY DEVELOPMENT INC - PO BOX 1540 - CLINTON, MD 20735-7125	26-1640947	501(c)(3)	12,200.	0.			2023 CAPACITY GRANT
DC CENTRAL KITCHEN 425 2ND ST NW WASHINGTON, DC 20001	52-1584936	501(c)(3)	11,000.	0.			2023 CAPACITY GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONES, INC. 11150 SUNSET HILLS ROAD RESTON, VA 20190	54-1037615	501(C)(3)	10,000.	0.			2023 CAPACITY GRANT
METROPOLIS CLUB 938 RHODE ISLAND AVE WASHINGTON, DC 20018	52-6078987	501(C)(3)	9,996.	0.			2023 CAPACITY GRANT
YWCA NATIONAL CAPITAL AREA 2303 14TH STREET, NW WASHINGTON, DC, DC 20009	52-0893511	501(C)(3)	9,857.	0.			2023 CAPACITY GRANT
OXON HILL UNITED METHODIST CHURCH 6400 LIVINGSTON ROAD OXON HILL, MD 20745	53-0261381	501(C)(3)	9,500.	0.			2023 CAPACITY GRANT
TEMPLE HILLS CHURCH OF GOD 4814 ST BARNABAS RD TEMPLE HILLS, MD 20748-4656	52-1153426	501(C)(3)	9,400.	0.			2023 CAPACITY GRANT
CHURCH OF THE EPIPHANY 1317 G ST NW WASHINGTON, DC 20005	53-0196559	501(C)(3)	9,000.	0.			2023 CAPACITY GRANT
ALL NATIONS COMMUNITY CHURCH 6900 VIRGINIA MANOR RD STE 103 BELTSVILLE, MD 20705	27-5433788	501(C)(3)	9,000.	0.			2023 CAPACITY GRANT
BREAD FOR THE CITY 1525 7TH STREET NW WASHINGTON, DC 20001	52-1138207	501(C)(3)	9,000.	0.			2023 CAPACITY GRANT
N STREET VILLAGE 1333 N STREET, NW WASHINGTON, DC 20005	52-1007373	501(C)(3)	9,000.	0.			2023 CAPACITY GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOORWAYS FOR WOMEN FAMILIES PO BOX 100185 ARLINGTON, VA 22210	54-1087829	501(C)(3)	9,000.	0.			2023 CAPACITY GRANT
SOME, INC. 71 O STREET, NW WASHINGTON, DC 20001-1290	23-7098123	501(C)(3)	9,000.	0.			2023 CAPACITY GRANT
HOUSE OF RUTH 5 THOMAS CIRCLE NW WASHINGTON, DC 20005	52-1054102	501(C)(3)	9,000.	0.			2023 CAPACITY GRANT
BETHANY HOUSE OF NORTHERN VIRGINIA, INC. - 6601 LITTLE RIVER TURNPIKE - ALEXANDRIA, VA 22312	51-0252177	501(C)(3)	9,000.	0.			2023 CAPACITY GRANT
SPANISH CATHOLIC CENTER, INC 924 G STREET, NW WASHINGTON, DC 20001	52-0980905	501(C)(3)	8,898.	0.			2023 CAPACITY GRANT
ICNA RELIEF USA PROGRAMS INC 8791 144 ST JAMAICA, NY 11435-3232	04-3810161	501(C)(3)	8,649.	0.			2023 CAPACITY GRANT
HARVEST INTERCONTINENTAL MINISTRIES - 16227 BATCHELLORS FOREST ROAD - OLNEY, MD 20832	52-1707425	501(C)(3)	8,600.	0.			2023 CAPACITY GRANT
FOOD FOR ALL 2502 LINDLEY TERRACE ROCKVILLE, MD 20850	23-7164834	501(C)(3)	8,500.	0.			2023 CAPACITY GRANT
THE NEW MACEDONIA BAPTIST CHURCH 4115 ALABAMA AVE SE WASHINGTON, DC 200195602	23-7444862	501(C)(3)	8,461.	0.			2023 CAPACITY GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NO LIMITS OUTREACH MINISTRIES INC 8522 GRANDHAVEN AVE UPPER MARLBORO, MD 20772	46-3733872	501(C)(3)	8,000.	0.			2023 CAPACITY GRANT
CHRISMA CHARITIES P.O. BOX 2654 WASHINGTON, DC 20013	45-5315327	501(C)(3)	8,000.	0.			2023 CAPACITY GRANT
FREEDOM COMMUNITY CHURCH 4050 MIDDLETON LOOP DUMFRIES, VA 22025	47-1086295	501(C)(3)	7,650.	0.			2023 CAPACITY GRANT
ST. PAUL UNITED METHODIST CHURCH 1400 G STREET WOODBIDGE, VA 22192	54-0657606	501(C)(3)	7,150.	0.			2023 CAPACITY GRANT
GREATER NEW HOPE BAPTIST CHURCH 816 8TH STREET NW WASHINGTON, DC 20001	52-2054668	501(C)(3)	7,135.	0.			2023 CAPACITY GRANT
GREATER FELLOWSHIP MISSIONARY BAPTIST CHURCH - 814 ALABAMA AVENUE SE - WASHINGTON, DC 20032	52-1628108	501(C)(3)	6,600.	0.			2023 CAPACITY GRANT
RAINBOW COMMUNITY DEVELOPMENT CENTER, INC. - 2120 INDUSTRIAL PARKWAY - SILVER SPRING, MD 20904	20-0961637	501(C)(3)	6,500.	0.			2023 CAPACITY GRANT
COMMUNITY MULTI-SERVICES, INC. 8401 COLESVILLE ROAD SILVER SPRING, MD 20910	52-1143474	501(C)(3)	6,385.	0.			2023 CAPACITY GRANT
RIISING HOPE UNITED METHODIST MISSION CHURCH - 8220 RUSSELL RD - ALEXANDRIA, VA 22309	54-1769526	501(C)(3)	6,058.	0.			2023 CAPACITY GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE OF MERCY 8170 FLANNERY CT MANASSAS, VA 20109	20-4572642	501(C)(3)	5,951.	0.			2023 CAPACITY GRANT
EBENEZER BAPTIST CHURCH OF WOODBIDGE, VA - 13020 TELEGRAPH ROAD - WOODBRIDGE, VA 22192	86-1185208	501(C)(3)	5,890.	0.			2023 CAPACITY GRANT
EBENEZER CHURCH OF GOD 7550 BUCHANAN ST HYATTSVILLE, MD 20784	88-4035121	501(C)(3)	5,700.	0.			2023 CAPACITY GRANT
THE ARK FOUNDATION 1818 NEW YORK AVENUE NE WASHINGTON, DC 20002	85-3288531	501(C)(3)	5,500.	0.			2023 CAPACITY GRANT
GAITHERSBURG HELP 301 MUDDY BRANCH ROAD GAITHERSBURG, MD 20878	23-7413600	501(C)(3)	5,150.	0.			2023 CAPACITY GRANT
RIVER JORDAN PROJECT INC 15809 LIVINGSTON ROAD ACCOKEEK, MD 20607	87-0735166	501(C)(3)	5,040.	0.			2023 CAPACITY GRANT

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

RECIPIENTS OF FINANCIAL GRANTS ARE REQUIRED TO FILL OUT AN APPLICATION FOR GRANTS THAT OUTLINE THE FOOD BANK'S REVIEW PROCESS AND SPECIFIC IMPACT MEASURES. RECIPIENTS ARE THEN REQUIRED TO PROVIDE THE FOOD BANK WITH A FORMAL PROGRESS REPORT 6 MONTHS AFTER THEY RECEIVE THE FUNDS. AT 12 MONTHS, THE RECIPIENT WILL ISSUE A FINAL REPORT OUTLINING THEIR PROJECT'S IMPACT TO THE FOOD BANK.

PERIODICALLY, OPERATING FUNDS ARE TRANSFERRED FROM THE FOOD BANK TO ITS

**Part IV** Supplemental Information

SUBSIDIARY ORGANIZATION, CAPITAL AREA FOOD BANK FOUNDATION, WHICH ARE  
PRESENTED AS A GRANT IN THE FORM 990. THE PURPOSE OF THESE TRANSFERS IS FOR  
THE FOUNDATION TO INVEST THE FUNDS IN ITS RESERVE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

CAPITAL AREA FOOD BANK, INC.

Employer identification number  
52-1167581

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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

**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?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022





Part III Supplemental Information

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

PART I, LINE 7:

THE CEO IS CONSIDERED FOR A BONUS EACH YEAR BASED ON HER PERFORMANCE, THE  
FOOD BANK'S PERFORMANCE, AND UPON THE APPROVAL OF THE BOARD'S EXECUTIVE  
COMMITTEE. MEMBERS OF THE SENIOR LEADERSHIP TEAM PERIODICALLY RECEIVE  
BONUSES IN LIEU OF SALARY INCREASES AS APPROVED BY THE CEO.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **CAPITAL AREA FOOD BANK, INC.** Employer identification number **52-1167581**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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 .....	X	135	329,883.	FMV
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 .....	X	22398396	43,004,921.	\$1.92/LB F&A RATE
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( FURNITURE ) .....	X	1	63,410.	FMV
26 Other ( ) .....				
27 Other ( ) .....				
28 Other ( ) .....				

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** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," 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, describe in Part II.		

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

Schedule M (Form 990) 2022

**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.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS EXCEPT  
FOR LINE 19. THE NUMBER ON LINE 19 REPRESENTS THE NUMBER OF POUNDS  
DONATED.

SCHEDULE M, LINE 32B:

FOOD INVENTORY: THE FOOD BANK FEEDS THOSE WHO SUFFER FROM HUNGER IN THE  
WASHINGTON METRO AREA BY ACQUIRING FOOD FROM THOUSANDS OF DONORS SUCH  
AS GOVERNMENT AND NON-GOVERNMENT ENTITIES, AS WELL AS MANY INDIVIDUAL  
DONORS. THE FOOD BANK DISTRIBUTED OVER 69 MILLION POUNDS OF SUCH  
DONATED FOOD TO PROVIDE OVER 50 MILLION MEALS IN FISCAL YEAR 2023.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

CAPITAL AREA FOOD BANK, INC.

Employer identification number  
52-1167581

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RETRIEVED DIRECTLY BY PARTNER AGENCIES ELIMINATING CAFB'S NEED TO

HANDLE THE PRODUCT. THROUGH THE PARTNER DIRECT PROGRAM, CAFB

FACILITATED THE DISTRIBUTION OF 10.1 MILLION POUNDS.

CAFB WORKS TO ADDRESS HUNGER TODAY FOR PEOPLE ACROSS THE REGION

EXPERIENCING FOOD INSECURITY. AS THE ANCHOR IN THE AREA'S HUNGER RELIEF

INFRASTRUCTURE, CAFB SUPPLIES FOOD TO HUNDREDS OF LOCAL PARTNER

ORGANIZATIONS AND DIRECTLY DISTRIBUTES FOOD THROUGH A VARIETY OF

PROGRAMS.

- FOOD DISTRIBUTION PARTNERS: WITH HELP FROM RETAIL GROCERS,

MANUFACTURERS, AND LOCAL GROWERS, ALONG WITH OUR GENEROUS SUPPORTERS,

THE FOOD BANK DISTRIBUTES THE FOOD FOR OVER 50 MILLION NUTRITIOUS MEALS

EACH YEAR THROUGH A NETWORK OF NEARLY 400 REGIONAL NONPROFIT

ORGANIZATIONS. THESE PARTNERS INCLUDE A RANGE OF ORGANIZATIONS,

INCLUDING PANTRIES, SOUP KITCHENS, SHELTERS, AND OTHERS. FOR MOST OF

THESE PARTNERS, CAFB IS THE PRIMARY OR SOLE SOURCE OF THE FOOD THEY

DISTRIBUTE.

- DIRECT DISTRIBUTION PROGRAMS: WHILE MOST OF THE FOOD CAFB PROVIDES

REACHES OUR NEIGHBORS THROUGH OUR NETWORK OF PARTNERS, SOMETIMES IT IS

NECESSARY FOR CAFB TO DIRECTLY PROVIDE FOOD TO KIDS, SENIORS, AND

FAMILIES DIRECTLY WHERE THEY LIVE AND LEARN. THESE PROGRAMS REACH THREE

MAJOR GROUPS:

Name of the organization

CAPITAL AREA FOOD BANK, INC.

Employer identification number  
52-1167581

- COMMUNITY AT LARGE: CAFB OPERATES MULTIPLE DIRECT FOOD DISTRIBUTIONS THAT ARE WIDELY ACCESSIBLE BY ALL MEMBERS OF THE COMMUNITY. THESE INCLUDE MOBILE AND COMMUNITY MARKETS, WHICH ARE MONTHLY NO-COST POP-UP MARKETS THAT BRING FOOD DIRECTLY INTO NEIGHBORHOODS WHERE IT'S NEEDED.

- CHILDREN AND FAMILIES: RECOGNIZING THE PARTICULAR IMPORTANCE OF NUTRITION FOR YOUNG PEOPLE, CAFB SUPPLIES CHILDREN AND THEIR FAMILIES WITH THE FOOD THEY NEED THROUGH MULTIPLE PROGRAMS OPERATED IN PARTNERSHIP WITH SCHOOLS AND CHILDCARE LOCATIONS. THESE INCLUDE (1) FAMILY MARKETS, WHICH ARE HOSTED IN SCHOOLS THROUGHOUT THE REGION AND OFFER NO-COST FOOD FOR KIDS AND FAMILIES IN A CONVENIENT MARKET-LIKE SETTING; (2) EARLY CHILDCARE FAMILY MARKETS, WHICH ARE FOCUSED ON FAMILIES WITH CHILDREN ENROLLED IN HEAD START CENTERS AND PROVIDE PRODUCE THAT IS HIGH IN ESSENTIAL NUTRIENTS NEEDED FOR YOUNG CHILDREN; (3) SCHOOL PANTRY SITES, WHICH ARE LOCATED WITHIN SCHOOL BUILDINGS AND PROVIDE A VARIETY OF SHELF-STABLE FOOD ITEMS FOR THE SCHOOL COMMUNITY; (4) JOYFUL FOOD MARKETS, WHICH ARE OPERATED IN PARTNERSHIP WITH THE ORGANIZATION MARTHA'S TABLE AND PROVIDE FOOD FOR FAMILIES THROUGH SCHOOL- AND COMMUNITY-CENTER BASED MARKETS IN DC'S WARDS 7 AND 8; (5) AFTER SCHOOL MEAL SITES, THROUGH WHICH KIDS RECEIVE HEARTY SNACKS OR EVENING MEALS AT A VARIETY OF AFTERSCHOOL PROGRAMS THROUGHOUT THE AREA VIA THE FEDERAL CHILD AND ADULT CARE FOOD PROGRAM; AND (6) SUMMER MEALS, WHICH PROVIDES THE NUTRITIOUS MEALS KIDS NEED TO CONTINUE GROWING AND LEARNING WHEN SCHOOL MEALS ARE UNAVAILABLE THROUGH THE FEDERAL SUMMER FOOD SERVICE PROGRAM.

- OLDER ADULTS: TO MEET THE UNIQUE NEEDS OF FOOD INSECURE SENIORS, CAFB OPERATES MULTIPLE PROGRAMS THAT INCLUDE (1) THE SENIOR BAG PROGRAM,

Name of the organization

CAPITAL AREA FOOD BANK, INC.

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WHICH PROVIDES MONTHLY, SENIOR-SPECIFIC BAGS OF HEALTHY GROCERIES TO PEOPLE OVER 55; AND (2) GROCERY PLUS AND MY GROCERIES TO GO SITES, THROUGH WHICH INCOME-ELIGIBLE SENIORS OVER 60 LIVING IN DC, AS WELL AS MONTGOMERY AND PRINCE GEORGE'S COUNTIES IN MARYLAND, RECEIVE NUTRITIOUS GROCERIES EACH MONTH VIA THE FEDERAL COMMUNITY SUPPLEMENTAL FOOD PROGRAM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

- FOOD IS MEDICINE (ALSO KNOWN AS FOOD PLUS HEALTH): THESE INITIATIVES INTEGRATE FOOD INTO HEALTH CARE SETTINGS TO PROMOTE DISEASE PREVENTION AND MANAGEMENT, RESULTING IN HEALTHIER OUTCOMES AT EVERY STAGE OF LIFE. CAFB PARTNERS WITH MEDICAL INSTITUTIONS ACROSS THE REGION TO PROVIDE PATIENTS FACING FOOD INSECURITY WITH MEDICALLY TAILORED GROCERIES EITHER DURING THEIR CLINIC VISITS OR VIA HOME DELIVERY.

- FOOD FOR UPWARD MOBILITY (ALSO KNOWN AS FOOD PLUS EDUCATION AND FOOD PLUS WORKFORCE): THROUGH ITS PROGRAMS FOCUSED ON CREATING GREATER ECONOMIC OPPORTUNITY FOR THOSE IT SERVES, CAFB BUNDLES FOOD AND OTHER SUPPORT SERVICES FOR COLLEGE STUDENTS TO HELP IMPROVE ACADEMIC OUTCOMES AND LONG-TERM FINANCIAL STABILITY. CAFB PARTNERS WITH INSTITUTIONS OF HIGHER EDUCATION THROUGHOUT THE REGION TO PROVIDE FOOD INSECURE STUDENTS WITH NUTRITION VIA MULTIPLE MODELS, INCLUDING HOME DELIVERY, ON-CAMPUS PANTRIES, AND FREE MEAL-SWIPE PROGRAMS.

- FOOD ACCESS INITIATIVES: THIS AREA OF CAFB'S WORK DEVELOPS AND IMPLEMENTS COMMERCIAL-LIKE FOOD DISTRIBUTION MODELS TO EXTEND THE CAFB'S REACH TO THOSE EXPERIENCING FOOD INSECURITY. FOR EXAMPLE, CLIENTS IN AREAS WITH VERY FEW GROCERY STORES ALSO ARE SEEKING OPTIONS

Name of the organization

CAPITAL AREA FOOD BANK, INC.

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FOR PURCHASING NUTRITIOUS FOOD. TO RESPOND TO THIS NEED, CAFB OPERATES CURBSIDE GROCERIES. THESE MOBILE GROCERY TRUCKS, OPERATING IN DC'S WARD 8 AND MARYLAND'S PRINCE GEORGE'S COUNTY, OFFER A NEW KIND OF NEIGHBORHOOD RETAIL OPTION, WHERE PEOPLE CAN BUY PRODUCE, PROTEIN, AND OTHER GROCERY STAPLES AT AFFORDABLE PRICES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ARE EXPERIENCING FOOD INSECURITY RECEIVE ADVOCACY TRAINING THROUGH THE CLC. THIS 10-MONTH TRAINING PROGRAM SUPPORTS THEIR GROWTH AS ADVOCATES FOR THEMSELVES AND THEIR COMMUNITIES.

C. POLICY ANALYSIS: THE FOOD BANK'S POLICY TEAM STAYS APPRISED OF LOCAL, STATE, AND NATIONAL POLICY ISSUES THAT HAVE THE POTENTIAL TO IMPACT THE INDIVIDUALS SERVED BY THE FOOD BANK, AND MAKES RECOMMENDATIONS ON POLICY POSITIONS BASED ON WHAT WILL ULTIMATELY IMPROVE THE LIVES OF THE FOOD BANK'S CLIENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NUTRITION EDUCATION:

IN ADDITION TO FOOD DISTRIBUTIONS, CAFB ALSO OPERATES A VARIETY OF NUTRITION EDUCATION AND URBAN AGRICULTURE PROGRAMS.

- COOKING AND NUTRITION CLASSES: TO SUPPORT THE PEOPLE IT SERVES WITH IMPROVING OR MAINTAINING THEIR HEALTH AND WELL-BEING, THE CAFB'S TEAM OF REGISTERED DIETITIANS REGULARLY HOLD NUTRITION EDUCATION CLASSES FOR ITS PARTNERS AND COMMUNITY MEMBERS. CAFB ALSO DEVELOPS AND DISTRIBUTES



Name of the organization

CAPITAL AREA FOOD BANK, INC.

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NUTRITION RESOURCES, INCLUDING CARDS, IN MULTIPLE LANGUAGES WITH CULTURALLY RELEVANT RECIPES FOR HEALTHY, LOW-COST MEALS THAT USE INGREDIENTS COMMONLY PROVIDED BY THE FOOD BANK.

- URBAN GARDEN: THE FOOD BANK'S HALF-ACRE URBAN DEMONSTRATION GARDEN OFFERS AN OUTDOOR "LEARNING LABORATORY" WHERE SCHOOL CHILDREN AND COMMUNITY MEMBERS CAN LEARN HOW TO GROW GOOD, NUTRITIOUS FOOD WITH JUST A SMALL PIECE OF LAND. LOCATED AT THE FOOD BANK'S NORTHEAST DC FACILITY, THE SPACE FEATURES RAISED BEDS AND FRUIT TREES, AND IS HOME TO AN OUTDOOR TEACHING KITCHEN WHERE CAFB HOLDS CLASSES ON NUTRITION, COOKING, AND GARDENING.

EXPENSES \$ 511,838. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FEDERAL FORM 990 WAS PREPARED BY THE FOOD BANK'S AUDITOR BASED ON THE INFORMATION COMPILED AND PROVIDED BY CAFB MANAGEMENT. THE INITIAL DRAFT WAS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND EDITS WERE PROVIDED TO THE AUDITOR. THE AUDITOR MADE THE CHANGES DISCUSSED AND SENT AN UPDATED DRAFT THAT MANAGEMENT PROVIDED TO THE FOOD BANK'S AUDIT COMMITTEE. THE AUDIT COMMITTEE DISCUSSED THE DRAFT WITH CAFB MANAGEMENT AND PROVIDED COMMENTS. AFTER MAKING NECESSARY REVISIONS, THE DRAFT WAS PROVIDED TO THE FULL BOARD FOR THEIR REVIEW. AFTER TEN DAYS, THERE BEING NO FURTHER FEEDBACK, THE FORM WAS FILED WITH THE INTERNAL REVENUE SERVICE.

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

THE FOOD BANK ENSURES THAT AN UPDATED CONFLICT OF INTEREST STATEMENT FROM EACH REQUIRED INDIVIDUAL IS COMPLETED AND COLLECTED. UPON ELECTION TO THE BOARD OF DIRECTORS AND AT EACH ANNUAL MEETING THEREAFTER EACH DIRECTOR

Name of the organization

CAPITAL AREA FOOD BANK, INC.

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SIGNS AND ACKNOWLEDGES THE FOOD BANK'S THEN-CURRENT "CONFLICT OF INTEREST" AND "DUTIES OF A BOARD MEMBER" STATEMENTS. SIGNED COPIES ARE KEPT AT THE PRINCIPAL OFFICE OF THE FOOD BANK. THE BOARD OF DIRECTORS REVIEWS AND PROVIDES APPROVAL OF ANY MATERIAL RELATED PARTY TRANSACTIONS OR ARRANGEMENTS BETWEEN THE FOOD BANK AND ANY OF ITS DIRECTORS OR OFFICERS OR ANY OF THEIR RESPECTIVE AFFILIATES, ASSOCIATES, OR RELATED PARTIES.

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

THE EXECUTIVE COMMITTEE CONSIDERS BENCHMARKS TO COMPARABLE CEO JOBS AT OTHER FOOD BANKS AND LOCAL NON-PROFITS AND THE CEO'S JOB PERFORMANCE. THE COMMITTEE PREPARES A REPORT BASED ON THIS INFORMATION AND PROVIDES A RECOMMENDATION THAT IS SUBMITTED TO THE FULL BOARD FOR APPROVAL. THE PROCESS AND DISCUSSION IS MEMORIALIZED IN THE COMMITTEE AND EXECUTIVE SESSION MINUTES MAINTAINED FOR THE BOARD OF DIRECTORS.

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

THE FOOD BANK MAKES ITS AUDITED FINANCIAL STATEMENTS, FORM 990, CONFLICT OF INTEREST POLICY, AND GIFT ACCEPTANCE POLICY AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THESE DOCUMENTS AS WELL AS THE FOOD BANK'S GOVERNANCE DOCUMENTS ARE AVAILABLE UPON REQUEST.

2022

**Attach to Form 990.**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number  
52-1167581

Organization answered "Yes" on Form 990, Part IV, line 33.

[illegible]

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

[illegible]

Schedule R (Form 990) 2022



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

		(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CAPITAL AREA FOOD BANK FOUNDATION		C	2,000,000.COST	
(2)					
(3)					
(4)					
(5)					
(6)					



<b>Part VII</b>	<b>Supplemental Information</b>
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Provide additional information for responses to questions on Schedule R. See instructions.

Provide additional information for responses to questions on Schedule H. See instructions.

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

► File a separate application for each return.  
► Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>CAPITAL AREA FOOD BANK, INC.</b>	Taxpayer identification number (TIN)  <b>52-1167581</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4900 PUERTO RICO AVENUE, NE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20017</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**JOHN ROBERTSON**

- The books are in the care of ► **4900 PUERTO RICO AVENUE, NE - WASHINGTON, DC 20017**

Telephone No. ► **(202) 644-9800**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  
Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.