PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 04-31-35 Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

A F	or the	\pm 2022 calendar year, or tax year beginning $$ JUL $1,$ 2022 $$ and ei	nding J	<u>UN 30, 2023</u>						
	Check if pplicable	C Name of organization		D Employer identific	cation number					
	Addres	FEEDING WESTCHESTER, INC.								
	Name change	Doing business as		13-3507988						
	Initial return Final return/	200 CLEARBROOK ROAD	Room/suite	E Telephone number 914-923-3						
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	34,282,738.					
	Ameno return	ELMSFORD, NI 10525		H(a) Is this a group re	eturn					
	Applic tion	F Name and address of principal officer: KAKEN EKKEN		for subordinates	? Yes X No					
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No					
<u> 1 7</u>	ax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) () (insert no.) $\overline{}$ 4947(a)(1) or	527	If "No," attach a	list. See instructions					
	Vebsit			H(c) Group exemption						
	art I	organization: X Corporation Trust Association Other Summary			1 State of legal domicile; NY					
ø.		Briefly describe the organization's mission or most significant activities: DRIVE								
Governance		TO HEALTHY FOOD IS A BASIC RIGHT FOR ALL P	PEOPLE	, FEEDING W	<u>ESTCHESTER</u>					
ern8	-	Check this box if the organization discontinued its operations or disposed	d of more	1 1						
ŏ	I .			3	20					
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			20					
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			71 5039					
Ĕ		Total number of volunteers (estimate if necessary)			0.					
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		32,357,680.	33,169,336.					
Jue	l	(D. 1)(III. II. 0.)		643,572.	776,664.					
Revenue	1	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35,541.	324,266.					
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33,036,793.	34,270,266.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		987,420.	130,762.					
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,990,539.	6,106,080.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		762,915.	921,506.					
É	b	Total fundraising expenses (Part IX, column (D), line 25) 3,323,39								
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		24,351,433.	27,669,597.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		31,092,307.	34,827,945.					
	19	Revenue less expenses. Subtract line 18 from line 12		1,944,486.	-557,679.					
Net Assets or				ginning of Current Year	End of Year					
Sset	20	Total assets (Part X, line 16)		20,334,551.	28,672,305.					
et A	21	Total liabilities (Part X, line 26)		1,281,347. 19,053,204.	9,715,617. 18,956,688.					
P	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		19,033,204.	10,930,000.					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nte and to the heet of my	knowledge and helief it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic			knowledge and boller, it is					
truo	, 001100	g and complete. Bookington of property (early than one) to become on an information of mine	on properor	liao any informougo:						
Sig	n	Signature of officer		Date						
Her		KAREN ERREN, PRESIDENT/CEO								
	Type or print name and title									
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Paid	l	NANCY J. SNYDER NANCY J. SNYDER	0	2/16/24 self-employe						
Prep	arer	Firm's name BONADIO & CO., LLP		Firm's EIN 1	6-1131146					
Use	Only	Firm's address 171 SULLY'S TRAIL			,,					
		PITTSFORD, NY 14534		Phone no. (5						
May	the IF	RS discuss this return with the preparer shown above? See instructions			Yes X No					

Pai	Statement of Program Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	_
	DRIVEN BY THE BELIEF THAT ACCESS TO HEALTHY FOOD IS A BASIC RIGHT FO	<u>)R</u>
	ALL PEOPLE, FEEDING WESTCHESTER LEADS HUNGER ACTION PROGRAMS AND	
	MOBILIZES THE RESOURCES NEEDED TO ERADICATE HUNGER IN WESTCHESTER	
	COUNTY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	x X No
	If "Yes," describe these new services on Schedule O.	
3		X No
Ū	If "Yes," describe these changes on Schedule O.	, 110
	· · · · · · · · · · · · · · · · · · ·	
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, a	and
	revenue, if any, for each program service reported.	C C A
4a		664.
	IN FY23, FEEDING WESTCHESTER PROVIDED OVER 21 MILLION POUNDS OF FOOL	<u>), </u>
	40 PERCENT OF WHICH WAS FRESH FRUITS AND VEGETABLES, THROUGHOUT	
	WESTCHESTER COUNTY ALONGSIDE OUR PARTNERS AND THROUGH OUR DIRECT	
	DISTRIBUTIONS.	
	EMERGENCY FOOD PROVIDERS (EFP) - IN COLLABORATION WITH MORE THAN 250)
	COMMUNITY PARTNERS AND PROGRAMS, IN FY23 WE DISTRIBUTED OVER 14.7	
	MILLION POUNDS OF FOOD EQUIVALENT TO MORE THAN 12.2 MILLION MEALS T	.'O
	CHILDREN, FAMILIES, SENIORS, AND VETERANS THROUGHOUT WESTCHESTER	
	COUNTY.	
4.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	N/A	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A	,
	N/A	
4d	Other program services (Describe on Schedule O.)	
тu		
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 30 , 381 , 543 .	
4e		990 (2022)
	Form	JJU (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		=	
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		04	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

Form 990 (2022) FEEDING WESTCHESTER, INC.

Part IV Checklist of Required Schedules (continued)

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 21 "I* rejs*, complete Schedule (Parts I and III) 22 Did the organization answer "Yes" to Part IX, Section A, line 3, 4, or 5, about compensation of the organization's current and former offices, directors, trustesses, key employees, and highest compensated employees? If "Yes," complete Schedule I, and that was issued after December 31, 2002? If "Yes," answer lines 24d through 24d and complete Schedule I was seen as a second to the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24d through 24d and complete Schedule II was seen as a "An obetal for issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," complete Schedule II was a "Yes as a "An obetal for issue for bords outstanding at any time during the year to defease any tax-exempt bonds? 24d				Yes	No
23 Det the organization senser "Yes" to Part VII, Section A, Iine 3. 4, or 5, about compensation of the organization's current and formar officion, directors, trustees, key employees, and highest compensated employees? "I "Yes," complete Schedule J. A "I "No." go to line 25s. 24a Det 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," organization and or complete Schedule K. If "No." go to line 25s. 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26b Did the organization maintain an escrow account other than a refunding escrow at any time during they set to defease any tax-exempt bonds? 26c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during they set? 27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during they set? 28d Section 501(6)3, 501(6)4, and 501(c)290 organizations. Did the organization engine in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 28d Section 501(6)3, 501(6)4, and 601(c)290 organizations. Did to reganization are given in the organization prior forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 28d 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 any of these persons? If "Yes," complete Schedule L, Part II and the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or a spliciable filing thresholds, conditions, and exceptions? 27d Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, subs	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II 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," arrayer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24b Did the organization mixed any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization marks an enerow account of there than a refunding scrow at any time during the year? 24d Did the organization are an an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are an an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did be organization are an an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did be organization are an an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did be organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization synthem or pay current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 59% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II V. 25b Did the organization provide a gard or other assistance to any current or former officerd, director, trustee, key employee, creator or founder, and substantial contributor or employee thrench of a regular part of the assistance to any current or former officerd, director, trustee, key employee, creator or founder, or substantial contributor? If Yes," complete Schedule L, Part II V. 27		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
Schedule / Was 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? # "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a Dit 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 24th through 24d and complete Schedule K. If "No." go to live 25a between the principal amount of more than \$100,000 as of the last day of the year to defease any tax-exempt bonds? 24b Did the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization meets an ascrow account other than a returnding secrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization acts 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 25b Is the organization avere that trengaged 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 prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Is the organization provide a grant or part and prior part of the assistance to any current or former office, director, trustee, key employee, creator or founder, substantial contributor, or 35% 25c Did the organization provide a grant or other assistance to any current or former office, director, trustee, key employee, creator or founder, substantial contributor or employee threeof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable limiting thresholds, conditions, and exceptions; 26c A 35% controlled entity of the army individual described in line 28a? If "Yes," complete Schedule L, Part IV, If and the organization receive contributions of art, historical treasures, or other simplets Sched		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
schedule K. If 'No.' go to line 25a Schedule K. If 'No.' go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization any any temporary period exception? 25d 24d 25d Did the organization any any temporary period exception in a prior year, and that the transaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I Did the organization period any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule I, Part II 25d X Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule I, Part II 27d Was the organization aprix to a business transaction with one of the following parties (see the Schedule I, Part IV 28a X X Was the organization expert schedule I, Part IV A all part of the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule I, Part IV 28b Did the organization lequidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule I, Part IV A 35c Did the organization related to any tax-exempt or dissolve		Schedule J	23	X	
Schedule K. If *No.** go to fine 25a. Schedule K. If *No.** go to fine 25a. Bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? If 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)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b Is the organization aver that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was the advantage of the organization and the department of the organization provide and that the transaction with a disqualified person in a prior year, and that the transaction was the disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction are transaction with a disqualified person in a prior year, and that the transaction are prior to a prior the prior of prior the transaction organization are provide a grant or organization are fortuned and the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or forunder, substantial contributor, or 355% controlled entity friendly in the prior or any prior to a business transaction with one of the following parties (see the Schedule I, Part III and the prior of papicials filing thresholds, conditions, and exceptions; and the prior organization include the prior of papicials filing thresholds, conditions, and exceptions; and the pri	24a				
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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? 24d					<u> </u>
any tax-exempl bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d			24b		
d Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 24d	С				
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? # "Yes," complete Schedule L, Part I 25a					
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If Yes," complete Schedule I, Part I			24d		
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 vith a disqualified person in a prior year, and that the transaction has not been reported on any of the organization vith a disqualified person in a prior year, and that the transaction has not been reported on any of 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 forficer, director, trustee, key employee, creator or forficer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof), a grant selection committee member, or to a 35% controlled entity or damply to a business transaction with one of the following parties (see the Schedule L, Part III 27 X X 28b 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 28b X 2	25a		05-		v
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // 1*Yes,* complete Schedule L, Part I 25b	_		25a		
Schedule L, Part I 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 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 28 Was the organization a part to a business transaction with no or 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. 28 A A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 A A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Line organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II. 30 Line organization selle, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Line organization selle, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Line organization networks of the organization make any transfer more than 25% of the networks of the organization organiza	b				
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instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # 28a X b A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete Schedule N, Part II 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? # "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 34 Was the organization related to any tax-exempt or taxable entity? # "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? # "Yes," complete Schedule R, Part V, line 2 35b X 55a X 55a X 75 Did the organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? # "Yes," complete Schedule R, Part V, line 2 35b X 75 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? # Yes Not 28 II for organization ormolete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? # Yes Not 28 II for	28				
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		(gambling) winnings to prize winners?	1c		

232004 12-13-22

(continued) FEEDING WESTCHESTER, INC. Statements Regarding Other IRS Filings and Tax Compliance Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			٦,
_	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		х
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
d		7e		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6		X
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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 Enter the amount of reserves on hand 13b 13c			
	Did the apprinting proping any property for indeed to prince during the terrory.	14a		Х
		14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדי		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

232005 12-13-22

FEEDING WESTCHESTER, INC. Form 990 (2022) 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. X Check if Schedule O contains a response or note to any line in this Part VI S

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (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, st	cockho	lders, 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	r by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
				10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			40-	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			IZD		
·	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		12c	x	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	
14				14	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva			17		
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	y 11 N	aspondont			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b		X
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, and	financ	ial	
00	statements available to the public during the tax year.	de e :	d waa awd-			
20	State the name, address, and telephone number of the person who possesses the organization's book KAREN ERREN, PRESIDENT/CEO -9149231100	oks and	a records			
	200 CLEARBROOK ROAD ELMSFORD NY 10523					

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KAREN ERREN PRESIDENT / CEO	40.00	х		Х				202 960	0.	20 7/2
(2) RYAN BRISK	40.00	Λ	\vdash	Λ				293,869.	0.	20,743.
SENIOR DIRECTOR, OPERATION	40.00	1				x		165,771.	0.	15,591.
(3) TOBY PIDGEON	40.00					^		103,771.	0.	13,391.
VP. BUSINESS SOLUTIONS	40.00	1				X		142,505.	0.	15,850.
(4) KELLY CHENAULT GARVEY	40.00								•	
DIRECTOR, INDIVIDUAL GIVIN		1				х		129,152.	0.	11,446.
(5) ANDRE THOMPSON	40.00							,	-	,
VP, IMPACT PROGRAMMING						х		126,273.	0.	5,534.
(6) ELISABETH VIESELMEYER	40.00									-
SENIOR DIRECTOR, CORPORATE, FOUNDATI						Х		104,063.	0.	25,652.
(7) SPENCER BARBACK	2.00									
GOVERNANCE COMMITTEE CHAIR		X						0.	0.	0.
(8) KECIA PALMER-COUSINS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ANGELA EIREF ESQ.	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) IRA GREENSTEIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JENNIFER LEE	2.00									
CO-CHAIR		Х		Х				0.	0.	0.
(12) TRACEY LEVY ESQ.	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(13) JOSEPH MASTERSON	2.00	l								
AUDIT COMMITTEE CHAIR		Х						0.	0.	0.
(14) JENNIFER MEYERS	2.00	ļ								
CO-CHAIR		Х		Х				0.	0.	0.
(15) LOUIS GALLO	2.00								•	•
FUND DEVELOPMENT COMMITTEE CHAIR	2 00	Х						0.	0.	0.
(16) SUE NORTON	2.00	3,7							<u> </u>	^
BOARD MEMBER	2 00	Х	_					0.	0.	0.
(17) JAMIE RABOY	2.00	Х		v				0.	0.	0.
TREASURER		Λ		X				0.	U •	Form 990 (2022)

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	websicing		_					ampanadad Emriana	15 5507	JOO Fage O
Part VII Section A. Officers, Directors, Ti (A)	(B)	JIOY	ees,	and (0		ynes	st C	(D)	(continued) (E)	(F)
Name and title	Average hours per week	box	not cl , unles cer an	Pos heck i ss per	ition more rson i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) RICHARD RAKOW	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(19) SCOTT SHERMAN	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(20) DANIEL SINGER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(21) MIKE WILSON	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(22) JENNIFER WELLS	2.00									
HR COMMITTEE CHAIR		Х						0.	0.	0.
(23) ROBERT SCHER ESQ.	2.00									
BOARD MEMBER		Х						0.	0.	0.
(24) JONATHAN TRETLER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(25) HEBERTO CALVES	2.00									
BOARD MEMBER		Х						0.	0.	0.
(26) DARA GRUENBERG	2.00									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								961,633.	0.	94,816.
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								961,633.	0.	94,816.

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

Yes No

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

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

5 X

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
ALLEGIANCE GROUP	'	1
PO BOX 9132, FARGO, ND 58106	CONSULTING	456,774.
MAIER MARKEY & JUSTIC LLP		
2 LYON PLACE, WHITE PLAINS, NY 10601	CONSULTING	280,875.
BOSTON CONSULTING GROUP		
466 SPRINGFIELD AVE, SUMMIT, NJ 07901	CONSULTING	155,000.
FREEMAN PHILANTHROPIC SERVICES, LL		
21-70 31ST STEET 4PH, ASTORIA, NY 11105	CONSULTING	103,361.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

	Form 990 FEEDING WESTCHESTER, INC. 13-3507988									
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours	(cl	(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee Highest compensated employee Former		Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) VINAY RAO SOARD MEMBER	2.00	Х						0.	0.	0
28) DOUGLAS RUTTENBERG, CPA BOARD MEMBER	2.00	Х						0.	0.	0
29) DR. RAYMOND SANCHEZ	2.00									0
SOARD MEMBER		X						0.	0.	
		•								
		•								

Form 990 (2022) FEEDING
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S S	1 2	Federated campaigns 1a					
ant		o Membership dues 1b					
2 5		Fundraising events 1c	39,600.				
Ę,							
ig ig		•	7,613,630.				
ons,		3 \	7,013,030.				
atio er	1	All other contributions, gifts, grants, and	25 516 106				
들 된		similar amounts not included above 1f	25,516,106.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f	14,076,991.	22 160 226			
<u>0 g</u>		n Total. Add lines 1a-1f		33,169,336.			
			Business Code	645.005	645.005		
Se	2 8		624210	647,887.	647,887.		
e vi	ŀ	SHARED MAINTENANCE FEES	624210	128,777.	128,777.		
Program Service Revenue	(
ar.	d						
<u>Б</u> О.	•	·					
₫	1	All other program service revenue					
		Total. Add lines 2a-2f		776,664.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond pr	i i				
	5	Royalties	i				
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,		(ii) Other				
		assets other than inventory 7a					
	•	Less: cost or other basis					
ğ		and sales expenses					
eve		Gain or (loss)					
Ř		d Net gain or (loss)					
ther Revenue	8 8	Gross income from fundraising events (not					
Ò		including \$ 39,600. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	335,447.				
		Less: direct expenses 8b	12,472.				
		Net income or (loss) from fundraising events		322,975.			322,975.
	9 a	a Gross income from gaming activities. See	l				
		Part IV, line 199a					
	ŀ	Less: direct expenses9b					
	•	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	ı	Less: cost of goods sold 10b					
_		Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS	524298	1,291.			1,291.
ine Tue				,			,
ella							
SC.		All other revenue					
Σ		e Total. Add lines 11a-11d		1,291.			
	12	Total revenue. See instructions		34,270,266.	776,664.	0.	324,266.

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	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nolete column (Δ)	
<u> </u>	Check if Schedule O contains a respon			ipiete columni (A).	
	not include amounts reported on lines 6b, 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	130,762.	130,762.		
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	322,460.	128,984.	96,738.	96,738.
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	4,616,750.	3,352,627.	257,466.	1,006,657.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	209,981.	148,014.	15,058.	46,909
9	Other employee benefits	581,181.	409,670.	41,678.	46,909 129,833
10	Payroll taxes	375,708.	264,834.	26,943.	83,931
11	Fees for services (nonemployees):				
а	Management				
	Legal	26,926.		26,926.	
	Accounting	41,600.		41,600.	
	Lobbying	•		,	
	Professional fundraising services. See Part IV, line 17	921,506.			921,506
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)	1,299,041.	485,959.	357,420.	455,662
12	Advertising and promotion	220 506	207 000	20 416	02 010
13	Office expenses	329,506.	207,080.	29,416.	93,010
14	Information technology	457,339.	322,375.	32,797.	102,167
15	Royalties	1 (5) 212	1 220 651	165 221	165 221
16	Occupancy	1,673,313.	1,338,651.	167,331.	167,331
17	Travel	329,231.	329,231.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	196,732.	157,386.	19,673.	19,673
23	Insurance	82,004.	57,804.	5,881.	18,319
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.)	·		·	,
а	FOOD DISTRIBUTION	22,973,423.	22,973,423.		
b	SPECIAL EVENTS	169,820.			169,820.
С	OTHER PROGRAM EXPENSES	73,387.	57,468.	4,079.	11,840
d	SUPPORT TO PARTNER AGEN	17,275.	17,275.	,	•
	All other expenses	•	,		
25	Total functional expenses. Add lines 1 through 24e	34,827,945.	30,381,543.	1,123,006.	3,323,396
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 if following SOP 98-2 (ASC 958-720)				
	<u> </u>		I		Form 990 (2022

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2			9,610,798.	2	8,985,951.	
	3			505,955.	3	943,756.	
	4	Accounts receivable, net			70,528.	4	252,392.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,054,815.	8	957,534
ğ	9	Description of the second state of the second			365,803.	9	201,354.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		5,690,334.			
	b	Less: accumulated depreciation	10b	3,839,096.	1,021,290.	10c	1,851,238.
	11	Investments - publicly traded securities			7,705,362.	11	7,473,053.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1	L		13	
	14	Intangible assets	_	14			
	15	Other assets. See Part IV, line 11			0.	15	8,007,027
	16	Total assets. Add lines 1 through 15 (must equa			20,334,551.	16	28,672,305.
	17	Accounts payable and accrued expenses		ı	1,046,954.	17	1,451,755.
	18	Grants payable		224 222	18	60 774	
	19	Deferred revenue			234,393.	19	69,771.
	20	Tax-exempt bond liabilities		ı		20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
≅		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes		· · · · · · · · · · · · · · · · · · ·		22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated	•	·····		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	-	·	0		0 104 001
		of Schedule D			1 201 247		8,194,091.
	26	Total liabilities. Add lines 17 through 25			1,281,347.	26	9,715,617.
ω		Organizations that follow FASB ASC 958, chec	ck nere				
nce	07	and complete lines 27, 28, 32, and 33.			18,488,211.	07	18,042,378.
<u>a</u>	27	Net assets without donor restrictions			564,993.	27	914,310.
g B	28	Net assets with donor restrictions			304,333.	28	914,310.
Ē		Organizations that do not follow FASB ASC 95	os, cne	ck nere			
P		and complete lines 29 through 33.				00	
şte	29	Capital stock or trust principal, or current funds				29	
\SS(30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			19,053,204.	31 32	18,956,688.
ž	32	Total liabilities and not assets/fund balances			20,334,551.		28,672,305.
	33	Total liabilities and net assets/fund balances			4U,334,331.	33	20,072,303

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 27(</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,82		
3	Revenue less expenses. Subtract line 2 from line 1	3		-55'		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> 19</u>	,053	3,2	04.
5	Net unrealized gains (losses) on investments	5		463	1,1	<u>63.</u>
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	18	,956	5,6	88.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
				Form	990 ((2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FEEDING WESTCHESTER, 13-3507988 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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.")	16810233.	31080244.	32927554.	32357680.	33492310.	146668021
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	16810233.	31080244.	32927554.	32357680.	33492310.	146668021
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						146668021
Sec	ction B. Total Support			•		•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4		31080244.	32927554.	32357680.	33492310.	146668021
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	49,582.	66,900.	18,392.	4,850.	7,947.	147,671.
9	Net income from unrelated business	,	,	,	,	, , , , , , , , , , , , , , , , , , ,	
	activities, whether or not the						
	business is regularly carried on		24,368.				24,368.
10	Other income. Do not include gain		,				
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						146840060
	Gross receipts from related activities.	. etc. (see instruction	ons)			12 4	,784,888.
	First 5 years. If the Form 990 is for the		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	organization, check this box and sto						
Sec	ction C. Computation of Publ						
14	Public support percentage for 2022 (line 6, column (f), d	ivided by line 11,	column (f))		14	99.88 %
15	Public support percentage from 2021	1 Schedule A, Part	II, line 14			15	99.86 %
	33 1/3% support test - 2022. If the					ore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to			=			
b	10% -facts-and-circumstances test	-	-	*	-		
	more, and if the organization meets t	_					
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization						s
	<u> </u>		,				(Form 990) 2022

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.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from 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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
	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	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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		
- Gu		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
Ja		
9b		
0-		
9c		
10a		
10b		
ule A (Forn	n 990)	2022

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Par	TIV Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Г		Yes	No
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).	1		
Sec	tion D. All Type III Supporting Organizations			
	r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

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Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 FEEDING WESTCHESTER, II	NC.		13-3507988 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (<i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B. line 8, column A)	2		

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

	rt V Type III Non-Functionally Integrated 509(nizations /acadia		3-3507988 Page 7
	ion D - Distributions	a)(o) Supporting Orga	nizations (continu	uea) 	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		1	Ourrent real
	Amounts paid to supported organizations to accomplish exemp	<u> </u>			
_	organizations, in excess of income from activity	t purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	3	
4	Amounts paid to acquire exempt-use assets	or oupported organizations	•	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	ovide details ii) - 4		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	·		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
e	From 2021				
f	Total 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)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
<u> </u>	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, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
_	F				

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

FEEDING WESTCHESTER 13-3507988 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

FEEDING WESTCHESTER, INC. 13-3507988

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>3,161,614.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>2,116,268.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 1,400,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

FEEDING WESTCHESTER, INC.

13-3507988

Part II	Noncash Property (see instructions). Use duplicate copies of Part	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
223/153 11-15			Schedule B (Form 990) (2022)

Page 4 Name of organization **Employer identification number** FEEDING WESTCHESTER, INC. 13-3507988 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

Schedule B (Form 990) (2022)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

FEEDING WESTCHESTER, INC.

Employer identification number 13-3507988

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	(b) Farias and sense associates
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	38,849.	
5	Did the organization inform all donors and donor advisors in		sed funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		X Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year	annount to to out all	
4	Number of states where property subject to conservation ea	•	
5	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	otali and volunteer flours devoted to filomtoning, inspecting,	Thandling of violations, and emoroting com	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, ···-		,
8	Does each conservation easement reported on line 2(d) above	ve 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 conservati		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	5 IUI FUIIII 99U.	Schedule D (Form 990) 2022

232051 09-01-22

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

Pai	rt III Organizations Maintaining C	collections of Art, Hist	torical Treasures,	or Other S	Similar Ass	ets (continued)	
3	Using the organization's acquisition, accessi						
	collection items (check all that apply):		,				
а	Public exhibition	d 🗌	Loan or exchange pro	gram			
b	Scholarly research	e	Other	_			
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain how t	hey further the organiza	ation's exemp	t purpose in P	art XIII.	
5	During the year, did the organization solicit of	· ·	•	-			
	to be sold to raise funds rather than to be ma	·	•			Yes	No
Par	rt IV Escrow and Custodial Arran					IV, line 9, or	
	reported an amount on Form 990, Pa		· ·		•		
1a	Is the organization an agent, trustee, custod	ian or other intermediary for	contributions or other a	assets not inc	luded		
	on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part XIII						
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on F				?	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explanation	on has been provided o	n Part XIII			
Pai	rt V Endowment Funds. Complete	if the organization answered	l "Yes" on Form 990, Pa	art IV, line 10			
		(a) Current year (b)	Prior year (c) Two y	rears back (d) Three years ba	ack (e) Four years b	oack
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curr	rent year end balance (line 1	g, column (a)) held as:				
а	Board designated or quasi-endowment	%					
b	Permanent endowment	%					
С	Term endowment	_%					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
За	Are there endowment funds not in the posse	ession of the organization that	at are held and adminis	tered for the			
	organization by:					Yes	No
	(i) Unrelated organizations					3a(i)	
	(ii) Related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as required on S	Schedule R?			3b	
4	Describe in Part XIII the intended uses of the		funds.				
Pai	rt VI Land, Buildings, and Equipm						
	Complete if the organization answere	d "Yes" on Form 990, Part I	V, line 11a. See Form 9	90, Part X, lin	e 10.		
	Description of property	(a) Cost or other	(b) Cost or other	(c) Acc	umulated	(d) Book value	•
		basis (investment)	basis (other)	depr	eciation		
	Land						
	Buildings						
С	Leasehold improvements		2,351,942		16,046.	5,89	
d	Equipment		2,081,747		93,223.	1,188,52	
	Other		1,256,645	. 59	99,827.	656,81	
Total	Add lines 1a through 1e (Column (d) must o	and Form OOO Dort V solu	mn (P) line 10e)			1.851.23	18.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 FEEDING WES'I Part VII Investments - Other Securities.	CHESTER, INC	• 13	-3507988 Page 3
Complete if the organization answered "Yes" o	n 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	I-of-year market value
(1) Financial derivatives			•
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 000 Port IV line	11a Can Form 000 Port V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l of year market value
	(b) Book value	(c) Wethod of Valuation. Cost of end	roryear market value
(1)			
(2)			
(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" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1) OPERATING LEASE RIGHT-OF-U	SE ASSET		8,007,027
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			8,007,027
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		0,007,027
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of lightlift.	111 01111 330, 1 art 14, 11110	THE OF THE GEET OF THE SOO, THE TAX, MILE 25.	(b) Book value
(1) Federal income taxes			(b) Book value
(2) OPERATING LEASE LIABILITIE	S		8,194,091
(3)			0,201,001
(4)			
(5)			
(6)			

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

Schedule D (Form 990) 2022

8,194,091.

(7) (8)

Par	t XI	Reconciliation of Revenue per Audited Financial State	ements Wi	th F	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total	revenue, gains, and other support per audited financial statements				1	34,731,429.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net ur	nrealized gains (losses) on investments	2a		461,163.		
		ed services and use of facilities					
		veries of prior year grants					
		(Describe in Part XIII.)					
		nes 2a through 2d				2e	461,163.
3	Subtra	act line 2e from line 1				3	34,270,266.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other	(Describe in Part XIII.)	4b				
С	Add li	nes 4a and 4b				4c	0.
5		revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				5	34,270,266.
Pai	rt XII	Reconciliation of Expenses per Audited Financial Sta	tements W	/ith	Expenses per F	Retur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total	expenses and losses per audited financial statements				1	34,827,945.
2		nts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donat	ed services and use of facilities	2a				
b	Prior y	vear adjustments	2b				
		losses					
		(Describe in Part XIII.)					
е	Add li	nes 2a through 2d				2e	0.
3		act line 2e from line 1				3	34,827,945.
4		nts included on Form 990, Part IX, line 25, but not on line 1:					
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other	(Describe in Part XIII.)	4b				
С	Add li	nes 4a and 4b				4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	3.)			5	34,827,945.
Pai	rt XIII	Supplemental Information.	,				
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional in	form	nation.		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

reame of the organization FEEDING	WESTCHESTER, INC.				13-3507	988
	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I		
Indicate whether the organization raise X Mail solicitations X Internet and email solicitations Phone solicitations X In-person solicitations X In-person solicitations	sed funds through any of the following with a second secon	tion of tion of I fundra (includ	non-g gover ising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(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
ALLEGIANCE GROUP - POX 9132,		Yes	No			
FARGO, ND 58106	DIRECT MAIL		Х	1,207,494.	850,728.	356,766.
Total				1,207,494.	850,728.	356,766.
List all states in which the organization or licensing.	on is registered or licensed to solicit (utions		-	
NY						

232081 10-27-22

Schedule G (Form 990) 2022

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

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

		of fundraising event contributions and gr	oss income on Form 990-	LZ, iii les i ai la ob. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			AN EVENING		NONE	(add col. (a) through
			IN GOOD TAST	VIRTUAL		
-			(event type)	(event type)	(total number)	col. (c))
Revenue						
e e	1	Gross receipts	306,409.	68,638.		375,047.
å		1		,		
	2	Less: Contributions	39,600.			39,600.
	3	Gross income (line 1 minus line 2)	266,809.	68,638.		335,447.
		•				
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
Direct Expenses						
덫	7	Food and beverages				
Ö						
	8	Entertainment				
	9	Other direct expenses	12,472.			12,472.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			12,472.
_	11	Net income summary. Subtract line 10 from I				322,975.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
	_	\$15,000 on Form 990-EZ, line 6a.				T
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c)
3e						
_	1	Gross revenue				
	_					
es	2	Cash prizes				
Expenses		Namanah minan				
ΕXΒ	3	Noncash prizes				
귳	١,	Pont/facility costs				
Direct	4	Rent/facility costs				
	_	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	۾	Volunteer labor	No	No No	No	
	١	Volunteer labor	L NO		140	
	7	· · · · · · · · · · · · · · · · · ·	5 5 to a discourse (al)			
		Direct expense summary Add lines 2 through	n 5 in collumn (a)			
	-	Direct expense summary. Add lines 2 through	n 5 in column (a)			
	8					
		Net gaming income summary. Subtract line 7				
9	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	8 En	Net gaming income summary. Subtract line 7	from line 1, column (d)			Yes No
a	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted organization licensed to conduct gaming and	r from line 1, column (d) ucts gaming activities: ctivities in each of these	states?		Yes No
a	8 Ent	Net gaming income summary. Subtract line 7	r from line 1, column (d) ucts gaming activities: ctivities in each of these	states?		Yes No
a	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted organization licensed to conduct gaming and	r from line 1, column (d) ucts gaming activities: ctivities in each of these	states?		Yes No
b	Entals to	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted organization licensed to conduct gaming and	from line 1, column (d) ucts gaming activities:ctivities in each of these s	states?		
10a	Entitle 1 St	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming at No," explain:	r from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states? rminated during the tax y	ear?	
10a	Entitle 1 St	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted organization licensed to conduct gaming and No," explain:	r from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states? rminated during the tax y	ear?	

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 FEEDING WESTCHESTER, INC. 13	35075	988	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	o An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
•	Enter the hame and address of the person who propares the organization organization organization.			
	Name			
	- Name			
	Address			
	Address			
		_ _,	V	□ Na
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	י كا	Yes	No
b	olf "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			
	Mandatory distributions:			
а	s the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. LJY	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 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990)	FEEDING	WESTCHESTER,	INC.	13-3507988	Page 4
Part IV	i (Form 990) Supplemental Infor	mation /contin				·g- ·
1 0.111	Cappionicital infor	(COTILIT	iuea)			

SCHEDULE I (Form 990)

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.

Department of the Treasury Internal Revenue Service Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization FEEDING W	ESTCHESTER	R. INC.					Employer identification number 13-3507988
Part I General Information on Grants a		.,					
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						
Part II Grants and Other Assistance to recipient that received more than					anization answered "\	es" on Form 990, Part	IV, line 21, for any
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
HOPE COMMUNITY SERVICES 50 WASHINGTON AVENUE							FOOD GRANTS, OPERATIONAL
NEW ROCHELLE, NY 10801	13-3477015		0.	5,500.	FMV		SUPPORT
YONKERS COMMUNITY ACTION PROGRAM 20 SOUTH BROADWAY SUITE 420 YONKERS, NY 10701			0.	5,600.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
OTHER GRANTS AND ASSISTANCE			0.	114,662.	FMV		FOOD GRANTS, OPERATIONAL SUPPORT
 Enter total number of section 501(c)(3) a Enter total number of other organization. 							

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

Schedule I (Form 990) 2022

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
ALL GRANT RECIPIENTS ARE MONITORED	BY ANNUA	L SITE VIS	SITS.		

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

FEEDING WESTCHESTER, INC.

 $Employer\ identification\ number \\ 13-3507988$

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
Ļ	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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
-	If "Yes" on line 5a or 5b, describe in Part III.			
3	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	35		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•		7		Х
	not described on lines 5 and 6? If "Yes," describe in Part III			-21
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		^
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2022

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KAREN ERREN	(i)	293,869.	0.	0.	0.	20,743.	314,612.	0.
PRESIDENT / CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RYAN BRISK	(i)	165,771.	0.	0.	0.	15,591.	181,362.	0.
SENIOR DIRECTOR, OPERATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TOBY PIDGEON	(i)	142,505.	0.	0.	0.	15,850.	158,355.	0.
VP, BUSINESS SOLUTIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(ii)							
	I (II)						<u> </u>	(5

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

FEEDING WESTCHESTER, INC.

Employer identification number 13-3507988

Par	rt 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 det noncash contribut	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles			10 000 510			
19	Food inventory	X	5,721,944	10,288,649.	AVG. WHOLESA	<u> LE \$1</u>	<u>.92</u>
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	X	2 240 705	2 705 750	TIGDA DDIGING		
25	Other (USDA COMMODITIE)		3,349,795	3,703,730.	USDA PRICING	7	
26 27	Other ()						
28	Other () Other ()						
29	Number of Forms 8283 received by the organiz	ation during	the tay year for co	ontributions			
25	for which the organization completed Form 828	-	•				
	To Whom the organization completed from each	,o, r art v , b	oneo montro mong	20		Yes	No
30a	During the year, did the organization receive by	contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it	100	110
	must hold for at least 3 years from the date of t						
	exempt purposes for the entire holding period?					30a	Х
b	, , ,						
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribut	ions?	31 X	
32a	Does the organization hire or use third parties of						
	contributions?		-			32a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2022

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

FEEDING WESTCHESTER, INC.

Employer identification number 13-3507988

FEEDING WESTCHESTER, INC.	13-350/900	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSIC	DN:	
LEADS HUNGER ACTION PROGRAMS AND MOBILIZES THE RESOURCES NEE	EDED TO	
ERADICATE HUNGER IN WESTCHESTER COUNTY.		
FORM 990, PART III		
MOBILE FOOD PANTRY OUR MOBILE FOOD PANTRY MAKES MORE THAN 5	500	
SCHEDULED STOPS A YEAR. IN FY23, IT BROUGHT MORE THAN 3.2 MI	ILLION	
POUNDS OF FRESH FRUITS, VEGETABLES, MEATS, AND DAIRY TO THOSE IN NEED.		
FRESH MARKET OUR FRESH MARKET IS AN EXTENSION OF OUR MOBILE	E FOOD	
PANTRY PROGRAM. IN FY23, WE PROVIDED COMMUNITIES WITH OVER 1	MILLION	
POUNDS OF NUTRITIOUS FOOD AND FRESH PRODUCE IN AREAS IN WHIC	CH IT IS	
DIFFICULT TO ACCESS AFFORDABLE OR HIGH-QUALITY FRESH FOOD.		
CHILD-FEEDING PROGRAMS FEEDING WESTCHESTER PROVIDED CHILDRE	EN IN OUR	
COMMUNITY WITH 891,000 POUNDS OF NUTRITIOUS, KID-FRIENDLY, A	AND	
EASY-TO-PREPARE FOOD KIDS NEED ON THE WEEKENDS AND DURING SO	CHOOL	
CLOSURES THROUGH OUR PARTNER HUBS.		
RETAIL RECOVERY FEEDING WESTCHESTER RECOVERS FOOD FROM MORE	E THAN 80	
RETAILERS. WE CAPTURED MORE THAN 3.7 MILLION POUNDS OF GOOD,	NUTRITIOUS	
FOOD THAT WOULD OTHERWISE GO TO WASTE. AT OUR DISTRIBUTION C	CENTER, WE	
INSPECT, SORT, AND PACK THE FOOD. THEN WE GET IT STRAIGHT TO	THE PEOPLE	
WHO NEED IT MOST.		

GREEN THUMB WE DISTRIBUTED OVER 1.36 MILLION POUNDS OF FRESH PRODUCE

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization FEEDING WESTCHESTER, INC. Employer identification number 13-3507988

THROUGH OUR GREEN THUMB PROGRAM, WHICH FOCUSES ON INCREASING ACCESS TO

FRESH PRODUCE FOR ALL; WITH OUR PARTNERING AGENCIES, WE DISTRIBUTE

FRESH, SEASONAL, TOP-QUALITY PRODUCE, AS WELL AS VALUABLE NUTRITIONAL

INFORMATION.

SENIOR GROCERY OUR SENIOR GROCERY PROGRAM ENCOURAGES BETTER HEALTH AND

INDEPENDENT LIVING FOR SENIORS; WE DISTRIBUTE NUTRITIOUS FOOD LIKE

SEASONAL FRUITS AND VEGETABLES DIRECTLY TO SENIORS IN NEED. IN FY23, WE

DISTRIBUTED 894,850 POUNDS OF NUTRITIOUS FOOD SUCH AS SEASONAL FRUITS

AND VEGETABLES DIRECTLY TO LOCATIONS WHERE SENIORS CONGREGATE AND LIVE.

NUTRITION EDUCATION JSY FEEDING WESTCHESTER OFFERS FREE ACCESS TO

NUTRITION EDUCATION RESOURCES INCLUDING GENERAL INFORMATION ON HEALTHY

EATING AND WELLNESS, INTERACTIVE WORKSHOPS, COOKING DEMONSTRATIONS, AND

FOOD SAFETY TRAINING

SNAP OUTREACH FEEDING WESTCHESTER HELPS PEOPLE IN NEED ENROLL AND

APPLY FOR THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) A

FEDERAL INITIATIVE THAT HELPS THOUSANDS OF LOW-INCOME WESTCHESTER

RESIDENTS PUT FOOD ON THEIR TABLES

FOOD IS MEDICINE (FORMERLY RX PANTRY) THROUGH A COMBINATION OF

IMPROVED FOOD ACCESS, TARGETED CLINICAL CARE AND OTHER COMMUNITY

RESOURCES, THE FOOD IS MEDICINE PROGRAM ELIMINATES CRITICAL BARRIERS TO

IMPROVED HEALTH AND WELL-BEING, PROVIDING FRESH PRODUCE, GROCERIES,

NUTRITION EDUCATION, AND WRAPAROUND HEALTH SERVICES TO OUR NEIGHBORS IN

NEED; THIS IS A COLLABORATIVE PROJECT INVOLVING

HEALTHCARE FACILITIES SUCH AS HOSPITALS, CLINICS, AND FEDERALLY

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization 13-3507988 FEEDING WESTCHESTER, INC. QUALIFIED HEALTH CENTERS. FORM 990, PART VI, SECTION B, LINE 11B: MANAGEMENT REVIEWED THE FORM 990 IN DETAIL AND PROVIDED A COPY TO THE FINANCE COMMITTEE FOR THEIR REVIEW AND COMMENT PRIOR TO PROVIDING TO THE FULL BOARD AND PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES THE MEMBERS OF THE BOARD AND KEY MEMBERS OF MANAGEMENT TO COMPLETE A CONFLICT OF INTEREST FORM YEARLY AND THE ORGANIZATION MAINTAINS AND MONITORS FOR CONFLICTS. FORM 990, PART VI, SECTION B, LINE 15A: THE CHAIR OF THE BOARD AND BOARD MEMBERS FROM THE EXECUTIVE COMMITTEE REVIEW, COMPARE, AND DETERMINE THE COMPENSATION FOR THE PRESIDENT & CEO. ALL OTHER SALARIES ARE REVIEWED DURING BUDGETING PROCESS ANNUALLY.

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

ALL DOCUMENTS ARE AVAILABLE BY REQUEST.

FORM 990, PART VI, LINE 11B - ENFORCEMENT OF CONFLICTS POLICY

THE ORGANIZATION CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY

WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD CURRENTLY MANDATES

THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY SIGNS A

CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL

CONFLICTS THAT MAY EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST

EXISTS, THE MEMBER OF THE BOARD WILL BE NOTIFIED IMMEDIATELY FOR

Schedule O (Form 990) 2022	Page 2
Name of the organization FEEDING WESTCHESTER, INC.	Employer identification number 13-3507988
APPROPRIATE ACTION.	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP	OFFICIAL
THE BOARD DETERMINES COMPENSATION BY REVIEWING APPROPRIATE	AND ADEQUATE
DATA TO DETERMINE THE REASONABLENESS OF COMPENSATION BEING	CONSIDERED
UPON HIRING AND THEN REVIEWED ANNUALLY. THE DECISION IS AD	EQUATELY
DOCUMENTED ANNUALLY IN THE MINUTES OF THE ORGANIZATION.	
PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR	