# 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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A</u>	For t	he 2023 calendar year, or tax year beginning $$ JUL $1,2023$	ng J	UN 30, 20	024			
В	Check applica	C Name of organization		D Employer id	entific	cation number		
	Add	ge   FEEDING WESTCHESTER, INC.						
L	Nam char	Doing business as		13-35	<u> 079</u>	88		
F	Initia retur Fina retur	Number and street (or P.U. box if mail is not delivered to street address)  Room	n/suite	E Telephone number 914-923-1100				
_	term ated	in-		G Gross receipts \$		37,181,387.		
	Ame	nded FIMCEORD My 10522		H(a) is this a gre				
	Appl tion			for subordi				
	репо	Ing SAME AS C ABOVE				cluded? Yes No		
$\overline{\Gamma}$	Tax-ex	cempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527			list. See instructions		
J	Webs			H(c) Group exer				
<u>K</u>	Form o	of organization: X Corporation Trust Association Other L	. Year o			State of legal domicile: NY		
P	art I	Summary						
4	1	Briefly describe the organization's mission or most significant activities: DRIVEN	BY 7	THE BELIE	F 1	HAT ACCESS		
Governance		TO HEALTHY FOOD IS A BASIC RIGHT FOR ALL PEO	PLE	, FEEDING	3 WJ	ESTCHESTER		
Ë	2	Check this box if the organization discontinued its operations or disposed of	more t	han 25% of its n	et ass	ets.		
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3	22		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	22		
Se	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		***************************************	5	<u>74</u>		
Ě	6	Total number of volunteers (estimate if necessary)			6	6059		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a			
_	b	Net unrelated business taxable income from Form 990 T, Part I, line 11	·····		7b	0.		
				Prior Year	_	Current Year		
ā	8	Contributions and grants (Part VIII, line 1h)		33,169,33		36,571,243.		
티	9	Program service revenue (Part VIII, line 2g)		776,66		<u>551,294.</u>		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		324,26		-27,254.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		34,270,26		37,095,283.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		130,76	_	221,212.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		6 106 00	0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,106,08		7,328,695.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	RECURPTS!	921,50	<b>b.</b>	961,336.		
ĸ	_b	Total fundraising expenses (Part IX, column (D), line 25) 4,237,395.						
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		27,669,59		30,818,447.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		84,827,94		39,329,690.		
_ 0		Revenue less expenses. Subtract line 18 from line 12	Dogi	-557,67 nning of Current Y		-2,234,407. End of Year		
rts o	20	Total access (Cart V line 16)		18,672,30		27,393,189.		
Assets or Balances	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		9,715,61		9,931,982.		
鳕		Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	.8,956,68		17,461,207.		
	rtilla			.0,,,,,,,,	<u> </u>	17,401,207.		
2022	24: 2020 2071 2702	Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atement	ts, and to the best of	nf mv k	converge and helief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer		•	, <b>.</b>	anomicogo and bonoi, icio		
		, , , , , , , , , , , , , , , , , , , ,	p-a	l l		· <del></del>		
Sign	ì	Signature of officer		Date				
lere		KAREN ERREN, PRESIDENT/CEO						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Da			PTIN		
aid		NANCY J. SNYDER NANCY J. SNYDER	03	/10/25 if self-t	em ployed	P01340545		
rep	arer	Firm's name BONADIO & CO., LLP		Firm's EIN	16	-1131146		
	Only	Firm's address 171 SULLY'S TRAIL						
		PITTSFORD, NY 14534		Рһопе ло.	<u>(58</u>			
Лay	the IF	S discuss this return with the preparer shown above? See instructions				Yes X No		

Form 990 (2023) FEEDING WEST
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)?			İ
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u></u> .
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	]		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			•
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		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	Х	
þ	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		<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VIII	11c		<u>X</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	<u> </u>	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		. l	
	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		. l	
	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,"			v
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا . ـ ا	. l	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Page 4

(4.050X	Continued)		T						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current								
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete								
	Schedule J	23	Х						
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the								
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete								
	Schedule K. If "No," go to line 25a								
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
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?	24c							
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			**					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and								
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete	054		X					
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		Λ					
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
	and the land and the confirmation of the confi	26		х					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х					
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,								
	instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If								
	"Yes," complete Schedule L, Part IV	28a		X					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X					
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If								
	"Yes," complete Schedule L, Part IV	28c		<u> </u>					
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation								
:	contributions? If "Yes," complete Schedule M	30		_ <u>X</u> _					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_		7.5					
	Schedule N, Part II	32		_X_					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v					
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x					
25-	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X					
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	30a							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	"							
	If "Yes," complete Schedule R, Part V, line 2	36		Х					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization								
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?								
	Note: All Form 990 filers are required to complete Schedule O	38	Х						
Par	Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		lijie šir	800					
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	000						
332004	12-21-23	Form !	99∪ (2	2023)					

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

	- I - I - I - I - I - I - I - I - I - I			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		19121811131		HE SHEET
	filed for the calendar year ending with or within the year covered by this return	2a 7	4		
b		ns?	2b	Х	
За	District 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		За		Х
b			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	="	4a	Ì	X
b	If "Yes," enter the name of the foreign country			The container	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).	21111111111111111111111111111111111111		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	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 contributi	ons or gifts			
	were not tax deductible?		6b		L
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices 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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?	······································	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	intract?	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	17/10/2017		
	sponsoring organization have excess business holdings at any time during the year?	***************************************	8	USUPANIA IRAN	X
9	Sponsoring organizations maintaining donor advised funds.		2000000	7.20	
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u>X</u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	1220 (1188)	X
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		All Solds	13650
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	<b>.</b>	55333		
	Gross income from members or shareholders	11a	- 1		
þ	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	54025000		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<u> </u>	12a	visitatuv	1330000000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		\$10033336C	23.55	
а			13a	esige artig	11212122
	Note: See the instructions for additional information the organization must report on Schedule O.		DEFICES		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	112 122 112 112 122 112 112 122 112		
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			**************************************
			14a		<u>x</u> _
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				v
	excess parachute payment(s) during the year?		15	usum gija	X
	If "Yes," see the instructions and file Form 4720, Schedule N.			ishir Cirk	TV
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	(1)(2)(1)(3)	X
	If "Yes," complete Form 4720, Schedule O.		ALL DESCRIPTION		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	(18) 2109	
	If "Yes." complete Form 6069.		2 2 2 2 2 2	2 24 84 354	

Form **990** (2023)

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

	to line da, ob, or rob below, addition directions, processes, or charges on conedule of dee instructions.			
_	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	ction A. Governing Body and Management		1	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	If there are material differences in voting rights among members of the governing body, or if the governing		12. Q1. 14.1X.2.14.	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	171111111	117/10/21/21	
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		TEN GENERAL	
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6_		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	14-121/101/164	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	)Dadanije		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	enertigrani
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	e e e e e e e e e e e e e e e e e e e		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	CHEANE		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10055 163 11105 HIS		
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	21 21 22 23 31 21 22 23 24	alloist s	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	11.25.7 (c.f.) 1.71.10.2224 2.71.10.2224		
	exempt status with respect to such arrangements?	16b		
Sec 1	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availab	le
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KAREN ERREN, PRESIDENT/CEO - 9149231100			
	200 CLEARBROOK ROAD ELMSFORD NY 10523			

Form **990** (2023)

# 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

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

Check this box if neither the organization	nor any related	orga	aniza	tion	cor	nper	nsate	ed any current officer, d	irector, or trustee.	<b>-</b>
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and title	Average	(de	not c				one	Reportable	Reportable	Estimated
	hours per	box	t, unle	ss pe	rson	is bot	han	compensation	compensation	amount of
	week	H-	1		I	T	T.	from	from related	other
	(list any hours for	direct			ĺ	_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ae or	stee	i	l	nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	t is	al tru		e,	ad III.		1099-NEC)	,	and related
•	below	Individual trustee or director	Institutional trustee	<u>ة</u>	Кеу етрюуее	Highest compensated employee	量	-		organizations
	line)	12	팔	Officer	Key	聖	Former			
(1) KAREN ERREN	40.00	_								
PRESIDENT / CEO		X		X				347,367.	0.	19,741.
(2) JENINE KELLY-MORLEDGE	40.00	4								
VP, DEVELOPMENT		<u> </u>				X	<u> </u>	209,537.	0.	21,612.
(3) RYAN BRISK	40.00	_							_	
VP OPERATIONS & PROCUREMENT						Х		204,731.	0.	21,612.
(4) TOBY PIDGEON	40.00	1							_	
VP, BUSINESS SOLUTIONS		ļ				Х		161,783.	0.	14,937.
(5) ANDRE THOMPSON	40.00	-						464 40-		
VP, IMPACT PROGRAMMING	<b>+</b>					Х		161,495.	0.	7,520.
(6) ELISABETH VIESELMEYER	40.00	1						400 000		.=
SENIOR DIRECTOR, CORPORATE	40.00					Х		130,065.	0.	25,238.
(7) TAMI WILSON-RIVERA	40.00	1						444000		- 10-
COO	0.00			X				114,908.	0.	5 <u>,1</u> 05.
(8) DANIEL SINGER	2.00	١.,	i		i					0
BOARD MEMBER	<del> </del>	X	$\dashv$			Н		0.	0.	0.
(9) JENNIFER LEE	2.00	٠,		,,					0	0
CO-CHAIR	2 00	X		Х			$\dashv$	0.	0.	0.
(10) JOSEPH MASTERSON	2.00	ļ ,,	ı	7,				_		0
AUDIT COMMITTEE CHAIR	2 00	Х	-	Х			-	0.	0.	0.
(11) JENNIFER MEYERS	2.00	ا ب		,,					.	0
CO-CHAIR	2 00	X	$\dashv$	Х			$\dashv$	0.	0.	0.
(12) LOUIS GALLO	2.00	,,						0		^
FUND DEVELOPMENT COMMITTEE CHAIR	2 00	Х	$\dashv$	Х	_	$\dashv$		0.	0.	0.
(13) JONATHAN TRETLER	2.00	,,,		,,			- 1			٥
SECRETARY	2 00	Х		Х			$\dashv$	0.	0.	0.
(14) JENNIFER WELLS	2.00	<b>.</b> ,		37			ĺ			^
HR COMMITTEE CHAIR	2 00	X	$\dashv$	X	-		$\dashv$	0.	0.	0.
(15) MIKE WILSON VICE CHAIR	2.00	Ţ		Ţ				_	,	0
	2.00	Х		Х	-			0.	0.	0.
(16) JAMIE RABOY	4.00	x						_	_	0
TREASURER (17) RICHARD RAKOW	2.00	^	$\dashv$	X	$\dashv$		$\dashv$	0.	0.	0.
BOARD MEMBER	4.00	x			- 1	j		0.	0.	0.
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Form 990 (2023)

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Form 990 (2023) FEEDING									13-350/	988 Page o
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees			ghe	st C	ompensated Employee	s (continued)	
(A)	(B)	1			C)			(D)	(E)	(F)
Name and title	Average	(de	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	k, unle icer ar	ss pe	rson i	is botl	han	compensation	compensation	amount of
	week (list any	-	T a	T a c	I	Truus	T	from	from related	other
	hours for	or director			ĺ	l	ĺ	the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	trustee		l	sated	ĺ	organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations		E E	ŀ	æ	mper	l	1099-NEC)	10001120)	and related
	below	Individual	Institutional	<u> </u>	ey employee	Highest compensated employee	뉼	· ·		organizations
	line)	igu	Instit	Officer	Key e	High	Former			
(18) KECIA PALMER-COUSINS	2.00									
BOARD MEMBER		X						0.	0.	0.
(19) IRA GREENSTEIN	2.00				ĺ					
BOARD MEMBER		X						0.	0.	0.
(20) TRACEY LEVY ESQ.	2.00									
BOARD MEMBER		X				L		0.	0.	0.
(21) SUE NORTON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(22) GARY COHEN	2.00									
BOARD MEMBER		X						0.	0.	0.
(23) SCOTT SHERMAN	2.00					i				
BOARD MEMBER		X						0.	0.	0.
(24) DANIELLE DEMAIO	2.00			ľ						
BOARD MEMBER		X		_		$\Box$		0.	0.	<u> </u>
(25) ROBERT SCHER ESQ.	2.00									
BOARD MEMBER		Х						0.	0.	0.
(26) HEBERTO CALVES	2.00		l		l			_		
BOARD MEMBER		X						0.	0.	0.
1b Subtotal								1,329,886.	0.	115,765.
c Total from continuation sheets to Part VII								0.	0.	0.
d Total (add lines 1b and 1c)								1,329,886.	0.	115,765.
2 Total number of individuals (including but no	ot limited to the	ose I	istec	abo	ove)	who	re	ceived more than \$100,0	000 of reportable	
compensation from the organization									•	13
									ε	Yes No
3 Did the organization list any former officer,		e, k	ey er	mplo	yee	, or	high	nest compensated emplo	yee on	
line 1a? If "Yes," complete Schedule J for su									T C	3 X
4 For any individual listed on line 1a, is the sur								•	-	
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a										100 00 100 00 00 00 00 00 00 00 00 00 00
rendered to the organization? If "Yes." come	olete Schedule	J fo	rsuc	ch o	erso	n				5 X

Section B. Independent Contractors

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 with	in the organization's tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
NYIP OWNER I LLC, 640 FIFTH AVE. 17TH		
FLOOR, NEW YORK, NY 10019	RENT	1,183,037.
ALLEGIANCE GROUP	DIRECT RESPONSE	
PO BOX 9132, FARGO, ND 58106	MARKETING	587,018.
ANNE LEWIS STRATEGIES, LLC DBA MISSIONWIRED		
1146 19TH ST NW, WASHINGTON, DC 20036	ADVERTISING	418,275.
DIALOGUE DIRECT, INC., 351 W. 39TH STREET,		
GROUND FLOOR, NEW YORK, NY 10018	CANVASSING	246,025.
MAIER MARKEY & JUSTIC LLP		
2 LYON PLACE, WHITE PLAINS, NY 10601	FINANCE	227,208.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 5		ugi gillige var tik iki negagaga (iji

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

Form 990 FEEDING	WESTCHES	2 T T	SK,		[NC	•			13-350	1900
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	•
(A) Name and title	(B) Average hours	(c		Pos	C) sition that		oly)	(D) Reportable compensation	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	per week list any ours for related anizations below	Key employee	Highest compensated employee	. Рогшег	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
27) DARA GRUENBERG	2.00	ļ			1					_
OARD MEMBER		Х						0.	0.	0
28) VINAY RAO OARD MEMBER	2.00	x	ľ					0.	0.	0
29) SPENCER BARBACK	2.00	_	-		-			0.	0.	
OVERNANCE COMMITTEE CHAIR	2.00	Х		Х				0.	0.	O
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Form 990 (	<u>(2023)</u>	
Part VII		3

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			Check if Schedule O	con	tains a i	response	or note to any li	ine in this Part VIII		4112774124141444244111441444	
								(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue	function revenue	business revenue	from tax under
	_						_		\$0. 10\$	Parison and the second	sections 512 - 514
Contributions, Gifts, Grants	2					1a					
g S	3		b Membership dues 1b				DESCRIPTION OF THE PROPERTY OF				
ts,	₹		Fundraising events		ı	1c	386,809				
<u>₽</u>	9				•••••	1d	<u> </u>		SANGER OF PARTIES OF THE		THE STATE OF THE S
ı,			Government grants (cont			1e	6,599,482.				
Ę,	1	f	All other contributions, gifts,		- 1		00 504 050		GANTENIA DE LA MERCATO LE COMO DE MANDENIA DE LA GUA		
둳	3		similar amounts not included			1f	29,584,952		all the contract of the contra		
1 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2	_	Noncash contributions included in	lines	1a-1f	1g  \$	17,928,615.	The state of the s	Japan Saarden Kriegen Steering S		
<u> </u>	╄	n	Total. Add lines 1a-1f	•••••			Projecto Codo	36,571,243.			
_	١.	<b>.</b> .	FOOD BUYING PROGRAM				Business Code 624210	493 947	482 047		
je je	1	2 a	SHARED MAINTENANCE		<u> </u>		624210	482,847.	<u> </u>		
<u>Ş</u>	2	D	SHARED MAINTENANCE	CEE	3		624210	68,447.	68,447.		<del></del>
E	3	C					-				
grai	2	d									
Program Service	ĺ	e	All other program conde								
_	•		All other program service					551,294.			
	١.	<u> </u>	Total. Add lines 2a-2f Investment income (include					331,234.			
	١.	3	other similar amounts)	_							
	_										
		_	Income from investment of			•					
	١ ١	,	Royalties	······	I 6)	Real	(ii) Personal				
	_		Gross rents	6a	· · · · · ·	11041	(ii) i ordoriai		ng sing signification		
	١ '		Less: rental expenses	6b	<u> </u>				CATERNACIA CON CARROLLE INC.		
			Rental income or (loss)	6c	1				HAMEST CARE CONTINUES OF STREET		
			Net rental income or (loss)				<u> </u>				
,	7		Gross amount from sales of	·····	(i) Se	curities	(ii) Other				
	<b>'</b>	а	assets other than inventory	7a	(,, 55		(ii) Strioi				Denomina (Spatia and Advanta)
		h	Less: cost or other basis	70	<u> </u>						
<u>o</u>			and sales expenses	7b							
eun		c	Gain or (loss)	7c							
3eV			Net gain or (loss)				<u>.</u> ,		INESCHIENTINEN ESTERIOR CONTROL DE		
her Revenue	8		Gross income from fundraisir								
퉏	_				809.						327. 1219 (201)PINES \$ 25 (
			contributions reported on						LEGIC OF THE PARTY OF THE		
			Part IV, line 18				53,100.				TOTAL SAME PARTY CONTRACTOR
						l	86,104.				Park Compression Compression
			Net income or (loss) from f					-33,004.			-33,004.
	9		Gross income from gamine		-						
			Part IV, line 19			9a			isārs vas alektri sārotzasti		
										enali jala lalungkendeliya	
ľ		С	Net income or (loss) from g	jami	ng activ	/ities					
	10	а	Gross sales of inventory, le	ess r	eturns						
l			and allowances			10a		repertation in contracts			
		i i		10b					Control of the contro		
		С	Net income or (loss) from s	of inve	ntory						
<u>"</u>							Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS				524298	5,750.			5,750.
scellaneo Revenue		b .									
e Ke		c .				i					
N Si		d .	All other revenue						•		
			Total. Add lines 11a-11d					5,750.			
	12		Total revenue. See instruction	18 .				37,095,283.	551,294.	0.	-27,254.

# Form 990 (2023) FEEDING WESTCHESTER, INC. Part X Statement of Functional Expenses

Payments to affiliates   Depreciation, depletion, and amortization   299,273	Sec	tion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
Total expenses   Programs enclosed   Program			143			
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic inclividuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, lorsing royernments, and foreign inclividuals. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustess, and key employees Compensation of included above to disqualified persons to scribed in section 4988(9(3)) and persons described in section 4988(9(3)) and 4998 (43, 415, 415, 429, 415, 429, 415, 415, 415, 415, 415, 415, 415, 415				Program service	Management and	Fundraising
2 Grants and other assistance to domestic inclividuates. See Part IV, line 22 3 Grants and other assistance to toweign organizations, foreign governments, and foreign individuates. See Part IV, line 15 and 16 4 Benefits paid to or for members Compensation of current offices, directors, trustees, and key employees Compensation of inclined above to disqualified persons (as defined under section 4988(X)(1)) and persons (as defined under section 4988(X)(3)) and 40(3)) employees Beaton 40(1) and 40(3)) employees Compensation and contributions (include sociol 40(1)) and 40(3)) employee contributions (include sociol 40(1)) and 40(3)) employee contributions (include sociol 40(1)) and 40(3)) employees Compensation and contributions (include sociol 40(1)) and 40(3)) employee contributions (include sociol 40(1)) and 40(3)) employees Compensation and contributions (include sociol 40(1)) and 40(3) employees Compensation and contributions (include sociol 40(1)) and persons described in extension and contributions (include sociol 40(1)) and persons described in extension and contributions (include sociol 40(1)) and persons described in extension and contributions (include sociol 40(1)) and persons described in extension and contributions (include sociol 40(1)) and persons described in extension and contributions (include sociol 40(1)) and persons described in extension and contributions (include sociol 40(1)) and persons described in extension and contributions (include sociol 40(1)) and persons described in extension and contributions (include sociol 40(1)) and persons described in extension and contributions (include sociol 40(1)) and persons described in extension and contribution (include sociol 40(1)) and persons described in extension and contribution (include sociol 40(1))	1			221,212,		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2				22. 23. 10. 23. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25	
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 and		individuals. See Part IV, line 22				
Individuals   See Part IV, lines 15 and 16	3	Grants and other assistance to foreign				
Benefits paid to or for members   596,080   215,065   202,191   178,824		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustases, and key employees currents of the compensation of included above to disqualified persons (as defined under section 4988(f)(1)) and persons described in section 4988(f)(1)) and persons described in section 4988(f)(1) and persons described in section 4988(f)(1)) and persons described in section 4988(f)(1)) and persons described in section 4988(f)(1) and 400(f) and persons described in section 4988(f)(1) and 400(f) and persons described in section 4988(f)(1) and 400(f)		individuals. See Part IV, lines 15 and 16				
trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4950()(1)) and persons described in section 4950()(1)) and 4950()(1)) and persons described in section 4950()(1)) and persons described in section 4950()(1)) and 4950()(1)) and persons described in section 4950()(1)) and persons described in section 4950()(1)) and 4950()(1)) and persons described in section 4950()(1) and 4950()(	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 4988(f/1)) and persons discribed in section 4988(f/1)) and 4980(f/1) and 4980(	5	Compensation of current officers, directors,				_
persons (as defined under section 4958(c)(3)(8)  7 Other salaries and wages  8 Pension plan accrusis and contributions (include socion 401() and 403() employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (nonemployees):  1		trustees, and key employees	596,080.	215,065.	202,191.	178,824.
Persons described in section 4958(c)(3)(B)   7	6	Compensation not included above to disqualified				
To Other salaries and wages   F, 412, 901.   3,696,404.   519,098.   1,197,399.						
8 Persion plan accruals and contributions (include socion 40 (fi)) and						
section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees):  a Management b Legal 5,576. 52,145. 99,493.  11 Fees for services (nonemployees):  a Management b Legal 5,576. 53,893.  1 Solution (A) amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Coupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Interest 12 Payments to affiliates 29 Other (If line 15g amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch O.) 24 All other expenses. Itenize expenses not covered above, (List miscellianous expenses on line 24e, If line 24e amount exceeds to 6 line 25, Solution (A), amount, list line 24e expenses on Schedule (J.) a FOOD DISTRIBUTION 29 SPECIAL EVENTS 26 Information technology 24e All other expenses 26 All other expenses. Add lines 1 through 24e 27 Information technology 25, 637, 348. 29 (147, 872. 30 (199, 199, 493. 310, 236. 310, 236. 322, 206. 323, 206.	7		5,412,901.	3,696,404.	519,098.	1,197,399.
Other employee benefits   642,083, 417,968, 77,068, 147,047.     10 Payroll taxes   434,415, 282,777, 52,145, 99,493.     1 Fees for services (nonemployees):	8					
10   Payroll taxes   434,415,   282,777,   52,145,   99,493.		· · · · · · · · · · · · · · · · · · ·				
11 Fees for services (nonemployees): a Management b Legal	9					147,047.
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 15 Osy, 523. 297, 725. 65, 286. 146, 512. 14 Information technology 15 Cocupancy 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings increase for any federal, state, or local public officials 19 Conferences, conventions, and meetings increase 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Coupancy 11 Travel 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings increase 11 Insurance 12 Payments of still listes 12 Payments of softilities 13 Insurance 14 Payments of softilities 15 Office expenses. Itemize expenses on line 24e, if line 24e amount exceeds 10% of line 25e, column (A), amount, list line 24e expenses on Schedule (I) and the expenses of the column (B) in the organization reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined reported in column (B) joint costs from a combined repo	10		434,415.	282,777.	52,145.	99,493.
b Legal 5,576. 53,893. 53,893. 64.20   C Accounting 6 Lobbying 9 Professional fundralsing services. See Part IV, line 17 961,336. 961,366. 961,366. 961,366. 961,366. 961,366. 961,366. 961,366. 961,366. 961,366. 961,366. 961,366. 961,366. 961,366. 961,366. 961,366.	11	Fees for services (nonemployees):				
C   Accounting	а	Management				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (I fline 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  12 Advertising and promotion 13 Office expenses 15 09,523. 297,725. 65,286. 146,512. 14 Information technology 15 23,767. 340,949. 62,867. 119,951. 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 12 Depreciation, depletion, and amortization above, (List miscalianeous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on overed above, (List miscalianeous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a FOOD DISTRIBUTION b SPECIAL EVENTS 5 OUPPORT TO PARTNER AGEN d All other expenses 4 All other expenses 5 Outper (Line 11g amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a FOOD DISTRIBUTION b SPECIAL EVENTS 5 OUTPERT TO PARTNER AGEN d All other expenses 147, 872. 119,417. 10,413. 18,042. 39,329,690. 33,486,492. 1,605,803. 4,237,395.	b	Legal				
Professional fundraising services. See Part IV, line 17   961, 336.   961, 366.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 366.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 366.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 336.   961, 361, 361, 361, 361, 361, 361, 361, 3	C	Accounting	53,893.		53,893.	
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 13 Office expenses 1509,523. 297,725. 65,286. 146,512. 14 Information technology 1523,767. 340,949. 62,867. 119,951. 15 Royalties 16 Occupancy 1,620,015. 1,296,011. 162,002. 162,002. 17 Travel 310,236. 310,236. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 299,273. 239,419. 29,927. 29,927. 29 Insurance 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 299,273. 239,419. 29,927. 29,927. 29,927. 107,788. 70,165. 12,938. 24,685. 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 25,637,348. 25,637,348. 39,329,690. 33,486,492. 1,605,803. 4,237,395. 26 Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined					X	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  1, 365, 397. 103, 345. 323, 206. 938, 846.  2 Advertising and promotion 509, 523. 297, 725. 65, 286. 146, 512.  1 Information technology 523, 767. 340, 949. 62, 867. 119, 951.  1 Royalties 7 Royalties 8 Royalties 7 Royalties 8 Royalties 9 Royalti	е		961,336.			961,336.
Column (A), amount, list line 11g expenses on Sch 0.)   1,365,397.   103,345.   323,206.   938,846.	f					
Advertising and promotion	g		1 265 207	100 245	202 206	020 046
13 Office expenses   509,523.   297,725.   65,286.   146,512.			1,365,39/.	103,345.	323,206.	938,846.
Information technology			F00 F03	005 505	CE 00C	146 510
16   Royalties						
1,620,015			343,707.	340,949.	02,807.	119,951.
17   Travel			1 600 015	1 200 011	160 000	160 000
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.  19 Conferences, conventions, and meetings					162,002.	102,002.
for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  25 FOOD DISTRIBUTION  25 FOOD DISTRIBUTION  25 FOOT DISTRIBUTION  25 FOOT TO PARTNER AGEN  4 All other expenses  26 All other expenses  27 Total functional expenses. Add lines 1 through 24e  28 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined			310,230.	3±U, ∠30•		
19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25c, column (A), amount, list line 24e expenses on Schedule 0.) 25 , 637 , 348 . 25 , 637 , 348 . 26 SUPPORT TO PARTNER AGEN 27	18	.				
Interest   Payments to affiliates   Depreciation, depletion, and amortization   299,273	19	* * * * * * * * * * * * * * * * * * * *	1100 110			
Payments to affiliates   Depreciation, depletion, and amortization   299,273	20					
Depreciation, depletion, and amortization Insurance Interpolate in column (A), and amortization reported in column (A), and amortization Insurance Insurance Insurance Insurance Insurance Interpolate in column (A), and amortization Insurance Insurance Interpolate in column (B) joint costs from a combined Interpolate in column (B) joint c	21	***************************************				
107,788.   70,165.   12,938.   24,685.	22		299,273.	239.419.	29.927.	29,927.
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  a FOOD DISTRIBUTION b SPECIAL EVENTS c SUPPORT TO PARTNER AGEN d e All other expenses  Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	23					
a FOOD DISTRIBUTION b SPECIAL EVENTS c SUPPORT TO PARTNER AGEN d	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).				
SPECIAL EVENTS   157,631.   157,631.	а		25,637,348.	25,637,348.	AND THE RESERVE OF THE PARTY OF	
c         SUPPORT TO PARTNER AGEN         80,128.         80,128.           d         80,128.         80,128.           e         All other expenses         147,872.         119,417.         10,413.         18,042.           25         Total functional expenses. Add lines 1 through 24e         39,329,690.         33,486,492.         1,605,803.         4,237,395.           26         Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined         39,329,690.         33,486,492.         1,605,803.         4,237,395.						157,631.
d	c			80,128.		
e All other expenses 147,872. 119,417. 10,413. 18,042.  Total functional expenses. Add lines 1 through 24e 39,329,690. 33,486,492. 1,605,803. 4,237,395.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	d					
Total functional expenses. Add lines 1 through 24e 39,329,690. 33,486,492. 1,605,803. 4,237,395.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined		All other expenses	147,872.		10,413.	18,042.
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	25					
	26					
educational campaign and fundraising solicitation.		reported in column (B) joint costs from a combined				
		educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)		Check here if fallowing SOP 98-2 (ASC 958-720)				

07230312 784124 FEE001002

P	art X	Balance Sheet				_
_		Check if Schedule O contains a response or note to any	line in this Part X			
			<del></del>	(A)		(B)
	_			Beginning of year		End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		8,985,951.	2	6,187,843
	3	Pledges and grants receivable, net		943,756.		1,203,640
	4	Accounts receivable, net		252,392.	4	112,246
	5	Loans and other receivables from any current or former	officer, director,		1.1411.4811.1 2.1411.7	
		trustee, key employee, creator or founder, substantial co		TAREST AND SECURITY STATES		
		controlled entity or family member of any of these perso	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	5		
	6	Loans and other receivables from other disqualified pers				
ş		under section 4958(f)(1)), and persons described in sect			6	` <u></u>
	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		957,534.	8	1,292,007
⋖	9			201,354.	9	252,082.
	10a	Land, buildings, and equipment: cost or other	5 450 551			
		basis. Complete Part VI of Schedule D 10a	6,470,671.		e e e e e e e e e e e	นากห้องเกิดอยู่ค.ส.ส.ยเมาห้องเลียงสุดเลยเหย
	1		4,039,591.	1,851,238.		2,431,080.
	11	Investments - publicly traded securities		7,473,053.	11	7,598,162
	12	Investments - other securities. See Part IV, line 11			12	
	13				13	
	14	Intangible assets	0 000 000	14	0 016 100	
	15	Other assets. See Part IV, line 11	8,007,027.	15	8,316,129	
	16	Total assets. Add lines 1 through 15 (must equal line 33	28,672,305.	16	27,393,189	
	17	Accounts payable and accrued expenses	1,451,755.	17	1,238,212.	
	18	Grants payable	CO 771	18	125 451	
	19	Deferred revenue		69,771.	19	135,451.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV o		IDEE: SENERAL INC. NO. 10 TO THE OWNER OF THE	21	
es	22	Loans and other payables to any current or former office				
Ě		trustee, key employee, creator or founder, substantial co			V-2012   E   E   E   E   E   E   E   E   E	
Liabilities		controlled entity or family member of any of these person			22	
7	23	Secured mortgages and notes payable to unrelated third			23	
	24	Unsecured notes and loans payable to unrelated third pa			24	<u> </u>
	25	Other liabilities (including federal income tax, payables to			İ	
		parties, and other liabilities not included on lines 17-24).	•	8,194,091.	<u></u>	Q 55Q 31Q
	ac.	of Schedule D		9,715,617.		8,558,319. 9,931,982.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here	X		26	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
တ္တ		and complete lines 27, 28, 32, and 33.	<u></u>	eregreperiyasini bilik 12000 (1		and the second comments of the second second second second second second second second second second second se
Net Assets or Fund Balances	27	Net assets without donor restrictions	}	18,042,378.	27	16,753,675.
Sala Sala	28	Net assets with donor restrictions	T T	914,310.	28	707,532.
힏	20	Organizations that do not follow FASB ASC 958, chec			20	
בֿ		and complete lines 29 through 33.	K 11616		ić raki	
b	29	Capital stock or trust principal, or current funds			29	akurakhu <u>urki Selenda</u> jago <u>orendakhodo</u>
ets	30	Paid-in or capital surplus, or land, building, or equipment			30	
SS	31	Retained earnings, endowment, accumulated income, or			31	<u></u>
et/	32	Total net assets or fund balances		18,956,688.	32	17,461,207.
Z	33	- · · · · · · · · · · · · · · · · · · ·		28,672,305.	33	27,393,189.
		Total habilitios and not assets/fully balances		20,0,2,5051	55	Form <b>990</b> (2023)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2023)

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

<u>2023</u>

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FEEDING WESTCHESTER, INC.

Employer identification number

		1, 17, 17, 17, 17, 17, 17, 17, 17, 17, 1	DING WESTCI	EDIEK, INC.				13-3307300			
Pŧ	ırt İ	Reason for Public	Charity Status.	(All organizations must	complete:	this part.)	See instructions.				
The	organi	ization is not a private found	dation because it is:	(For lines 1 through 12,	check only	one box.)	l				
1		A church, convention of ch	hurches, or associati	on of churches describe	d in secti	on 170(b)	(1)(A)(i).				
2		A school described in sec									
3		A hospital or a cooperative				O(b)(1)(A)(	iii).				
4		A medical research organiz	· ·				-	r the hospital's name.			
		city, and state:		,			(-)(-)(-)(-)(-)	· · · · · · · · · · · · · · · · · · ·			
5		<u> </u>	for the benefit of a co	allege or university owne	d or opera	ted by a d	overnmental unit descrit	ned in			
Ū		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.)									
_				mantal unit described in		70/61/41/A	V-3				
6	₩	A federal, state, or local go						C. P. S. allana and Physical Res			
1	X	An organization that norma		intial part of its support	rrom a gov	ernmental	unit or from the general	public described in			
_		section 170(b)(1)(A)(vi). (0									
8	$\vdash$	A community trust describ									
9	Ш	An agricultural research or	ganization described	in section 170(b)(1)(A)	(ix) operat	ed in conj	unction with a land-gran	t college			
		or university or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, city	, and state of the colleg	e or			
		university:									
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	port from c	ontributio	ns, membership fees, ar	nd gross receipts from			
		activities related to its exer	mpt functions, subjec	ct to certain exceptions;	and (2) no	more than	33 1/3% of its support	from gross investment			
		income and unrelated busi	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Part III.)			-					
11		An organization organized	•	ively to test for public sa	ıfetv. See	section 5	09(a)(4).				
12		An organization organized	•	• •	-			purposes of one or			
		more publicly supported or	•	•	-			• •			
		lines 12a through 12d that						CHOCK THO DOX ON			
а		Type I. A supporting orga					_	civing			
		the supported organization			a majority t	n the onet	nors or trustees or the s	upporting			
		organization. You must o	•								
D		Type II. A supporting org	•					•			
		control or management of	· · · · · · ·		ame perso	ns that co	ntrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
C		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions)	). You must complete l	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	juirement and an attenti	veness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.					
f	Enter	the number of supported of	organizations								
g		de the following information		d organization(s).							
_	(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other			
		organization	i	(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
				abovo (abo monastiona)							
		" "									
			i								
							<u></u> -				
					ĺ						
					THE REAL CRISIC REPORTS	IKIA KANCING BARING BARING					
				epthereiters berreitereit testellitellitegralle testellalative	1.0000000000000000000000000000000000000	5-15-25-05-12-24-2	1	i			

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

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

Se	ection A. Public Support	to noted bolow, plot	- accomplete : are							
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Gifts, grants, contributions, and	(=, = = + + + + + + + + + + + + + + + + +	1-7	(0) 202.	(u) LoLL	(0) 2020	(I) Total			
	membership fees received. (Do not		1							
	include any "unusual grants.")	31080244.	32927554.	32357680.	33492310.	36751243.	166609031			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to					İ	l			
	or expended on its behalf						•			
3	The value of services or facilities									
	furnished by a governmental unit to				1					
	the organization without charge									
4	Total. Add lines 1 through 3	31080244.	32927554.	<u>323</u> 57680.	33492310.	36751243.	166609031			
5	The portion of total contributions		angul muluk							
	by each person (other than a				Colored Court in the colored	AND THE PROPERTY OF THE PROPER				
	governmental unit or publicly									
	supported organization) included				10.72.17.29171.101271.11					
	on line 1 that exceeds 2% of the									
	amount shown on line 11,				payatis dell'illigit delle En Coloradio de Personale					
	column (f)		Egyddi Galles	r vijudi kiji kija kiji Liak	ana di Berita di Gita					
	Public support. Subtract line 5 from line 4.			ansantik denderadi nati s			166609031			
Se	ction B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Amounts from line 4	31080244.	32927554.	32357680.	3349231 <u>0.</u>	36751243.	<u>166609031</u>			
8	Gross income from interest,									
	dividends, payments received on				i					
	securities loans, rents, royalties,			[						
	and income from similar sources	66,900.	18,392.	4,850.	7,947.	5,750.	103,839.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on	24,368.		·			<u>24,368.</u>			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)		L. Calland desirences		CANIFOL II ILIBARI'S PROPERENTE PROPERENT PROTECTION PROPERENT PRO	and the second s				
	Total support. Add lines 7 through 10			ing programme and the control of the			166737238			
	Gross receipts from related activities,						,336,182.			
13	First 5 years. If the Form 990 is for the		st, second, third, f	ourth, or fifth tax ye	ear as a section 50	11(c)(3)	<del></del>			
Sec.	organization, check this box and stop tion C. Computation of Public					·····				
_	Public support percentage for 2023 (li			aluman (fl)		14	99.92 %			
	Public support percentage from 2022						22 22			
	33 1/3% support test - 2023. If the o					15				
	stop here. The organization qualifies a									
	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qualifies as a publicly supported organization									
	a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances tes				ani-ation					
	10% -facts-and-circumstances test		•	, 14		72 and line 15 is 1				
	more, and if the organization meets th						U70 UI			
	organization meets the facts-and-circu									
_	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990) 2023

(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

Section A. Public Support	Jelow, please com	piete Part II.)				<del></del>
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and	(27)	(,	(0, -0-1	(	(-)	
membership fees received. (Do not	1					
include any "unusual grants.")					1	
2 Gross receipts from admissions,			****	<del></del>	<b>†</b>	
merchandise sold or services per-						
formed, or facilities furnished in			ļ			
any activity that is related to the organization's tax-exempt purpose				1		
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
				1		
iness under section 513		1			<del> </del>	<del>-</del>
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		·	ļ			
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		<u> </u>				
6 Total. Add lines 1 through 5				ļ		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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			ĺ		i	
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtractline 7c from line 6.)				nachurasagan derar	tu skotekote se odeslasio	
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						_
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses	!					
acquired after June 30, 1975					ŀ	
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is						
regularly carried on  12 Other income. Do not include gain						
or loss from the sale of capital			i			
assets (Explain in Part VI.)				<u> </u>		<del>-</del>
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,
	- C D					
Section C. Computation of Publi	- · ·				<del> </del>	
15 Public support percentage for 2023 (li		-	olumn (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inves					I I	
7 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))						
8 Investment income percentage from 2022 Schedule A, Part III, line 17						
19a 33 1/3% support tests - 2023. If the	=					is not
more than 33 1/3%, check this box ar	-					
b 33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, ar	ıd
line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	
20 Private foundation. If the organizatio	n did not check a b	oox on line 14, 19a	. or 19b, check thi	is box and see ins	tructions	

# Part V Supporting Organizations

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

## Section A. All Supporting Organizations

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

	Yes	No
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10b Schedule A (Form 990) 2023

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	edule A (Form 990) 2023 FEEDING WESTCHESTER, INC.	<u> 13-350798</u>	<u>8_</u> Р	age 5
Pa	rt IV Supporting Organizations (continued)			,
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		En Pen	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		Hannin)	1.0000141.0
L	11c below, the governing body of a supported organization?	11a	<u> </u>	-
	A family member of a person described on line 11a above?	11b		Parketter.
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	1500 1500	
Sec	etion B. Type I Supporting Organizations			1
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o	ne or	Deiriguisia 	(Ighala)
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of	100.51.49451.01.11.54		ELEKTION ELEKTRIST
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	P 1		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			BINNESS BUNGS
	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	1501 (527) iling		ATTACKET OF
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	SFLPMAJINI FRANCIST FRANCISTS		Extern Extern
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	. 1550	High In I	idităătă Idităătă
	supervised, or controlled the supporting organization.	2		
sec	tion C. Type II Supporting Organizations			_
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		ameniës Zelese	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	813 ml S		2002
	or management of the supporting organization was vested in the same persons that controlled or managed	<u> </u>	e Andrea	EGNAKKA
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			l
		·- ·-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	INO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	5417.124.132 5417.124.132		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			10 D
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		TAPELICA TO A CONTRACT OF THE
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	11 12 12 12 12 12 12 12 12 12 12 12 12 1		KASHISIO POLICE
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		de di	
	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			igninger Resigning
	significant voice in the organization's investment policies and in directing the use of the organization's		CIPICAL	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	(Prisonal		
, a a i	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions).		
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	u (aaa inatuu satiana	. 1	
2	Activities Test. Answer lines 2a and 2b below.	l l	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		3 (3) (3) (3) (3) (4) (4)	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		2 4	Maria Maria
	those supported organizations and explain how these activities directly furthered their exempt purposes,	[2] (2] (3] (4] (4] (4] (4] (4] (4] (4] (4] (4] (4	do de	
	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,	1 0 0 0		
	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			ille ille
	these activities but for the organization's involvement.	2b	1185941841811111	::::::::::::::::::::::::::::::::::::::
	Parent of Supported Organizations. Answer lines 3a and 3b below.		Rapitella Rapitella Rapitella	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		M.B.N.	
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	dighteta	egija iziziris <b>l</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.	3 <u>b</u>		

_	edule A (Form 990) 2023 FEEDING WESTCHESTER, II	NC .	nizations 1	3-3507988 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu-			
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		111111111111111111111111111111111111111
_2	Recoveries of prior-year distributions	_ 2		
_3_	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		<del></del>
_ <u>5</u>	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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			BELIAND COMPANY NEW YORK STREET, STREE
	instructions for short tax year or assets held for part of year):	1271.01119		
a	Average monthly value of securities	1a		<u> </u>
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		<u> </u>
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	114 N 653 113	3. (A) A (A) (A) (B) (B) (B) (B) (B) (B) (B)	
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	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	CONTROL OF THE CONTRO	
2	Enter 0.85 of line 1.	2	er in de le mente paramana de la calca La managa de la managa de la calcada de la calcada	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
<u>-</u>	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting organia	zation (see
	instructions).	_		•

Schedule A (Form 990) 2023

**07220212 70/12/ PPP001002** 

Schedule A (Form 990) 2023

d Excess from 2022
 e Excess from 2023

**07730317 784174 6660000000** 

# **SCHEDULE D**

(Form 990)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ID:	rt   Organizations Maintaining Donor Advised		13-350/988
MITTER)			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	· · · · · · · · · · · · · · · · · · ·	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	<u></u>	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	40.554	
4	Aggregate value at end of year		· · · · · · · · · · · · · · · · · · ·
5	Did the organization inform all donors and donor advisors in w		
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor ad-		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose c	
	impermissible private benefit?		X Yes No
Ha	t II Conservation Easements. Complete if the orga		art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form o	S12 at S1, S12 S
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic struc	ture included on line 2a	2c
d	Number of conservation easements included on line 2c acquire		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it he	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2d above sa	atisfy the requirements of section 170(h)(4	1)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense st	atement and
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial statemen	ts that describes the
<b>PA</b> (100)	organization's accounting for conservation easements.		
Par	till Organizations Maintaining Collections of A	•	er Similar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its financia	al statements that describes these items.	
þ	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public ex	khibition, education, or research in furthe	rance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	700 A	····	_
2	If the organization received or held works of art, historical treasu	ures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under FASB ASC	958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 900, Part V		<u> </u>

332051 09-28-23

Schedule D (Form 990) 2023

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

	edule D (Form 990) 2023 FEEDING	WESTCHEST	ER, INC.				•	13-35	<u> 0798</u>	8	⊃ <sub>age</sub> 2
Pé	irt III Organizations Maintaining C	collections of Ar	t, Historical Tre	easures, c	or Othe	r Si	milar	· Asset	S (cont	inued)	)
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following tha	at make s	signifi	icant u	ise of its			
	collection items (check all that apply).										
a	Public exhibition	c	Loan or exc	change progr	ram						
t	Scholarly research	6	e Other								
C	c Preservation for future generations										
4	Provide a description of the organization's co							e in Part	XIII.		
5	During the year, did the organization solicit of				er simila	r asse	ets	_		_	_
	to be sold to raise funds rather than to be ma								Yes		No
3.0£	rt IV Escrow and Custodial Arran		te if the organizatior	n answered "	'Yes" on	Form	1 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		-					_	<b>-</b> 1		٦
	on Form 990, Part X?							∟	_ Yes		_ No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			Г	-				
_	Desirating belongs					-	-		Amour	11.	
C	Beginning balance						1c				
ď	Additions during the year						1d		<del>-</del>		
ŧ.	Distributions during the year					··  -	1e 1f				—
) 2a	Ending balance					∟ ⊪?	11		Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.	-				iiLy f			165	F	
	Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990. Part	iV. line 1	0.					
	HINAMADADALIS.	(a) Current year	(b) Prior year	(c) Two yea			hree ye	ars back	(e) Fou	r years	back
1a	Beginning of year balance	38,849.	46,828.		0,106.			3,504.	, , ,		783.
b	Contributions				_						
С	Net investment earnings, gains, and losses	9,805.	-7,979.	-:	3,278.			6,602.	-8,279.		279.
d	Grants or scholarships							•			
е	Other expenditures for facilities										
	and programs	1									
f	Administrative expenses						•				
g	End of year balance	48,654.	38,849.	46	5,828.		5	0,106.		43,	504.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a))	) held as:							
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
¢	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c shou	•									
За	Are there endowment funds not in the posses	sion of the organizat	ion that are held and	d administer	ed for th	e					
	organization by:									Yes	No
	(i) Unrelated organizations?			• • • • • • • • • • • • • • • • • • • •					3a(i)		X
									3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organizat			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					3b		
<u>4</u>	Describe in Part XIII the intended uses of the		ment funds.								
Fel	t VI Land, Buildings, and Equipme						_				
	Complete if the organization answered	<del></del>			Part X,	line 1	0.				
	Description of property	(a) Cost or other	1 , ,				ulated		( <b>d)</b> Bool	k valu	е
	1	basis (investm	ent) basis (d	omer)	aep	orecia	ιιΙΟΠ	agas igise	<del></del>		
	Land		<del></del> -					TENES.			
	Buildings		2 565	7 700	^ A	162	Λ 2 -	<u>,  </u>	1 10	= 7	<u> </u>
	Leasehold improvements			7,792. 5,281.			, 03:		1,10		
	Equipment			5,598.			,863			1,4:	
	Other Add lines 1a through 1a (Column (d) must se					14	,69		70. 2.431	3,90	80.

Schedule D (Form 990) 2023

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**07730317 78/117/ FFF001007** 

Schedule D (Form 990) 2023

# SCHEDULE G (Form 990)

## Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

Open to Public

	o to www.irs.gov/Form990 for instri	uctions	and ·	the latest information		i iliabecilon i siliana.
Name of the organization	C WEGGGIRGER TWO				I	entification number
	G WESTCHESTER, INC.				13-350	
Part Fundraising Activitie required to complete this part	S. Complete if the organization answart.	rered "`	Yes" o	n Form 990, Part IV,	line 17. Form 990-E	Z filers are not
1 Indicate whether the organization ra	aised funds through any of the followi	ng acti	vities.	Check all that apply.		
a X Mail solicitations				government grants		
<b>b</b> X internet and email solicitation				rnment grants		
c X Phone solicitations	g X Specia					
d X In-person solicitations			·			
2 a Did the organization have a written	or oral agreement with any individua	l (inclu	ding o	fficers, directors, trus	stees, or	
	Part VII) or entity in connection with					s No
b If "Yes," list the 10 highest paid inc						
compensated at least \$5,000 by th			•			
		(iii	Did	1	(v) Amount paid	(si) Amount noid
(i) Name and address of individual	(ii) Activity	fund have d	Did ralser sustody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)		or co	ntro! of utions?	from activity	fundraiser listed in col. (i)	organization
ALLEGIANCE GROUP - POX 9132,		Yes	No		.,,	
FARGO, ND 58106	DIRECT MAIL		Х	790,850.	587,019.	203,831.
MISSION WIRED/ANNE LEWIS						
STRATEGIES - 1146 19TH ST NW,	DIGITAL		х	667,661.	444,025.	223,636.
MOORE GROUP - 4200 PARLIAMENT						
PLACE SUITE 300, LANHAM, MD	TELEVISION	i	x	257,096.	94,000.	163,096.
DIALOGUE DIRECT - 351 W. 39TH						
STREET, GROUND FLOOR, NEW	CANVASSING		х	232,180.	246,025.	-13,845.
GORDON & SCHWENKMEYER, INC.					·	<u> </u>
(GSI) - 20300 S. VERMONT AVE.	TELEMARKETING	-	x	24,310.	18,050.	6,260.
					-	
	·					
-		Π				
·	<u> </u>		ĺ			
Total				1,972,097	1,389,119.	582,978.
3 List all states in which the organization	on is registered or licensed to solicit o	contribu	utions	or has been notified	it is exempt from re	gistration
or licensing.						
NY					·	
<u> </u>						

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

Schedule G (Form 990) 2023

R	art	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions.	ne organization answere	d "Yes" on Form 990, Pa	urt IV, line 18, or reported	d more than \$15,000
		or ididizioni event contributions and gir	(a) Event #1 AN EVENING IN GOOD TAST	<b>(b)</b> Event #2	(c) Other events  NONE	(d) Total events (add col. (a) through
9			(event type)	(event type)	(total number)	col. (c))
Revenue	-	Gross receipts	439,909.			439,909.
	2	2 Less: Contributions	386,809.			386,809.
	3	Gross income (line 1 minus line 2)	53,100.			53,100.
	4	Cash prizes				
		Noncash prizes	20,294.		3,740.	
Seuses	6	Rent/facility costs	20,294.			20,294.
Direct Expenses	7	Food and beverages				
Ω	8	Entertainment	6,500.			6,500.
	9	Other direct expenses				55,570.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			86,104.
8 <b>6</b> 2	11					-33,004.
Pa		<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	inswered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$10,000 on Form 990-EZ, line da.		(b) Pull tabs/instant		(d) Total gaming (add
Ę			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
68	2	Cash prizes				
irect Expenses	3	Noncash prizes		·		
Direct [	4	Rent/facility costs				
- 1	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7 f	rom line 1, column (d)			
_						
		ter the state(s) in which the organization conduc		tata o O		
		he organization licensed to conduct gaming act No," explain:		tates?		Yes No
		re any of the organization's gaming licenses rev Yes," explain:	oked, suspended, or ter	minated during the tax y	ear?	Yes No
332082	2 09	-13-23			Sche	dule G (Form 990) 2023

Sch	edule G (Form 990) 2023	FEEDING	WESTCHESTER,	INC.	13-3	507988	Page 3
11	Does the organization conduct gar					Yes	No No
12	Is the organization a grantor, bene to administer charitable gaming?	ficiary or trustee	of a trust, or a member of	of a partnership or other e	ntity formed	Yes	No
13	Indicate the percentage of gaming	activity conduct	ed in:	•••••			
	The organization's facility	•				13a	%
	An outside facility					13b	%
14	Enter the name and address of the	person who pre	pares the organization's	gaming/special events bo	oks and records:		
	Name						
	Address						
15a	Does the organization have a contr	act with a third p	party from whom the orga	anization receives gaming	revenue?	Yes	☐ No
	If "Yes," enter the amount of gamir of gaming revenue retained by the If "Yes," enter name and address o	third party \$		\$	and the amount		
	Name		<del></del>				
	Address						
16	Gaming manager information:			-			
	Name		. :				
	Gaming manager compensation	\$	·				
	Description of services provided						
17	Director/officer [	Employee	Indepen	dent contractor			
а	Is the organization required under seretain the state gaming license?	***************************************				Yes [	No
Par	organization's own exempt activities  Supplemental Inform			d by Part I, line 2b, colum	ıns (iii) and (v); and Part	III, lines 9, 9t	o, 10b,
	15b, 15c, 16, and 17b, as a						·
SCH	EDULE G, PART I, I	LINE 2B,	LIST OF TEN	HIGHEST PAID	FUNDRAISERS	:	
(I)	NAME OF FUNDRAISE	ER: MISSI	ON WIRED/ANN	E LEWIS STRAT	'EGIES		
(I)	ADDRESS OF FUNDRA	AISER: 11	46 19TH ST N	W, WASHINGTON	I, DC 20036		
(I)	NAME OF FUNDRAISE	R: MOORE	GROUP				
(I)	ADDRESS OF FUNDRA	AISER:					
420	0 PARLIAMENT PLACE	SUITE 3	00, LANHAM,	MD 20706			

Schedule G (Form 990) FEEDING WESTCHESTER, INC.	13-3507988	Page 4
Part IV Supplemental Information (continued)		
(I) NAME OF FUNDRAISER: DIALOGUE DIRECT		
(I) ADDRESS OF FUNDRAISER:		
351 W. 39TH STREET, GROUND FLOOR, NEW YORK, NY 10018		
(I) NAME OF FUNDRAISER: GORDON & SCHWENKMEYER, INC. (GSI)		
(I) ADDRESS OF FUNDRAISER:	·	
20300 S. VERMONT AVE. SUITE 210, TORRANCE, CA 90502		
	,	
	<u> </u>	<del></del>
		-
	<del>.</del>	
		<del></del>

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

2023

Open to Public Inspection Employer identification number

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

Attach to Form 990,

**≗** ∐ 13-3507988 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection INC. FEEDING WESTCHESTER General Information on Grants and Assistance criteria used to award the grants or assistance? Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

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

Part II

recipient that received more than \$5,000. Part II can be duplicated	5,000. Part II can I	be duplicated if additio	if additional space is needed.				(v, m.c. 2 t, 101 dl.)
1 (a) Name and address of organization or government	(p) 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 NEW ROCHELLE, NY 10801	13-3477015		• 0	5,500, FMV	MV		FOOD GRANTS, OPERATIONAL SUPPORT
YONKERS COMMUNITY ACTION PROGRAM 20 SOUTH BROADWAY SUITE 420 YONKERS, NY 10701	13-2579051		•0	AWA 009'S	AW.		FOOD GRANTS, OPERATIONAL, SUPPORT

FOOD GRANTS, OPERATIONAL

SUPPORT

210,112, FMV

ö

OTHER GRANTS AND ASSISTANCE

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

₹

INC. FEEDING WESTCHESTER, Schedule I (Form 990) 2023

Part III

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

Page 2

13-3507988

(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
Partive Supplemental Information. Provide the information required in	uired in Part I, line	2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:					
ALL GRANT RECIPIENTS ARE MONITORED	BY ANNUAL	SITE	VISITS.		
332102 11-01-23		(			Schedule I (Form 990) 2023

## SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

Attach to Form 990.

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

OMB No. 1545-0047

pen to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Part

FEEDING WESTCHESTER, INC.

**Questions Regarding Compensation** 

Employer identification number 13-3507988

Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-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 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? 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 Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? X c Participate in or receive payment from an equity-based compensation arrangement? X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X b Any related organization? X If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? X b Any related organization? X 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53,4958-6(c)?

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

Schedule J (Form 990) 2023

Partificers, 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	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KAREN ERREN	ε	347,367.	0	0	12,095.	7,646.	367.108.	
ᅈᅵ	≘		0.	0.	0	0		0
	9	209,53	.0	0	6,617.	14,995.	231,14	0
٦,	8		0	0	0	0		0
Ř	8	204,73	0	0	6,617.	14,995.	226,34	0
히	⊞		0	0.	0	ıl		0
_	9	161,78	0	0	6,310.	8,627.	176,720	0
۳I	▤		0.	0	0	4	٠.	0
_	Ξ	161,49	0.	0	6,451.	1,069.	169,015.	0
٦,	≞		0	0	0	0	-1	
(6) ELISABETH VIESELMRYER	Ξ	130,06	0	0	5,623.	19,615.	155,303.	0
SENIOR DIRECTOR, CORPORATE	(ii)	0.	0	0		0		
	(I)							
	=							
	(3)							
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							Schedu	Schedule J (Form 990) 2023

### SCHEDULE M (Form 990)

# Noncash Contributions

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection Employer identification number

FEEDING WESTCHESTER, INC.

13-3507988 Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures ..... Art - Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes Intellectual property 8 Securities - Publicly traded ..... 9 Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures ..... Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 11,995,510.AVG. WHOLESALE \$1.97 6,089,091 19 Food inventory \_\_\_\_\_ Drugs and medical supplies ..... 20 21 Taxidermy ..... Historical artifacts 22 Scientific specimens ..... 23 24 Archeological artifacts 5,844,223. USDA PRICING ( USDA COMMODITIE ) X 5,328,830 25 Other 70,000 RESALE VALUE FURNITURE X Other 26 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2023

describe in Part II.

Sched	ule M			DING WE						13-3507 <u>9</u>	
Par		ıs rep	plemental Informating in Part I, column in Part I, column in Part I, column in Part I on I on I on I on I on I on I on I o	ımn (b), the nu	mber	the infor of contri	mation ibution	n required ns, the nur	by Part I, lines 30b, 32t mber of items received, o	o, and 33, and whether the or or a combination of both. Als	ganization o complete
SCH	EDU	LE I	M - SUPPLE	MENTAL	INF	ORMA'	TIO	N			
COL	В,	19	INDICATES	NUMBER	OF	LBS	OF	FOOD	DONATED		
COL	В,	25	INDICATES	NUMBER	OF	LBS	OF	FOOD	COMMODITIES	RECEIVED	
	<u>.</u>										
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# SCHEDULE O (Form 990)

# 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

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

FEEDING WESTCHESTER, INC.

Employer identification number

FEEDING WESTCHESTER, INC. 13-3507988
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LEADS HUNGER ACTION PROGRAMS AND MOBILIZES THE RESOURCES NEEDED TO
ERADICATE HUNGER IN WESTCHESTER COUNTY.
FORM 990, PART III
MOBILE FOOD PANTRY OUR MOBILE FOOD PANTRY MAKES MORE THAN 500
SCHEDULED STOPS A YEAR. IN FY24, IT BROUGHT MORE THAN 2.8 MILLION
POUNDS OF FRESH FRUITS, VEGETABLES, MEATS, AND DAIRY TO THOSE IN NEED.
FRESH MARKET OUR FRESH MARKET IS AN EXTENSION OF OUR MOBILE FOOD
PANTRY PROGRAM. IN FY24, WE PROVIDED COMMUNITIES WITH OVER 615,000
POUNDS OF NUTRITIOUS FOOD AND FRESH PRODUCE IN AREAS IN WHICH IT IS
DIFFICULT TO ACCESS AFFORDABLE OR HIGH-QUALITY FRESH FOOD.
CHILD-FEEDING PROGRAMS FEEDING WESTCHESTER PROVIDED CHILDREN IN OUR
COMMUNITY WITH 850,000 POUNDS OF NUTRITIOUS, KID-FRIENDLY, AND
EASY-TO-PREPARE FOOD KIDS NEED ON THE WEEKENDS AND DURING SCHOOL
CLOSURES THROUGH OUR PARTNER HUBS.
RETAIL RECOVERY FEEDING WESTCHESTER RECOVERS FOOD FROM MORE THAN 80
RETAILERS. WE CAPTURED MORE THAN 4.5 MILLION POUNDS OF GOOD, NUTRITIOUS
FOOD THAT WOULD OTHERWISE GO TO WASTE. AT OUR DISTRIBUTION 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 1.20 MILLION POUNDS OF FRESH PRODUCE

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

07030340 704404 <del>mmm</del>004000

Name of the organization FEEDING WESTCHESTER, INC.	Employer identification number 13-3507988								
THROUGH OUR GREEN THUMB PROGRAM, WHICH FOCUSES ON INCREASI	NG 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 BETT	ER HEALTH AND								
INDEPENDENT LIVING FOR SENIORS; WE DISTRIBUTE NUTRITIOUS F	OOD LIKE								
SEASONAL FRUITS AND VEGETABLES DIRECTLY TO SENIORS IN NEED	. IN FY24, WE								
DISTRIBUTED 897,000 POUNDS OF NUTRITIOUS FOOD SUCH AS SEASO	ONAL FRUITS								
AND VEGETABLES DIRECTLY TO LOCATIONS WHERE SENIORS CONGREGATE AND LIVE.									
· · · · · · · · · · · · · · · · · · ·									
NUTRITION EDUCATION JSY FEEDING WESTCHESTER OFFERS FREE ACC	CCESS TO								
NUTRITION EDUCATION RESOURCES INCLUDING GENERAL INFORMATION	N ON HEALTHY								
EATING AND WELLNESS, INTERACTIVE WORKSHOPS, COOKING DEMONS	TRATIONS, AND								
FOOD SAFETY TRAINING.									
SNAP OUTREACH FEEDING WESTCHESTER HELPS PEOPLE IN NEED EN	ROLL AND								
APPLY FOR THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SI	IAP) A								
FEDERAL INITIATIVE THAT HELPS THOUSANDS OF LOW-INCOME WESTO	CHESTER								
RESIDENTS PUT FOOD ON THEIR TABLES.									
FOOD IS MEDICINE (FORMERLY RX PANTRY) THROUGH A COMBINATION	ON OF								
MPROVED FOOD ACCESS, TARGETED CLINICAL CARE AND OTHER COMM	UNITY								
RESOURCES, THE FOOD IS MEDICINE PROGRAM ELIMINATES CRITICAL	BARRIERS TO								
MPROVED HEALTH AND WELL-BEING, PROVIDING FRESH PRODUCE, GR	OCERIES,								
TUTRITION EDUCATION, AND WRAPAROUND HEALTH SERVICES TO OUR	NEIGHBORS IN								
EED; THIS IS A COLLABORATIVE PROJECT INVOLVING HEALTHCARE	FACILITIES								
SUCH AS HOSPITALS, CLINICS, AND FEDERALLY QUALIFIED HEALTH	CENTERS.								

2023.05070 FEEDING WESTCHESTER, INC. FEE00101

332212 11-14-23

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