

CBIZ MARKS PANETH LLC
685 THIRD AVENUE
NEW YORK, NY 10017

FOOD BANK FOR NEW YORK CITY
39 BROADWAY, 10
NEW YORK, NY 10006

|||||

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public Inspection

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

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization FOOD BANK FOR NEW YORK CITY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 39 BROADWAY 10 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10006 F Name and address of principal officer: LESLIE GORDON SAME AS C ABOVE | D Employer identification number 13-3179546 E Telephone number 212-566-7855 G Gross receipts \$ 183,067,598. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: WWW.FOODBANKNYC.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1983 M State of legal domicile: NY |

Part I Summary

| | | | | |
|------------------------------------|----------------|--|--|-----------------------------------|
| | 1 | Briefly describe the organization's mission or most significant activities: THE MISSION OF FOOD BANK FOR NEW YORK CITY IS TO END HUNGER BY ORGANIZING FOOD, INFORMATION AND | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 12 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 324 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 12 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 185,366,654. |
| 9 | | Program service revenue (Part VIII, line 2g) | 813,218. | 2,956,997. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 12,209. | 352,839. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 902,882. | -411,944. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 187,094,963. | 164,260,366. |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 146,515,981. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 25,389,147. | 27,229,916. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) | 9,230,600. | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 16,128,789. | 17,968,073. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 188,033,917. | 168,654,639. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -938,954. | -4,394,273. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 62,094,729. | End of Year 86,494,065. |
| | 21 | Total liabilities (Part X, line 26) | 14,287,095. | 42,961,631. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 47,807,634. | 43,532,434. |

Part II Signature Block

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

| | | |
|-------------------------------|---|--|
| Sign Here | Signature of officer LESLIE GORDON, PRESIDENT & CEO Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name MAGDALENA CZERNIAWSKI | Preparer's signature MAGDALENA CZERNIAWSKI |
| | Firm's name CBIZ MARKS PANETH LLC | Date 05/14/24 |
| | Firm's address 685 THIRD AVENUE NEW YORK, NY 10017 | Check if self-employed <input type="checkbox"/> PTIN P00535099 |
| | | Firm's EIN 87-3707167 |
| | | Phone no. 212-503-8800 |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FOOD BANK FOR NYC HAS BEEN THE CITY'S MAJOR HUNGER-RELIEF ORGANIZATION WORKING TO END HUNGER THROUGHOUT THE FIVE BOROUGHES FOR OVER 40 YEARS. EQUIPPED WITH THE UNIQUE PERSPECTIVE THAT COMES WITH BEING OF AND FOR THIS CITY, WE MOVE AHEAD OF TODAY'S CHALLENGES TO ACTIVATE THE RIGHT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 137,274,571. including grants of \$ 101,344,932.) (Revenue \$ 2,950,477.) FOOD DISTRIBUTION. IN FY23, FOOD BANK DISTRIBUTED 80.7 MILLION POUNDS OF FOOD EQUIVALENT TO 66 MILLION MEALS. ALSO SINCE THE SPRING OF 2022 MORE THAN AN ESTIMATED 180,000 NEW IMMIGRANTS HAVE ARRIVED IN NYC. FOOD BANK RESPONDED WITH MOBILE DISTRIBUTIONS INTO HIGHEST NEEDS AREAS, AND WORKED WITH OUR PANTRY PARTNERS, COMMUNITY LEADERS, THE MAYOR'S OFFICE OF IMMIGRANT AFFAIRS TO ESTABLISH "CRISIS RESPONSE" PLANS FOR THESE AND OTHER EMERGENCIES WHERE FOOD IS REQUIRED.

ADDITIONALLY, FOOD BANK WORKED TO STRENGTHEN ITS NETWORK OF EMERGENCY.

4b (Code:) (Expenses \$ 2,795,868. including grants of \$ 10,993.) (Revenue \$ 0.) NUTRITION EDUCATION: IN FY23, FOOD BANK FOR NEW YORK CITY CONTINUED WITH VIRTUAL LEARNING CURRICULUM AND VIRTUAL WORKSHOPS AND RESTORED PRE-PANDEMIC IN-PERSON ACTIVITIES AS CIRCUMSTANCES PERMITTED.

4c (Code:) (Expenses \$ 2,608,294. including grants of \$ 364,633.) (Revenue \$ 0.) INCOME SUPPORT SERVICES: FOOD BANK'S INCOME SUPPORT SERVICES PROVIDES FREE TAX PREPARATION SERVICES AND FINANCIAL WORKSHOPS AND COUNSELING. IN FY23, FOOD BANK'S TAX SERVICES FACILITATED 19,857 TAX RETURNS TOTALING \$28.3 MILLION IN REFUNDS GENERATING AN EQUIVALENT 972 THOUSAND MEALS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,397,872. including grants of \$ 21,736,092.) (Revenue \$ 14,420.)

4e Total program service expenses 147,076,605.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | <input checked="" type="checkbox"/> | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | <input checked="" type="checkbox"/> | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | | <input checked="" type="checkbox"/> |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | <input checked="" type="checkbox"/> |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | <input checked="" type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | <input checked="" type="checkbox"/> |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | <input checked="" type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | <input checked="" type="checkbox"/> | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | <input checked="" type="checkbox"/> | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | <input checked="" type="checkbox"/> |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | <input checked="" type="checkbox"/> |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | <input checked="" type="checkbox"/> | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | <input checked="" type="checkbox"/> |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | <input checked="" type="checkbox"/> | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | <input checked="" type="checkbox"/> |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | <input checked="" type="checkbox"/> |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | <input checked="" type="checkbox"/> |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | <input checked="" type="checkbox"/> |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | | <input checked="" type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | <input checked="" type="checkbox"/> | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | <input checked="" type="checkbox"/> | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | 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? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | X | |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 1a 12 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 12 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | 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? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | 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 | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
VERONICA JARRETT, CFO - 212-566-7855
39 BROADWAY FLOOR 10, , NEW YORK, NY 10006

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) LESLIE GORDON PRESIDENT AND CEO | 35.00 | | | X | | | 460,701. | 0. | 11,358. | |
| (2) MATTHEW HONEYCUTT CHIEF DEVELOPMENT OFFICER | 35.00 | | | | X | | 306,876. | 0. | 70,867. | |
| (3) VERONICA JARRETT CFO | 35.00 | | | X | | | 270,326. | 0. | 48,377. | |
| (4) ROBERT SILVIA CHIEF PROCUREMENT OFFICER | 35.00 | | | | X | | 271,105. | 0. | 46,960. | |
| (5) JOVANNA RODRIQUEZ CHIEF PEOPLE OFFICER | 35.00 | | | | X | | 217,194. | 0. | 23,542. | |
| (6) CARMEN BOON VP OF EXTERNAL AFFAIRS | 35.00 | | | | X | | 192,764. | 0. | 45,566. | |
| (7) DENIS GARVEY VICE PRESIDENT OF LOGISTICS | 35.00 | | | | X | | 195,933. | 0. | 29,185. | |
| (8) ARTHUR STAINMAN TREASURER | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (9) GEORGE GARFUNKEL BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (10) GLORIA PITAGORSKY VICE CHAIR | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (11) KATIE LEE BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (12) KEVIN FRISZ BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (13) KYRA SEDGWICK BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (14) LARY STROMFELD EXECUTIVE VICE CHAIR | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (15) LAUREN BUSH LAUREN BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (16) NICOLAS POITEVIN BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (17) PASTOR MICHAEL WALROND BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) REV. HENRY BELIN SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (19) SERAINA MACIA CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 1,914,899. | 0. | 275,855. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,914,899. | 0. | 275,855. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 46

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| RKD GROUP LLC, 7130 S. 29TH STREET SUITE B, LINCOLN, NE 68516 | DIRECT MARKETING | 1,094,878. |
| PATRICK T CURTIN, 2716 W EVERGREEN AVE APT 3, CHICAGO, IL 60622 | GOVERNMENT CONTRACT CONSULTING | 552,088. |
| SIDHARTH SONI 1 PENN PLAZA SUITE 6151, NEW YORK, NY 10119 | STAFFING SERVICES | 492,291. |
| HIRE POINT STAFFING 258 E 138TH ST, BRONX, NY 10451 | STAFFING SERVICES | 219,802. |
| LEFEAST LLC 713 MARKET STREET E, GARTHESBURG, MD 20878 | EVENT PLANNING & COORDINATION | 178,305. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 6

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|--|---|--|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | 657,537. | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 38,702,765. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 122,002,172. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 82,238,760. | | | | |
| | h | Total. Add lines 1a-1f | | 161362474. | | | | |
| Program Service Revenue | 2 a | SALE OF FOOD AND PAPER PRODUCTS | Business Code | 900099 | 2,956,997. | 2,956,997. | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | 2,956,997. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 347,143. | | | 347,143. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross rents | 6a | (i) Real | | | | |
| | | | | (ii) Personal | | | | |
| | | | | | | | | |
| | b | Less: rental expenses ... | 6b | | | | | |
| | c | Rental income or (loss) | 6c | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | | (ii) Other | | | | |
| | | | | | 18,337,490. | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 18,331,794. | | | | |
| | c | Gain or (loss) | 7c | 5,696. | | | | |
| d | Net gain or (loss) | | | 5,696. | | 5,696. | | |
| 8 a | Gross income from fundraising events (not including \$ 657,537. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 55,594. | | | | |
| | | | | 475,438. | | | | |
| b | Less: direct expenses | 8b | | | | | | |
| c | Net income or (loss) from fundraising events | | | -419,844. | | -419,844. | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | | |
| b | Less: direct expenses | 9b | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | Less: cost of goods sold | 10b | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a | OTHER | Business Code | 900099 | 7,900. | 7,900. | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | | 7,900. | | | |
| 12 | Total revenue. See instructions | | | 164260366. | 2,964,897. | 0. | -67,005. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 123,456,650. | 123,456,650. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 799,280. | | 679,906. | 119,374. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 21,243,629. | 12,577,339. | 4,495,543. | 4,170,747. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 579,353. | 367,767. | 110,922. | 100,664. |
| 9 Other employee benefits | 2,676,069. | 1,657,084. | 553,500. | 465,485. |
| 10 Payroll taxes | 1,931,585. | 1,182,445. | 416,843. | 332,297. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 10,263. | | 10,263. | |
| 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.) | 3,905,694. | 672,371. | 2,614,313. | 619,010. |
| 12 Advertising and promotion | 1,089,427. | 206,151. | 550,327. | 332,949. |
| 13 Office expenses | 811,083. | 136,018. | 394,430. | 280,635. |
| 14 Information technology | 1,214,677. | 218,041. | 847,289. | 149,347. |
| 15 Royalties | | | | |
| 16 Occupancy | 3,185,716. | 2,775,332. | 274,457. | 135,927. |
| 17 Travel | 153,033. | 25,664. | 74,420. | 52,949. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 282,648. | 47,400. | 137,452. | 97,796. |
| 20 Interest | 88,898. | 17,477. | 71,421. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 970,603. | 782,800. | 129,836. | 57,967. |
| 23 Insurance | 462,075. | | 462,075. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a OTHER PROGRAM EXP. | 2,171,224. | 2,159,507. | 6,530. | 5,187. |
| b DIRECT MAIL | 1,158,563. | | | 1,158,563. |
| c FUNDRAISING & OTHER ENG | 1,032,431. | 2,489. | 2,436. | 1,027,506. |
| d WAREHOUSE | 762,822. | 737,666. | 12,991. | 12,165. |
| e All other expenses | 668,916. | 54,404. | 502,480. | 112,032. |
| 25 Total functional expenses. Add lines 1 through 24e | 168,654,639. | 147,076,605. | 12,347,434. | 9,230,600. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 6,543,602. | 1 | 3,471,639. |
| | 2 Savings and temporary cash investments | 6,905,175. | 2 | 6,943,586. |
| | 3 Pledges and grants receivable, net | 19,873,909. | 3 | 18,843,164. |
| | 4 Accounts receivable, net | 298,363. | 4 | 575,801. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 4,263,978. | 8 | 4,446,872. |
| | 9 Prepaid expenses and deferred charges | 1,293,354. | 9 | 916,525. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 14,094,201. | | |
| | b Less: accumulated depreciation | 10b 7,178,059. | 10c | 6,916,142. |
| | 11 Investments - publicly traded securities | 13,308,383. | 11 | 9,136,220. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 2,166,808. | 15 | 35,244,116. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 62,094,729. | 16 | 86,494,065. | |
| Liabilities | 17 Accounts payable and accrued expenses | 9,178,287. | 17 | 7,470,885. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 1,293,950. | 23 | 1,180,826. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 3,814,858. | 25 | 34,309,920. |
| | 26 Total liabilities. Add lines 17 through 25 | 14,287,095. | 26 | 42,961,631. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 46,490,998. | 27 | 40,590,173. |
| | 28 Net assets with donor restrictions | 1,316,636. | 28 | 2,942,261. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 47,807,634. | 32 | 43,532,434. |
| | 33 Total liabilities and net assets/fund balances | 62,094,729. | 33 | 86,494,065. |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 164,260,366. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 168,654,639. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -4,394,273. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 47,807,634. |
| 5 | Net unrealized gains (losses) on investments | 5 | 119,073. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 43,532,434. |

Part XII Financial Statements and Reporting

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

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

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

| | |
|--|---|
| Name of the organization FOOD BANK FOR NEW YORK CITY | Employer identification number 13-3179546 |
|--|---|

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

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

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 49149503. | 143076343 | 226186518 | 185366654 | 161362474 | 765141492 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 49149503. | 143076343 | 226186518 | 185366654 | 161362474 | 765141492 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 765141492 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 49149503. | 143076343 | 226186518 | 185366654 | 161362474 | 765141492 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | 18,011. | 16,794. | 31,578. | 29,955. | 347,143. | 443,481. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 71,594. | 55,451. | 21,869. | 902,882. | 63,494. | 1115290. |
| 11 Total support. Add lines 7 through 10 | | | | | | 766700263 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 7,901,198. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.80 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 99.79 % |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2021. 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 | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2022. 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 test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater 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 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

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

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

Schedule A (Form 990) 2022

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

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

MISCELLANEOUS

2018 AMOUNT: \$ 35,054.
2019 AMOUNT: \$ 52,030.
2020 AMOUNT: \$ 20,007.
2021 AMOUNT: \$ 898,353.
2022 AMOUNT: \$ 7,900.

FUNDRAISING

2018 AMOUNT: \$ 36,540.
2022 AMOUNT: \$ 55,594.

FOOD BANK GIVES

2019 AMOUNT: \$ 2,934.
2020 AMOUNT: \$ 1,862.
2021 AMOUNT: \$ 4,529.

SHARED MAINTENANCE FEES

2019 AMOUNT: \$ 487.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

FOOD BANK FOR NEW YORK CITY

Employer identification number

13-3179546

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

| | |
|--|---|
| Name of organization FOOD BANK FOR NEW YORK CITY | Employer identification number 13-3179546 |
|--|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|--|
| 1 | NYS DEPARTMENT OF HEALTH 90 CHURCH ST, 14TH FLOOR NEW YORK, NY 10007 | \$ 31,930,262. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | NYS OFFICE OF GENERAL SERVICES CORNING TOWER, 37TH FLOOR ALBANY, NY 12242 | \$ 54,261,955. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization FOOD BANK FOR NEW YORK CITY | Employer identification number 13-3179546 |
|--|---|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 1 | FOOD _____ _____ _____ | \$ <u>4,077,386.</u> | _____ |
| 2 | FOOD _____ _____ _____ | \$ <u>43,412,066.</u> | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

| | |
|--|---|
| Name of organization FOOD BANK FOR NEW YORK CITY | Employer identification number 13-3179546 |
|--|---|

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: FOOD BANK FOR NEW YORK CITY; Employer identification number: 13-3179546

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 7,341,572. | 7,341,532. | 1,341,032. | 2,314,742. | 2,314,242. |
| b Contributions | | | 6,000,000. | | |
| c Net investment earnings, gains, and losses | 1,302. | 40. | 500. | 500. | 500. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 3,040. | | | 974,210. | |
| f Administrative expenses | | | | | |
| g End of year balance | 7,339,834. | 7,341,572. | 7,341,532. | 1,341,032. | 2,314,742. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 99.3010 %
 - b Permanent endowment .6810 %
 - c Term endowment .0180 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 7,201,122. | 3,804,799. | 3,396,323. |
| d Equipment | | 5,783,470. | 3,373,260. | 2,410,210. |
| e Other | | 1,109,609. | | 1,109,609. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 6,916,142. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) DUE FROM AFFILIATE | 1,788,631. |
| (2) FINANCE LEASE ASSET | 272,434. |
| (3) OPERATING LEASE RIGHT-OF-USE ASSETS | 32,045,998. |
| (4) SECURITY DEPOSIT | 489,934. |
| (5) LONG TERM EQUITY INVESTMENT | 49,967. |
| (6) OTHER RECEIVABLE | 759. |
| (7) UNDEPOSITED FUNDS | 596,393. |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 35,244,116. |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CONTRACT ADVANCES | 1,617,023. |
| (3) OPERATING LEASE LIABILITIES | 32,387,747. |
| (4) FINANCE LEASE LIABILITIES | 305,150. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 34,309,920. |

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

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

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

| | | | | |
|----------|--|-----------|-----------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 164,677,850. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | 119,073. | |
| b | Donated services and use of facilities | 2b | 241,135. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 360,208. |
| 3 | Subtract line 2e from line 1 | | 3 | 164,317,642. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | -57,276. | |
| c | Add lines 4a and 4b | | 4c | -57,276. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 164,260,366. |

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

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

| | | | | |
|----------|---|-----------|-----------|--------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 169,090,193. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 241,135. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 194,419. | |
| e | Add lines 2a through 2d | | 2e | 435,554. |
| 3 | Subtract line 2e from line 1 | | 3 | 168,654,639. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 168,654,639. |

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE FUNDS ARE INTENDED TO BE USED ACCORDING TO THE DONOR STIPULATED RESTRICTIONS AND TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO THE ORGANIZATION'S PROGRAMS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

PART X, LINE 2:

FOOD BANK FOR NYC BELIEVES IT HAS NO UNCERTAIN INCOME TAX POSITIONS AS OF JUNE 30, 2023 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740 ("INCOME TAXES"), WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSE -57,276.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY'S EXPENSES 137,143.

DIRECT FUNDRAISING EXPENSE 57,276.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 194,419.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization **FOOD BANK FOR NEW YORK CITY** Employer identification number **13-3179546**

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
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| Total | | | | | | |

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|---|--------------|------------------|--|
| | | GOTHAM BALL | | NONE | |
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 713,131. | | 713,131. |
| | 2 | Less: Contributions | 657,537. | | 657,537. |
| | 3 | Gross income (line 1 minus line 2) | 55,594. | | 55,594. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | 5,647. | | 5,647. |
| | 6 | Rent/facility costs | 210,347. | | 210,347. |
| | 7 | Food and beverages | 2,000. | | 2,000. |
| | 8 | Entertainment | 105,952. | | 105,952. |
| | 9 | Other direct expenses | 151,492. | | 151,492. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -419,844. |

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | | |
|-------------------------------|--|-----|---|
| a The organization's facility | | 13a | % |
| b An outside facility | | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **FOOD BANK FOR NEW YORK CITY** Employer identification number **13-3179546**

Part I General Information on Grants and Assistance

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

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| ABRAHAM HOUSE INC. MOTT HAVEN STATION BRONX, NY 10454 | 53-0196617 | 501(C)(3) | 0. | 15,374. | FMV | FOOD | PROGRAM SUPPORT |
| ABRIGO DEL ALTISIMO 2009 MONTEREY AVE. BRONX, NY 10457 | 11-2870965 | 501(C)(3) | 0. | 41,393. | FMV | FOOD | PROGRAM SUPPORT |
| ABUNDANT GRACE FOR THE FORSAKEN FOOD PANTRY - 3608 WILLETT AVENUE - BRONX, NY 10467 | 47-2400616 | 501(C)(3) | 0. | 75,768. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| ABUNDANT LIFE TABERNACLE INC. 2692 3RD AVENUE BRONX, NY 10454 | 13-2983499 | 501(C)(3) | 0. | 111,923. | FMV | FOOD | PROGRAM SUPPORT |
| ACS - THE ADMINISTRATION FOR CHILDREN'S SERVICES - 2501 GRAND CONCOURSE, 5TH FLOOR - BRONX, NY 10468 | 13-6400434 | 501(C)(3) | 0. | 6,411. | FMV | FOOD | PROGRAM SUPPORT |
| ACTS COMMUNITY DEVELOPMENT CORPORATION - 2114 MERMAID AVENUE - BROOKLYN, NY 11224 | 01-0679652 | 501(C)(3) | 10,000. | 128,622. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **649.**

3 Enter total number of other organizations listed in the line 1 table **51.**

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ADMIRABLE CHURCH, INC. 8824 BEDELL LANE BROOKLYN, NY 11236 | 74-3089498 | 501(C)(3) | 0. | 35,686. | FMV | FOOD | PROGRAM SUPPORT |
| AFRICAN AMERICAN PLANNING COMMISSION INC. - P.O. BOX 330-704 - BROOKLYN, NY 11233 | 11-3305070 | 501(C)(3) | 0. | 5,057. | FMV | FOOD | PROGRAM SUPPORT |
| AFRICAN SERVICES COMMITTEE 429 WEST 127TH STREET NEW YORK, NY 10027 | 13-3749744 | 501(C)(3) | 0. | 11,673. | FMV | FOOD | PROGRAM SUPPORT |
| AGAPE CHRISTIAN CENTER 59-02 SUMMERFIELD STREET RIDGEWOOD, NY 11385 | 11-3061013 | 501(C)(3) | 0. | 12,247. | FMV | EQUIPMENT | PROGRAM SUPPORT |
| AGAPE CHRISTIAN CENTER 59-02 SUMMERFIELD STREET RIDGEWOOD, NY 11385 | 36-3369023 | 501(C)(3) | 0. | 155,206. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| AGAPE SOCIAL SERVICES BEULAH 956 MARCY AVENUE BROOKLYN, NY 11216 | 23-7375776 | 501(C)(3) | 0. | 363,017. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| AGATHA HOUSE FOUNDATION INC. 4471 MUNDY LANE BRONX, NY 10466 | 47-1170349 | 501(C)(3) | 25,058. | 867,814. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| AGENCY LIFEBRIDGE NY 2084 EAST 41ST STREET BROOKLYN, NY 11234 | 45-4681031 | 501(C)(3) | 0. | 5,530. | FMV | EQUIPMENT | PROGRAM SUPPORT |
| AIDS CENTER OF QUEENS COUNTY 161-21 JAMAICA AVENUE, 6TH FLOOR JAMAICA, NY 11432 | 11-2837894 | 501(C)(3) | 0. | 142,622. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| AISHEL SHABBAT 1002 QUENTIN RD BROOKLYN, NY 11223 | 30-6043783 | 501(C)(3) | 0. | 109,078. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| AL HAJJAH FAJR TYSON HALAL FOOD /CLOTHING DISTRIBUTION PANTRY - 2269 CROTONA AVE - BRONX, NY 10457 | 46-5341017 | 501(C)(3) | 0. | 976,471. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| ALL NATIONS BAPTIST CHURCH OF WOODHAVEN - 86-76 80TH STREET - WOODHAVEN, NY 11421 | 11-1761498 | 501(C)(3) | 0. | 22,799. | FMV | FOOD | PROGRAM SUPPORT |
| ALLEN OUTREACH MINISTRY FP 110-31 MERRICK BOULEVARD JAMAICA, NY 11433 | 11-2527706 | 501(C)(3) | 1,000. | 162,911. | FMV | FOOD | PROGRAM SUPPORT |
| AMMI EVANGELICAL BAPTIST CHURCH 1799 FLATBUSH AVENUE BROOKLYN, NY 11210 | 11-2602988 | 501(C)(3) | 0. | 85,601. | FMV | FOOD | PROGRAM SUPPORT |
| ANTIOCH OUTREACH MINISTRIES 1380 VIRGINIA AVENUE APT#2F BRONX, NY 10462 | 27-2784130 | 501(C)(3) | 9,764. | 137,962. | FMV | FOOD | PROGRAM SUPPORT |
| APNA BROOKLYN COMMUNITY CENTER 236 NEPTUNE AVENUE BROOKLYN, NY 11235 | 82-0706930 | 501(C)(3) | 0. | 114,369. | FMV | FOOD | PROGRAM SUPPORT |
| APOSTOLIC ASSEMBLY OF JESUS CHRIST 3808 CHURCH AVE BROOKLYN, NY 11203 | 11-3034715 | 501(C)(3) | 0. | 104,770. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| ARAB-AMERICAN FAMILY SUPPORT CENTER - 150 COURT STREET, 3RD FLOOR - BROOKLYN, NY 11201 | 11-3167235 | 501(C)(3) | 13,820. | 0. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ASCENSION OUTREACH INC. 12 WEST 11TH STREET NEW YORK, NY 10011 | 20-5871993 | 501(C)(3) | 0. | 34,012. | FMV | FOOD | PROGRAM SUPPORT |
| ATONEMENT LUTHERAN CHURCH 30-61 87TH STREET EAST ELMHURST, NY 11369 | 23-7042808 | 501(C)(3) | 0. | 8,116. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| BAILEY HOUSE INC. ADULT AND FAMILY 1751 PARK AVENUE NEW YORK, NY 10035 | 13-3165181 | 501(C)(3) | 0. | 120,167. | FMV | FOOD | PROGRAM SUPPORT |
| BARRIER FREE LIVING HOLDING INC. 637 EAST 138TH STREET BRONX, NY 10454 | 54-2082229 | 501(C)(3) | 0. | 5,143. | FMV | FOOD | PROGRAM SUPPORT |
| BASILICA OF OUR LADY OF PERPETUAL HELP - 526 59TH STREET - BROOKLYN, NY 11220 | 11-1666873 | | 0. | 10,489. | FMV | FOOD | PROGRAM SUPPORT |
| BAY VIEW HOUSES RESIDENT ASSOCIATION - 2085 ROCKAWAY PARKWAY - BROOKLYN, NY 11236 | 03-0550181 | | 0. | 76,290. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| BEDFORD CENTRAL PRESBYTERIAN CHURCH - 1200 DEAN STREET - BROOKLYN, NY 11216 | 11-1660857 | 501(C)(3) | 0. | 44,108. | FMV | FOOD | PROGRAM SUPPORT |
| BENSONHURST COUNCIL OF JEWISH ORGANIZATION, INC. - 5361 PRESTON CT - BROOKLYN, NY 11234 | 11-2568013 | 501(C)(3) | 10,800. | 79,260. | FMV | FOOD | PROGRAM SUPPORT |
| BERACA SDA CHURCH P.O. BOX 336 HOLLIS, NY 11423 | 85-3564628 | 501(C)(3) | 0. | 12,704. | FMV | EQUIPMENT | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| BETHANY BAPTIST CHURCH OF JAMAICA 157-11 111TH AVENUE JAMAICA, NY 11433 | 11-2538705 | 501(C)(3) | 10,000. | 212,628. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| BETHANY HOUSE ST. CHRISTOPHER 164 SUYDAM STREET BROOKLYN, NY 11221 | 11-2777066 | 501(C)(3) | 0. | 42,552. | FMV | FOOD | PROGRAM SUPPORT |
| BETHANY UNITED METHODIST CHURCH 1208 ST. JOHN'S PLACE BROOKLYN, NY 11213 | 36-2167731 | 501(C)(3) | 0. | 39,215. | FMV | FOOD | PROGRAM SUPPORT |
| BETHEL AME CHURCH 16 MEADOW ROAD INWOOD, NY 11096 | 06-1539611 | 501(C)(3) | 1,850. | 113,636. | FMV | FOOD | PROGRAM SUPPORT |
| BETHEL AME CHURCH 54-60 WEST 132ND STREET NEW YORK, NY 10037 | 13-1945828 | 501(C)(3) | 0. | 63,011. | FMV | FOOD | PROGRAM SUPPORT |
| BETHEL COMMUNITY OUTREACH INC. 344 TOMPKINS AVENUE BROOKLYN, NY 11216 | 11-3618287 | 501(C)(3) | 0. | 11,122. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| BETHEL GOSPEL TABERNACLE CHURCH 110-25 GUY R.BREWER BLVD. JAMAICA, NY 11433 | 11-2517879 | 501(C)(3) | 1,651. | 292,693. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| BETH-EL HOUSE OF YAHWEH 3482 PARK AVENUE BRONX, NY 10456 | 13-3852124 | 501(C)(3) | 0. | 18,462. | FMV | FOOD | PROGRAM SUPPORT |
| BETHEL PRAYER MINISTRIES INTERNATIONAL USA INC - P.O.BOX 916 - BRONX, NY 10468 | 13-3893136 | 501(C)(3) | 10,700. | 61,698. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| BETHEL SEVENTH-DAY ADVENTIST CHURCH - 457 GRAND AVENUE - BROOKLYN, NY 11238 | 11-2500161 | 501(C)(3) | 0. | 45,556. | FMV | FOOD | PROGRAM SUPPORT |
| BETHESDA MISSIONARY BAPTIST CHURCH 179-09 JAMAICA AVENUE JAMAICA, NY 11432 | 11-2673958 | 501(C)(3) | 12,000. | 32,409. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| BETH-HARK CHRISTIAN COUNSELING CENTER - 2-26 EAST 120TH STREET - NEW YORK, NY 10035 | 13-3276481 | 501(C)(3) | 10,600. | 111,410. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| BETHLEHEM NATION'S FOOD PANTRY 1962-84 LINDEN BLVD. BROOKLYN, NY 11207 | 11-2473334 | 501(C)(3) | 0. | 26,814. | FMV | FOOD | PROGRAM SUPPORT |
| BLACK FORUM OF COOP CITY INC 920 BAYCHESTER AVENUE BRONX, NY 10475 | 13-4052466 | 501(C)(3) | 0. | 62,030. | FMV | FOOD | PROGRAM SUPPORT |
| BLACK VETERANS FOR SOCIAL JUSTICE 665 WILLOUGHBY AVENUE BROOKLYN, NY 11206 | 11-2608389 | 501(C)(3) | 0. | 12,115. | FMV | FOOD | PROGRAM SUPPORT |
| BLANCHE MEMORIAL CHURCH 109-74 SUPTHIN BLVD. JAMAICA, NY 11435 | 11-6046871 | 501(C)(3) | 0. | 72,435. | FMV | FOOD | PROGRAM SUPPORT |
| BLESSED ASSURANCE CHURCH OF GOD 2093 FULTON STREET BROOKLYN, NY 11233 | 58-2400697 | 501(C)(3) | 0. | 95,626. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| BLESSED SACRAMENT CHURCH (BKLYN) 198 EUCLID AVENUE BROOKLYN, NY 11208 | 11-1667600 | 501(C)(3) | 0. | 936,104. | FMV | FOOD | PROGRAM SUPPORT |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| BLESSED VIRGIN MARY ST. MARY'S WINFIELD - 70-31 48TH AVENUE - WOODSIDE, NY 11377 | 11-1633501 | | 0. | 110,540. | FMV | FOOD | PROGRAM SUPPORT |
| BNAI RAPHAEL CHESED ORGANIZATION 3846 FLATLANDS AVENUE BROOKLYN, NY 11234 | 22-3884890 | 501(C)(3) | 0. | 525,746. | FMV | FOOD | PROGRAM SUPPORT |
| BNAI RAPHAEL CHESED ORGANIZATION INC. - 3846 FLATLANDS AVENUE - BROOKLYN, NY 11234 | 80-0196677 | 501(C)(3) | 164,646. | 1,445. | FMV | EQUIPMENT | PROGRAM SUPPORT |
| BOOM!HEALTH, INC. 3144 3RD AVENUE BRONX, NY 10451 | 13-3599121 | 501(C)(3) | 450. | 7,449. | FMV | FOOD | PROGRAM SUPPORT |
| BOWERY RESIDENTS' COMMITTEE INC 131 WEST 25TH STREET NEW YORK, NY 10001 | 13-2736659 | 501(C)(3) | 0. | 6,343. | FMV | FOOD | PROGRAM SUPPORT |
| BROADWAY COMMUNITY INC. 601 WEST 114TH STREET NEW YORK, NY 10025 | 13-3652817 | 501(C)(3) | 0. | 51,299. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| BRONX ACADEMY FOR MULTI MEDIA 730 BRYANT AVENUE BRONX, NY 10474 | 69-0210637 | | 0. | 18,736. | FMV | FOOD | PROGRAM SUPPORT |
| BRONX BETHANY COMMUNITY CORPORATION - 964 EAST 227 STREET - BRONX, NY 10466 | 51-0433711 | 501(C)(3) | 0. | 131,422. | FMV | FOOD | PROGRAM SUPPORT |
| BRONX COMMUNITY COLLEGE 2155 UNIVERSITY AVENUE BRONX, NY 10453 | 13-3277699 | 501(C)(3) | 0. | 11,175. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| BRONX FULL GOSPEL TABERNACLE INC. 4221 PARK AVENUE BRONX, NY 10457 | 13-3521249 | | 0. | 80,207. | FMV | FOOD | PROGRAM SUPPORT |
| BRONX RIVER 1619 EAST 174TH STREET BRONX, NY 10472 | 80-0546653 | 501(C)(3) | 0. | 18,092. | FMV | FOOD | PROGRAM SUPPORT |
| BRONX SDA CHURCH 1695 WASHINGTON AVENUE BRONX, NY 10457 | 13-3812272 | 501(C)(3) | 0. | 6,973. | FMV | EQUIPMENT | PROGRAM SUPPORT |
| BRONXWORKS, INC. 60 EAST TREMONT AVENUE BRONX, NY 10453 | 13-3254484 | 501(C)(3) | 5,000. | 92,057. | FMV | FOOD | PROGRAM SUPPORT |
| BROOKLYN FAITH SDA CHURCH 1269 EAST 94TH STREET BROOKLYN, NY 11236 | 11-3390715 | 501(C)(3) | 0. | 215,045. | FMV | FOOD | PROGRAM SUPPORT |
| BROOKLYN GENERATION SCHOOL 6565 FLATLANDS AVE, BROOKLYN, NY 11236 | 11-2302049 | 501(C)(3) | 0. | 25,911. | FMV | FOOD | PROGRAM SUPPORT |
| BROOKLYN MEAL SHARE 1323 FOSTER AVENUE BROOKLYN, NY 11230 | 85-1491905 | 501(C)(3) | 0. | 6,631. | FMV | FOOD | PROGRAM SUPPORT |
| BROOKLYN RESCUE MISSION URBAN HARVEST - 919 GATES AVENUE - BROOKLYN, NY 11221 | 32-0019367 | 501(C)(3) | 0. | 15,791. | FMV | FOOD | PROGRAM SUPPORT |
| BROOKS MEMORIAL UMC 143-22 109TH AVENUE JAMAICA, NY 11435 | 36-2167731 | | 0. | 101,577. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| BROOKS MEMORIAL UNITED METHODIST CHURCH - 143-22 109TH AVENUE - JAMAICA, NY 11435 | 11-1832868 | 501(C)(3) | 10,300. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| BUSHWICK UNITED SENIORS INC. 350 EMPIRE BLVD. SUITE 3C BROOKLYN, NY 11225 | 84-4687897 | 501(C)(3) | 0. | 146,855. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| BUTLER 1368 WEBSTER AVENUE BRONX, NY 10456 | 80-0546653 | 501(C)(3) | 0. | 33,053. | FMV | FOOD | PROGRAM SUPPORT |
| C.S. 211 1919 PROSPECT AVENUE BRONX, NY 10457 | 33-2200010 | | 0. | 24,590. | FMV | FOOD | PROGRAM SUPPORT |
| CABRINI IMMIGRANT SERVICES 701 FORT WASHINGTON AVENUE NEW YORK, NY 10040 | 13-3742893 | 501(C)(3) | 0. | 109,322. | FMV | FOOD | PROGRAM SUPPORT |
| CALVARY AFRICAN METHODIST EPISCOPAL CHURCH - PO BOX 330323 - BROOKLYN, NY 11233 | 11-2698535 | 501(C)(3) | 600. | 7,330. | FMV | EQUIPMENT | PROGRAM SUPPORT |
| CALVARY AFRICAN METHODIST EPISCOPAL CHURCH - PO BOX 330323 - BROOKLYN, NY 11233 | 53-0204696 | 501(C)(3) | 0. | 8,744. | FMV | FOOD | PROGRAM SUPPORT |
| CALVARY FREE WILL BAPTIST CHURCH 1520-30 HERKIMER STREET BROOKLYN, NY 11207 | 23-7076024 | 501(C)(3) | 0. | 39,560. | FMV | FOOD | PROGRAM SUPPORT |
| CALVARY PENTECOSTAL CHURCH INC. 45 EAST 8TH STREET BROOKLYN, NY 11218 | 11-2474060 | 501(C)(3) | 10,000. | 95,363. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CALVARY'S MISSION 270 WEST 39TH STREET 12TH FLOOR NEW YORK, NY 10018 | 11-3780620 | 501(C)(3) | 10,000. | 684,041. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| CAMBA, INC. 1720 CHURCH AVENUE BROOKLYN, NY 11226 | 11-2480339 | 501(C)(3) | 260,854. | 287,245. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| CAMP FRIENDSHIP FOOD PANTRY IN PARK SLOPE - 339 8TH STREET - BROOKLYN, NY 11215 | 51-0187589 | 501(C)(3) | 0. | 98,656. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| CARIBBEAN AMERICAN STEEL PAN EDUCATION CENTER - 4301 AVENUE D - BROOKLYN, NY 11203 | 11-3259424 | 501(C)(3) | 0. | 47,971. | FMV | FOOD | PROGRAM SUPPORT |
| CATHEDRAL OF JOY CDC 43 GEORGE STREET BROOKLYN, NY 11206 | 23-7149275 | 501(C)(3) | 0. | 62,411. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| CATHOLIC CHARITIES COMMUNITY SERVICES - 402 EAST 152ND STREET - BRONX, NY 10455 | 13-5562185 | 501(C)(3) | 442,530. | 238,738. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| CATHOLIC CHARITIES OF STATEN ISLAND - 6581 HYLAN BOULEVARD - STATEN ISLAND, NY 10309 | 13-5562286 | 501(C)(3) | 0. | 10,508. | FMV | FOOD | PROGRAM SUPPORT |
| CATHOLIC CHARITIES, NEIGHBORHOOD SERVICES, INC. - 191 JORALEMON STREET - BROOKLYN, NY 11201 | 11-2047151 | 501(C)(3) | 421,063. | 204,449. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| CENTER OF HOPE INTERNATIONAL 12-11 40TH AVENUE LONG ISLAND CITY, NY 11101 | 11-2919760 | 501(C)(3) | 0. | 35,620. | FMV | FOOD | PROGRAM SUPPORT |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CHAMBERS MEMORIAL BAPTIST CHURCH 219 EAST 123RD STREET NEW YORK, NY 10035 | 13-3835728 | 501(C)(3) | 0. | 157,031. | FMV | FOOD | PROGRAM SUPPORT |
| CHANCE FOR CHILDREN 639 ALBANY AVENUE BROOKLYN, NY 11203 | 11-3321718 | 501(C)(3) | 0. | 24,114. | FMV | FOOD | PROGRAM SUPPORT |
| CHAZAQ 141-47 72ND AVENUE FLUSHING, NY 11367 | 46-2148352 | 501(C)(3) | 0. | 70,216. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| CHILD DEVELOPMENT SUPPORT CORPORATION - 352-358 CLASSON AVENUE - BROOKLYN, NY 11238 | 11-2395258 | 501(C)(3) | 21,500. | 204,263. | FMV | FOOD | PROGRAM SUPPORT |
| CHILDREN OF PROMISE NYC 54 MACDONOUGH STREET BROOKLYN, NY 11216 | 83-0440009 | 501(C)(3) | 0. | 9,742. | FMV | FOOD | PROGRAM SUPPORT |
| CHILDREN OF THE LIGHT INTERNATIONAL MINISTRY - 1405 E 98TH STREET - BROOKLYN, NY 11236 | 01-0832802 | 501(C)(3) | 0. | 114,220. | FMV | FOOD | PROGRAM SUPPORT |
| CHRIST ABUNDANT LIFE MINISTRIES 121 GRANDVIEW AVENUE STATEN ISLAND, NY 10303 | 13-4193844 | 501(C)(3) | 6,250. | 32,524. | FMV | FOOD | PROGRAM SUPPORT |
| CHRIST AND ST. STEPHEN'S FOOD PANTRY - 120 WEST 69TH STREET - NEW YORK, NY 10023 | 31-1629166 | | 0. | 6,034. | FMV | FOOD | PROGRAM SUPPORT |
| CHRIST APOSTOLIC CHURCH FIRST IN THE AMERICAS - 622 CORTELYOU ROAD - BROOKLYN, NY 11218 | 13-3393519 | 501(C)(3) | 0. | 326,489. | FMV | FOOD | PROGRAM SUPPORT |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| CHRIST APOSTOLIC CHURCH WOSEM INC PO BOX 117 CAMBRIA HEIGHTS, NY 11411 | 11-3260747 | 501(C)(3) | 10,000. | 173,384. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| CHRIST CHURCH INTERNATIONAL 122-20 MERRILL STREET JAMAICA, NY 11434 | 11-2698664 | 501(C)(3) | 10,000. | 61,719. | FMV | FOOD | PROGRAM SUPPORT |
| CHRIST DISCIPLES INTERNATIONAL MINISTRIES - 399 EAST MOSHOLU PARKWAY NORTH - BRONX, NY 10467 | 20-8144855 | 501(C)(3) | 28,715. | 2,098,802. | FMV | FOOD | PROGRAM SUPPORT |
| CHRIST JESUS BAPTIST CHURCH, INC 1812 WHITE PLAINS RD BRONX, NY 10462 | 13-3697025 | 501(C)(3) | 450. | 143,573. | FMV | FOOD | PROGRAM SUPPORT |
| CHRIST TEMPLE OF THE APOSTOLIC FAITH, INC. - 13 WEST 128TH STREET - NEW YORK, NY 10027 | 13-3037719 | | 0. | 82,149. | FMV | FOOD | PROGRAM SUPPORT |
| CHRISTIAN CULTURAL CENTER, INC. 120-20 FLATLANDS AVENUE BROOKLYN, NY 11207 | 11-2732579 | 501(C)(3) | 10,650. | 50,144. | FMV | FOOD | PROGRAM SUPPORT |
| CHRISTIAN HERALD ASSOCIATION, INC DBA THE BOWERY M - 90 LAFAYETTE STREET - NEW YORK, NY 10013 | 13-1617086 | 501(C)(3) | 10,000. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| CHRISTIAN PENTECOSTAL CHURCH 900-910 RICHMOND ROAD STATEN ISLAND, NY 10304 | 13-6122698 | 501(C)(3) | 0. | 173,037. | FMV | FOOD | PROGRAM SUPPORT |
| CHRISTINA HOME CARE FOOD PANTRY 103-44 121ST STREET RICHMOND HILL, NY 11419 | 13-3959333 | 501(C)(3) | 0. | 642,667. | FMV | FOOD | PROGRAM SUPPORT |

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CHURCH OF GOD FEEDING HUNGRY 836 CLASSON AVENUE BROOKLYN, NY 11238 | 11-3162535 | 501(C)(3) | 0. | 96,189. | FMV | FOOD | PROGRAM SUPPORT |
| CHURCH OF GOD IN CHRIST (BK) 627-29 REMSEN AVENUE BROOKLYN, NY 11236 | 11-3281623 | 501(C)(3) | 0. | 69,908. | FMV | FOOD | PROGRAM SUPPORT |
| CHURCH OF GOD OF PROPHECY 71 MALTA STREET BROOKLYN, NY 11207 | 11-2696904 | 501(C)(3) | 4,425. | 614,315. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| CHURCH OF GOD OF SALVATION 3311 BEVERLY ROAD BROOKLYN, NY 11203 | 11-7051029 | 501(C)(3) | 0. | 51,481. | FMV | FOOD | PROGRAM SUPPORT |
| CHURCH OF GOD, INC. 407 EAST 32ND STREET BROOKLYN, NY 11226 | 31-1576158 | 501(C)(3) | 10,000. | 186,667. | FMV | FOOD | PROGRAM SUPPORT |
| CHURCH OF PRAISE AND WORSHIP GOD IN CHRIST - 526 RALPH AVENUE - BROOKLYN, NY 11233 | 27-3136327 | 501(C)(3) | 0. | 98,384. | FMV | FOOD | PROGRAM SUPPORT |
| CHURCH OF ST JEROME DBA ST JEROME CHURCH HANDS COM - 230 ALEXANDER AVE. - BRONX, NY 10454 | 13-1740204 | 501(C)(3) | 12,500. | 31,885. | FMV | FOOD | PROGRAM SUPPORT |
| CHURCH OF ST. FRANCES OF ROME 4307 BARNES AVENUE BRONX, NY 10466 | 13-1740199 | 501(C)(3) | 0. | 57,773. | FMV | FOOD | PROGRAM SUPPORT |
| CHURCH OF ST. MARK 1417 UNION STREET BROOKLYN, NY 11213 | 11-1694941 | 501(C)(3) | 0. | 57,400. | FMV | FOOD | PROGRAM SUPPORT |

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| CHURCH OF ST. PAUL THE APOSTLE 405 WEST 59TH STREET NEW YORK, NY 10019 | 13-2689015 | 501(C)(3) | 0. | 7,242. | FMV | FOOD | PROGRAM SUPPORT |
| CHURCH OF THE ANNUNCIATION 88 CONVENT AVENUE NEW YORK, NY 10027 | 53-0196617 | 501(C)(3) | 0. | 24,429. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| CHURCH OF THE HOLY APOSTLES / HOLY APOSTLES SOUP K - 296 NINTH AVENUE - NEW YORK, NY 10001 | 13-2892297 | 501(C)(3) | 229,732. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| CHURCH OF THE LIVING GOD 212 SCHENECTADY AVENUE BROOKLYN, NY 11213 | 11-3127347 | 501(C)(3) | 0. | 39,557. | FMV | FOOD | PROGRAM SUPPORT |
| CIENFUEGOS FOUNDATION, INC. 3027 30TH STREET #2A BROOKLYN, NY 11102 | 46-5281123 | | 215. | 140,565. | FMV | FOOD | PROGRAM SUPPORT |
| CITY OF FAITH CHURCH OF GOD 3453 WHITE PLAINS ROAD BRONX, NY 10467 | 13-3269503 | 501(C)(3) | 0. | 151,455. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| CITYLINE OZONE PARK CIVILIAN PATROL - 83-10 ROCKAWAY BLVD - OZONE PARK, NY 11416 | 45-4681031 | 501(C)(3) | 0. | 12,367. | FMV | EQUIPMENT | PROGRAM SUPPORT |
| CITYLINE OZONE PARK CIVILIAN PATROL - 83-10 ROCKAWAY BLVD - OZONE PARK, NY 11416 | 84-4635316 | 501(C)(3) | 0. | 1,822,794. | FMV | FOOD | PROGRAM SUPPORT |
| COALITION FOR THE HOMELESS 129 FULTON STREET NEW YORK, NY 10038 | 13-3072960 | 501(C)(3) | 0. | 5,471. | FMV | FOOD | PROGRAM SUPPORT |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| COALITION FOR THE HOMELESS INC 129 FULTON STREET NEW YORK, NY 10038 | 13-3072967 | 501(C)(3) | 407,526. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| COMMUNITY ALLIANCE INITIATIVE, INC 60-85 MYRTLE AVENUE RIDGWOOD, NY 11385 | 46-4351145 | 501(C)(3) | 6,600. | 15,396. | FMV | FOOD | PROGRAM SUPPORT |
| COMMUNITY HEALTH ACTION OF SI 56 BAY STREET STATEN ISLAND, NY 10301 | 13-3556132 | 501(C)(3) | 291,921. | 206,514. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| COMMUNITY HEALTH CENTER OF RICHMOND, INC - 235 PORT RICHMOND AVE - STATEN ISLAND, NY 10302 | 51-0567466 | 501(C)(3) | 11,260. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| COMMUNITY HELP IN PARK SLOPE INC. (CHIPS) - 200 4TH AVENUE - BROOKLYN, NY 11217 | 11-2449994 | 501(C)(3) | 0. | 28,736. | FMV | FOOD | PROGRAM SUPPORT |
| COMMUNITY IMPACT 105 EARL HALL NEW YORK, NY 10027 | 13-3386904 | 501(C)(3) | 0. | 47,329. | FMV | FOOD | PROGRAM SUPPORT |
| COMMUNITY IMPACT 105 EARL HALL NEW YORK, NY 10027 | 13-3386904 | 501(C)(3) | 2,300. | 29,608. | FMV | FOOD | PROGRAM SUPPORT |
| COMMUNITY LEAGUE OF THE HEIGHTS 500 WEST 159TH STREET NEW YORK, NY 10032 | 13-2564241 | 501(C)(3) | 0. | 146,390. | FMV | FOOD | PROGRAM SUPPORT |
| COMMUNITY SERVICE CENTER OF GREATER WILLIAMSBURG I - 670 MYRTLE AVE #199 - BROOKLYN, NY 11205 | 45-5180976 | 501(C)(3) | 13,035. | 0. | FMV | FOOD | PROGRAM SUPPORT |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| COMMUNITY SERVICES HOUSING DEVELOPMENT CORP. - 1474 EASTERN PARKWAY APT 1B - BROOKLYN, NY 11233 | 06-1305813 | 501(C)(3) | 0. | 10,412. | FMV | FOOD | PROGRAM SUPPORT |
| COMMUNITY SERVICES HOUSING DEVELOPMENT CORP. - 1474 EASTERN PARKWAY APT 1B - BROOKLYN, NY 11233 | 11-2598992 | 501(C)(3) | 3,731. | 5,467. | FMV | EQUIPMENT | PROGRAM SUPPORT |
| CONVENT AVENUE BAPTIST CHURCH 425 WEST 144TH STREET NEW YORK, NY 10031 | 13-1769584 | 501(C)(3) | 0. | 26,099. | FMV | FOOD | PROGRAM SUPPORT |
| CORNERSTONE BAPTIST CHURCH 562-574 MADISON STREET BROOKLYN, NY 11221 | 11-2028472 | 501(C)(3) | 0. | 21,269. | FMV | FOOD | PROGRAM SUPPORT |
| CORNERSTONE SDA CHURCH 138 PENNSYLVANIA AVE. BROOKLYN, NY 11207 | 11-3234267 | 501(C)(3) | 0. | 50,153. | FMV | FOOD | PROGRAM SUPPORT |
| CORPUS CHRISTI FOOD PANTRY 31-30 61ST STREET WOODSIDE, NY 11377 | 13-1840399 | | 0. | 38,931. | FMV | FOOD | PROGRAM SUPPORT |
| COUNCIL OF PEOPLES ORGANIZATION INC - 1077 CONEY ISLAND AVENUE - BROOKLYN, NY 11230 | 75-3046891 | 501(C)(3) | 15,150. | 42,586. | FMV | FOOD | PROGRAM SUPPORT |
| COVENANT HOUSE 460 WEST 41ST STREET NEW YORK, NY 10018 | 13-2725416 | 501(C)(3) | 0. | 5,066. | FMV | FOOD | PROGRAM SUPPORT |
| CRESTON AVENUE BAPTIST CHURCH P.O. BOX 435 BRONX, NY 10468 | 13-1813811 | 501(C)(3) | 0. | 392,065. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CROSSOVER BAPTIST CHURCH COMM. OUTREACH HELP CNTR. - 85-12 101ST AVENUE - OZONE PARK, NY 11416 | 11-2844973 | 501(C)(3) | 0. | 114,368. | FMV | FOOD | PROGRAM SUPPORT |
| CROSSROADS COMMUNITY SERVICES INC. 325 PARK AVENUE NEW YORK, NY 10022 | 13-3562651 | 501(C)(3) | 2,900. | 5,172. | FMV | EQUIPMENT | PROGRAM SUPPORT |
| CROSSROADS COMMUNITY SERVICES INC. 325 PARK AVENUE NEW YORK, NY 10022 | 13-5651315 | 501(C)(3) | 0. | 110,353. | FMV | FOOD | PROGRAM SUPPORT |
| CROWN HEIGHTS JEWISH COMMUNITY COUNCIL - 387 KINGSTON AVENUE - BROOKLYN, NY 11225 | 11-2322490 | 501(C)(3) | 0. | 57,225. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| CROWN HEIGHTS JEWISH COMMUNITY COUNCIL, INC - 387 KINGSTON AVENUE - BROOKLYN, NY 11225 | 23-7390996 | 501(C)(3) | 148,342. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| CURTIS HIGH SCHOOL 105 HAMILTON AVENUE STATEN ISLAND, NY 10301 | 11-2302049 | 501(C)(3) | 0. | 6,099. | FMV | FOOD | PROGRAM SUPPORT |
| DAVIDSON COMMUNITY CENTER INC. 2038 DAVIDSON AVENUE BRONX, NY 10453 | 23-7010206 | 501(C)(3) | 3,730. | 118,013. | FMV | FOOD | PROGRAM SUPPORT |
| DELIVERANCE TEMPLE CHURCH OF JESUS CHRIST - 134-10 ROCKAWAY BLVD - SOUTH OZONE PARK, NY 11436 | 11-2867086 | 501(C)(3) | 0. | 70,669. | FMV | FOOD | PROGRAM SUPPORT |
| DESTINATION TOMORROW 452 EAST 149TH STREET BRONX, NY 10455 | 80-0259180 | 501(C)(3) | 0. | 7,038. | FMV | FOOD | PROGRAM SUPPORT |

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| DEWITT REFORMED CHURCH 280 RIVINGTON STREET NEW YORK, NY 10002 | 13-2550948 | 501(C)(3) | 0. | 7,302. | FMV | FOOD | PROGRAM SUPPORT |
| DIVINE REVELATION MINISTRY 3252 PHILIP AVE. BRONX, NY 10465 | 80-0846104 | 501(C)(3) | 9,977. | 268,973. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| DIVINE TRUTH MINISTRY P.O BOX 289 BALDWIN, NY 11510 | 11-3100418 | 501(C)(3) | 0. | 92,760. | FMV | FOOD | PROGRAM SUPPORT |
| EAST 233RD STREET SENIOR CENTER P. O. BOX 291 BRONX, NY 10466 | 13-4131753 | 501(C)(3) | 0. | 27,829. | FMV | FOOD | PROGRAM SUPPORT |
| EAST BRONX ACADEMY FOR THE FUTURE 1716 SOUTHERN BOULEVARD BRONX, NY 10460 | 33-2200010 | 501(C)(3) | 0. | 36,133. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| EASTCHESTER PRESBYTERIAN CHURCH 3154 FISH AVENUE BRONX, NY 10469 | 13-1844840 | 501(C)(3) | 0. | 11,139. | FMV | FOOD | PROGRAM SUPPORT |
| EBENEZER SDA 1234 EAST NEW YORK AVENUE BROOKLYN, NY 11212 | 11-3190479 | | 0. | 165,161. | FMV | FOOD | PROGRAM SUPPORT |
| EDUCATIONAL ALLIANCE (PROJECT ORE) 331 EAST 12TH STREET NEW YORK, NY 10003 | 13-5562210 | 501(C)(3) | 0. | 86,434. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| ELMCOR YOUTH & ADULT ACTIVITIES, INC - 107-20 NORTHERN BLVD. - CORONA, NY 11368 | 11-2224539 | 501(C)(3) | 90,615. | 706,565. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

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| ELOHIM COMMUNITY DEVELOPMENT AND OUTREACH INC. - 94-59 133RD AVENUE - OZONE PARK, NY 11417 | 06-1693124 | | 0. | 71,898. | FMV | FOOD | PROGRAM SUPPORT |
| EMANUEL PENTECOSTAL FAITH CHURCH 1310 ELDER AVENUE BRONX, NY 10472 | 13-6135307 | 501(C)(3) | 0. | 26,510. | FMV | FOOD | PROGRAM SUPPORT |
| EMMAUS HOUSE INC. P.O. BOX 1177 NEW YORK, NY 10035 | 13-2580509 | 501(C)(3) | 0. | 8,183. | FMV | FOOD | PROGRAM SUPPORT |
| ESTHER GRUNBLAT CENTER OF CENTRAL QUEENS - 5361 PRESTON CT - BROOKLYN, NY 11234 | 11-3071518 | 501(C)(3) | 0. | 99,153. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| EVANGEL CHURCH // EVANGEL FOOD PANTRY - 39-20 27TH ST. - LONG ISLAND CITY, NY 11101 | 11-2622478 | 501(C)(3) | 212,220. | 1,674,859. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| EVANGELICAL CHURCH CHRIST IS THE LIGHT INC - 89-14 48TH AVENUE - ELMHURST, NY 11373 | 11-2778293 | 501(C)(3) | 0. | 43,660. | FMV | FOOD | PROGRAM SUPPORT |
| EVERY DAY IS A MIRACLE, INC 2068 MATTHEWS AVENUE 3RD FLOOR BRONX, NY 10462 | 27-4262907 | 501(C)(3) | 33,610. | 937,654. | FMV | FOOD | PROGRAM SUPPORT |
| FACES NY INC. 123 WEST 115TH STREET NEW YORK, NY 10026 | 13-3449087 | 501(C)(3) | 0. | 45,954. | FMV | FOOD | PROGRAM SUPPORT |
| FAITH ASSEMBLIES OF GOD CHURCH 1014-18 GATES AVENUE BROOKLYN, NY 11221 | 11-2663527 | 501(C)(3) | 18,520. | 185,548. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| FAITH BASED FOOD DISTRIBUTION DEV. CORP. - 121 CHAUNCEY STREET - BROOKLYN, NY 11233 | 53-0204696 | 501(C)(3) | 0. | 70,058. | FMV | FOOD | PROGRAM SUPPORT |
| FAMILY INTEGRATION MINISTRY 1875 AMSTERDAM AVENUE NEW YORK, NY 10031 | 46-2887986 | 501(C)(3) | 0. | 228,646. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| FAMILY LIFE DEVELOPMENT CENTER INC 1476 BEDFORD AVENUE BROOKLYN, NY 11216 | 31-1741545 | 501(C)(3) | 1,370. | 39,889. | FMV | FOOD | PROGRAM SUPPORT |
| FAMILY SERVICES NETWORK OF NY 1420 BUSHWICK AVENUE BROOKLYN, NY 11207 | 11-2592651 | 501(C)(3) | 0. | 125,590. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| FAMILY WORSHIP CENTER CHURCH OF GOD OF PROPHECY - 786 NORTH BROADWAY - YONKERS, NY 10701 | 86-1071955 | 501(C)(3) | 0. | 104,600. | FMV | FOOD | PROGRAM SUPPORT |
| FAR ROCKAWAY CHURCH OF CHRIST 21-25 NAMEOKE AVENUE FAR ROCKAWAY, NY 11691 | 11-2435515 | 501(C)(3) | 0. | 55,713. | FMV | FOOD | PROGRAM SUPPORT |
| FATHER'S HEART MINISTRIES 543-545 EAST 11TH STREET NEW YORK, NY 10009 | 22-3495873 | 501(C)(3) | 0. | 327,645. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| FEEDING WITH TLC, INC. 309 ST. PAUL'S AVE. STATEN ISLAND, NY 10304 | 14-4129070 | 501(C)(3) | 0. | 82,567. | FMV | FOOD | PROGRAM SUPPORT |
| FERNANDE VALME MINISTRIES INC. 1120 FLATBUSH AVENUE BROOKLYN, NY 11226 | 11-2697518 | 501(C)(3) | 0. | 16,194. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| FIRST BAPTIST CHURCH 100-10 ASTORIA BLVD EAST ELMHURST, NY 11369 | 11-2009943 | 501(C)(3) | 0. | 227,592. | FMV | FOOD | PROGRAM SUPPORT |
| FIRST CHURCH OF GOD 14-25 BEACH CHANNEL DRIVE FAR ROCKAWAY, NY 11691 | 11-2973310 | 501(C)(3) | 0. | 9,507. | FMV | FOOD | PROGRAM SUPPORT |
| FIRST CHURCH OF GOD IN CHRIST 187-10 BAISLEY BLVD ST. ALBANS, NY 11412 | 11-2678382 | 501(C)(3) | 0. | 135,903. | FMV | FOOD | PROGRAM SUPPORT |
| FIRST CORINTHIAN BAPTIST CHURCH 1912 ADAM CLAYTON POWELL NEW YORK, NY 10026 | 13-3686242 | 501(C)(3) | 0. | 145,745. | FMV | FOOD | PROGRAM SUPPORT |
| FIRST PRESBYTERIAN CHURCH 124 HENRY STREET BROOKLYN, NY 11201 | 23-6393377 | 501(C)(3) | 0. | 95,498. | FMV | FOOD | PROGRAM SUPPORT |
| FIRST PRESBYTERIAN CHURCH IN JAMAICA - 89-60 164TH STREET - JAMAICA, NY 11432 | 11-1666813 | 501(C)(3) | 10,000. | 111,542. | FMV | FOOD | PROGRAM SUPPORT |
| FIRST PRESBYTERIAN RUSSEL SAGE 896 CENTRAL AVENUE FAR ROCKAWAY, NY 11559 | 11-1674168 | 501(C)(3) | 0. | 33,199. | FMV | FOOD | PROGRAM SUPPORT |
| FIRST UNITED CHRISTIAN CHURCH 109 VICTORY BLVD. STATEN ISLAND, NY 10301 | 06-1517726 | 501(C)(3) | 0. | 152,001. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| FIRST UNITED METHODIST CHURCH OF JAMAICA - 162-10 HIGHLAND AVENUE - JAMAICA, NY 11432 | 11-1797173 | 501(C)(3) | 2,000. | 135,128. | FMV | FOOD | PROGRAM SUPPORT |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| FLATBUSH COMMUNITY FUND 1968 FLATBUSH AVE BROOKLYN, NY 11234 | 82-3212305 | 501(C)(3) | 0. | 89,485. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| FLATBUSH SEVENTH DAY ADVENTIST CHURCH - 116 EAST 51ST STREET - BROOKLYN, NY 11203 | 11-3399550 | 501(C)(3) | 0. | 98,301. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| FLUSHING JEWISH COMMUNITY COUNCIL 5361 PRESTON CT BROOKLYN, NY 11234 | 11-2669559 | 501(C)(3) | 0. | 89,978. | FMV | FOOD | PROGRAM SUPPORT |
| FOOD FIRST, INC. 165 CONOVER STREET BROOKLYN, NY 11231 | 13-3635059 | 501(C)(3) | 0. | 132,354. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| FOOD JUSTICE MINISTRY AT CHURCH OF THE MEDIATOR - 260 WEST 231ST STREET - BRONX, NY 10463 | 13-1628158 | 501(C)(3) | 0. | 15,990. | FMV | FOOD | PROGRAM SUPPORT |
| FOREST HILLS COMMUNITY HOUSE 110-01 62ND DRIVE FOREST HILLS, NY 11375 | 11-2375583 | 501(C)(3) | 0. | 58,898. | FMV | FOOD | PROGRAM SUPPORT |
| FORT GREENE COUNCIL, INC. 447 KINGSBOROUGH 4TH WALK BROOKLYN, NY 11233 | 11-2300840 | 501(C)(3) | 1,150. | 106,990. | FMV | FOOD | PROGRAM SUPPORT |
| FRANCISCAN COMMUNITY CENTER HOLY NAME FOOD PANTRY - 214 WEST 97TH STREET - NEW YORK, NY 10025 | 81-2699412 | 501(C)(3) | 0. | 61,005. | FMV | FOOD | PROGRAM SUPPORT |
| FRATERNITE NOTRE DAME INC. 2290 FIRST AVENUE NEW YORK, NY 10035 | 13-3600714 | 501(C)(3) | 0. | 345,944. | FMV | FOOD | PROGRAM SUPPORT |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| FRIENDLY HANDS MINISTRY INC. 115 E 125TH STREET NEW YORK, NY 10035 | 13-4126976 | 501(C)(3) | 0. | 153,891. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| FULL EFFECT GOSPEL MINISTRIES 900 NEW LOTS AVE BROOKLYN, NY 11208 | 11-3439984 | 501(C)(3) | 0. | 130,203. | FMV | FOOD | PROGRAM SUPPORT |
| FULL GOSPEL ASSEMBLY 131 SULLIVAN PLACE BROOKLYN, NY 11225 | 11-2589819 | 501(C)(3) | 0. | 95,820. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| FULL GOSPEL TABERNACLE FOOD PANTRY 361 BEACH 42ND STREET FAR ROCKAWAY, NY 11691 | 06-1073382 | 501(C)(3) | 0. | 50,689. | FMV | FOOD | PROGRAM SUPPORT |
| GARDEN OF PRAYER 1874 WASHINGTON AVENUE BRONX, NY 10457 | 13-3424901 | 501(C)(3) | 0. | 137,089. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| GAY MENS HEALTH CRISIS INC. 307 WEST 38TH STREET NEW YORK, NY 10018 | 13-3130146 | 501(C)(3) | 237,207. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| GENESIS TRANSITIONAL HOUSING MIN INC - 195-12 HOLLIS AVENUE - ST ALBANS, NY 11412 | 16-1621304 | 501(C)(3) | 4,750. | 530,309. | FMV | FOOD | PROGRAM SUPPORT |
| GETHSEMANE BAPTIST CHURCH 771 FAIRMONT PLACE BRONX, NY 10460 | 13-3340224 | 501(C)(3) | 0. | 65,773. | FMV | FOOD | PROGRAM SUPPORT |
| GIVE THEM TO EAT 800 EAST 156TH STREET BRONX, NY 10455 | 13-2548177 | 501(C)(3) | 0. | 839,720. | FMV | FOOD | PROGRAM SUPPORT |

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| GLOVER MEMORIAL 2134 DEAN STREET BROOKLYN, NY 11233 | 11-3234267 | 501(C)(3) | 0. | 78,901. | FMV | FOOD | PROGRAM SUPPORT |
| GMHC NUTRITION & WELLNESS PROGRAM 307 WEST 38TH STREET NEW YORK, NY 10018 | 13-3130146 | 501(C)(3) | 0. | 11,444. | FMV | FOOD | PROGRAM SUPPORT |
| GOD BLESS YOU ALL INC (BRONX) 9517 67TH AVENUE REGO PARK, NY 11374 | 82-3297166 | 501(C)(3) | 10,000. | 12,549. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| GOD'S BATTALION PRAYER CHURCH 661 LINDEN BLVD BROOKLYN, NY 11203 | 11-2412215 | 501(C)(3) | 0. | 84,532. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| GODS DELIVERANCE TEMPLE 438 RALPH AVENUE BROOKLYN, NY 11233 | 51-0174981 | 501(C)(3) | 0. | 10,412. | FMV | FOOD | PROGRAM SUPPORT |
| GOD'S LOVE WE DELIVER, INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013 | 13-3366846 | 501(C)(3) | 244,227. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| GOOD NEIGHBORS FOOD PANTRY 3356 SEYMOUR AVENUE BRONX, NY 10469 | 26-0068695 | 501(C)(3) | 0. | 69,481. | FMV | FOOD | PROGRAM SUPPORT |
| GOOD SHEPHERD SERVICES 608 ISHAM STREET NEW YORK, NY 10034 | 13-5598710 | 501(C)(3) | 16,880. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| GOSPEL ASSEMBLY - QUEENS 109-14 FARMERS BLVD JAMAICA, NY 11412 | 31-1807726 | 501(C)(3) | 0. | 190,637. | FMV | FOOD | PROGRAM SUPPORT |

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| GRACE EPISCOPAL CHURCH (BX) 1909 VYSE AVENUE BRONX, NY 10460 | 13-3055547 | 501(C)(3) | 0. | 76,293. | FMV | FOOD | PROGRAM SUPPORT |
| GRAHAM WINDHAM ONE PIERREPONT PLAZA, SUITE 901 BROOKLYN, NY 11201 | 13-2926426 | 501(C)(3) | 14,177. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| GRAND CENTRAL NEIGHBORHOOD SOCIAL SERVICES CORP. - 120 EAST 32ND STREET - NEW YORK, NY 10016 | 13-3534255 | 501(C)(3) | 0. | 7,293. | FMV | FOOD | PROGRAM SUPPORT |
| GRAND CONCOURSE COMMUNITY SERVICE 1275 GRAND CONCOURSE BRONX, NY 10452 | 13-3558483 | | 0. | 125,936. | FMV | FOOD | PROGRAM SUPPORT |
| GRAND STREET SETTLEMENT 56 ESSEX STREET NEW YORK, NY 10002 | 13-5562230 | 501(C)(3) | 17,818. | 58,300. | FMV | FOOD | PROGRAM SUPPORT |
| GRANT HOUSE UNITY CORPORATION 2049 FLATBUSH AVENUE BROOKLYN, NY 11234 | 85-2643616 | 501(C)(3) | 0. | 129,681. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| GREATER SPRINGFIELD COMMUNITY CHURCH - 177-06 129TH AVENUE - JAMAICA, NY 11434 | 11-2299728 | 501(C)(3) | 0. | 130,490. | FMV | FOOD | PROGRAM SUPPORT |
| GREATER UNIFIED FREE WILL BAPTIST CHURCH - 1520 LINCOLN PLACE - BROOKLYN, NY 11213 | 11-3040771 | 501(C)(3) | 0. | 26,806. | FMV | FOOD | PROGRAM SUPPORT |
| GREENPOINT REFORMED CHURCH 136 MILTON STREET BROOKLYN, NY 11222 | 11-2100335 | 501(C)(3) | 0. | 48,472. | FMV | FOOD | PROGRAM SUPPORT |

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| HANNAH KOSHER FOOD SHABBAT FOUNDATION - 1530 EAST 14TH STREET - BROOKLYN, NY 11230 | 48-1289649 | 501(C)(3) | 0. | 105,565. | FMV | FOOD | PROGRAM SUPPORT |
| HARLEM DOWLING - WEST SIDE CENTER 2139 ADAM CLAYTON POWELL, JR. BLVD NEW YORK, NY 10027 | 13-3030378 | 501(C)(3) | 10,000. | 9,152. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| HARVEST HOME FARMER'S MARKET INC 8 WEST 126TH STREET NEW YORK, NY 10027 | 06-1800512 | 501(C)(3) | 237,476. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| HEALTH ESSENTIAL ASSOCIATION INC 2101 E 16TH STREET BROOKLYN, NY 11229 | 45-2871053 | 501(C)(3) | 325. | 16,581. | FMV | FOOD | PROGRAM SUPPORT |
| HEAVENLY VISION CHRISTIAN CENTER - FOOD DISTRIBUTION CENTER - 2868 JEROME AVENUE - BRONX, NY 10468 | 13-3706003 | 501(C)(3) | 0. | 45,812. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| HEBREW EDUCATIONAL SOCIETY 9502 SEAVIEW AVENUE BROOKLYN, NY 11236 | 11-1642720 | 501(C)(3) | 0. | 103,793. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| HELP USA 285 EAST 171ST STREET BRONX, NY 10457 | 13-3507989 | | 0. | 5,007. | FMV | FOOD | PROGRAM SUPPORT |
| HENRY STREET SETTLEMENT 265 HENRY STREET NEW YORK, NY 10002 | 13-1562242 | 501(C)(3) | 11,198. | 54,496. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| HIGHBRIDGE CP 156 WEST 164TH STREET BRONX, NY 10452 | 35-2390219 | 501(C)(3) | 0. | 27,745. | FMV | FOOD | PROGRAM SUPPORT |

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| HOLDING HANDS MINISTRIES 2828 NEPTUNE AVENUE BROOKLYN, NY 11224 | 46-0679566 | 501(C)(3) | 0. | 19,199. | FMV | FOOD | PROGRAM SUPPORT |
| HOLLIS AVENUE CONGREGATIONAL CHURCH - 211-04 HOLLIS AVENUE - QUEENS VILLAGE, NY 11429 | 11-1639812 | 501(C)(3) | 0. | 359,323. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| HOLLIS COMMUNITY CHRISTIAN CENTER 191-22 JAMAICA AVE HOLLIS, NY 11423 | 26-3281241 | 501(C)(3) | 10,000. | 118,009. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| HOLY APOSTLES SOUP KITCHEN 296 9TH AVENUE NEW YORK, NY 10001 | 13-2892297 | 501(C)(3) | 0. | 340,223. | FMV | FOOD | PROGRAM SUPPORT |
| HOLY CROSS CHURCH FOOD PANTRY - BROOKLYN - 2530 CHURCH AVENUE - BROOKLYN, NY 11226 | 11-1666822 | 501(C)(3) | 0. | 31,957. | FMV | FOOD | PROGRAM SUPPORT |
| HOLY CROSS FOOD SUPPLEMENT PROGRAM 329 WEST 42ND STREET NEW YORK, NY 10036 | 13-1656612 | | 0. | 54,183. | FMV | FOOD | PROGRAM SUPPORT |
| HOLY INNOCENTS FOOD PANTRY 279 EAST 17TH STREET BROOKLYN, NY 11226 | 11-1666825 | 501(C)(3) | 0. | 11,645. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| HOLY TABERNACLE CHURCH INC. 4180 HUTCHINSON RIVER PARKWAY BRONX, NY 10475 | 13-3220052 | 501(C)(3) | 0. | 9,607. | FMV | FOOD | PROGRAM SUPPORT |
| HOLY TEMPLE CHURCH INC. 136-25 SPRINGFIELD BLVD. SPRINGFIELD GARDENS, NY 11413 | 11-3124463 | 501(C)(3) | 0. | 13,107. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| HOPE FOR THE FUTURE MINISTRIES 131 VERDI STREET FARMINGDALE, NY 11735 | 11-2967943 | 501(C)(3) | 0. | 71,500. | FMV | FOOD | PROGRAM SUPPORT |
| HOREB SDA COMMUNITY SERVICES 520 KINGSTON AVENUE BROOKLYN, NY 11225 | 25-1919336 | | 0. | 205,547. | FMV | FOOD | PROGRAM SUPPORT |
| HOUR CHILDREN COMMUNITY OUTREACH 36-11 12TH STREET LONG ISLAND CITY, NY 11106 | 13-3647412 | 501(C)(3) | 0. | 68,639. | FMV | FOOD | PROGRAM SUPPORT |
| HOUSE OF COMPLETION COMMUNITY DEVELOPMENT CORPORAT - 54 TILLMAN STREET - STATEN ISLAND, NY 10314 | 11-3094604 | 501(C)(3) | 0. | 33,966. | FMV | FOOD | PROGRAM SUPPORT |
| HOUSING AND SERVICES, INC 243 WEST 30TH STREET NEW YORK, NY 10026 | 14-2012874 | 501(C)(3) | 0. | 7,066. | FMV | FOOD | PROGRAM SUPPORT |
| HS 440 X DEWITT CLINTON HIGH SCHOOL - 100 WEST MOSHOLU PARKWAY SOUTH - BRONX, NY 10468 | 33-2200010 | 501(C)(3) | 0. | 26,370. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| HS 493 K BROOKLYN COLLEGIATE 2021 BERGEN STREET BROOKLYN, NY 11233 | 33-2200010 | 501(C)(3) | 0. | 31,441. | FMV | FOOD | PROGRAM SUPPORT |
| I.S. 229 X 275 HARLEM RIVER PARK BRIDGE BRONX, NY 10453 | 33-2200010 | 501(C)(3) | 0. | 26,614. | FMV | FOOD | PROGRAM SUPPORT |
| I.S. 96 K SETH LOW 99 AVENUE P BROOKLYN, NY, NY 11204 | 33-2200011 | 501(C)(3) | 0. | 12,833. | FMV | FOOD | PROGRAM SUPPORT |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ICNA RELIEF USA 87-91 144TH STREET JAMAICA, NY 11435 | 04-3810161 | 501(C)(3) | 0. | 380,176. | FMV | FOOD | PROGRAM SUPPORT |
| IGLESIA ALIANZA CRISTIANA MISIONERA EBENEZER - 43-02 38TH STREET - LONG ISLAND CITY, NY 11101 | 11-3309562 | 501(C)(3) | 0. | 40,812. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| IGLESIA CRISTIANA VALLE DE JESUS INC. - 104-30 92ND AVE. - RICHMOND HILL, NY 11418 | 11-3383554 | 501(C)(3) | 0. | 19,504. | FMV | FOOD | PROGRAM SUPPORT |
| IGLESIA DE DIOS DE LA PROFECIA 414 HOOPER STREET BROOKLYN, NY 11211 | 11-2369072 | 501(C)(3) | 0. | 107,950. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| IGLESIA DE DIOS PENTECOSTAL 3801 DYRE AVENUE BRONX, NY 10466 | 11-3518348 | 501(C)(3) | 0. | 80,360. | FMV | FOOD | PROGRAM SUPPORT |
| IGLESIA DE LA ALABANZA DEL SENOR JESUCRISTO - 1791 GRAND CONCOURSE - BRONX, NY 10453 | 01-0677576 | 501(C)(3) | 0. | 147,715. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| IGLESIA PENTECOSTAL ABRIGO DEL OMNIPOTENTE, INC. - 2009 MONTEREY AVE. - BRONX, NY 10457 | 11-3689832 | 501(C)(3) | 10,000. | 1,445. | FMV | EQUIPMENT | PROGRAM SUPPORT |
| IGLESIA PENTECOSTAL LA HERMOSA 3161 FULTON STREET BROOKLYN, NY 11208 | 51-0199562 | 501(C)(3) | 0. | 124,208. | FMV | FOOD | PROGRAM SUPPORT |
| IMMACULATE CONCEPTION CHURCH 754 EAST GUN HILL ROAD BRONX, NY 10467 | 13-4112393 | 501(C)(3) | 0. | 36,953. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| IMMANUEL FIRST SPANISH UNITED METHODIST CHURCH - 450 WARREN STREET - BROOKLYN, NY 11217 | 36-2167731 | 501(C)(3) | 0. | 70,324. | FMV | FOOD | PROGRAM SUPPORT |
| IN THE BEGINNING OUTREACH, INC. 118-48 231ST STREET CAMBRIA HEIGHTS, NY 11411 | 11-3570773 | 501(C)(3) | 0. | 207,638. | FMV | FOOD | PROGRAM SUPPORT |
| INFINITY BIBLE CHURCH 1326 MORRISON AVENUE BRONX, NY 10472 | 13-3159260 | 501(C)(3) | 0. | 39,376. | FMV | FOOD | PROGRAM SUPPORT |
| INSPIRATIONAL GOSPEL ASSEMBLY 1211 BROOK AVENUE BRONX, NY 10456 | 27-1192419 | 501(C)(3) | 10,000. | 270,351. | FMV | FOOD | PROGRAM SUPPORT |
| INSTITUTE FOR COMMUNITY EQUITY AND SHARING, INC. - 13 GREENE AVE - BROOKLYN, NY 11238 | 83-0909234 | 501(C)(3) | 67,300. | 384,120. | FMV | FOOD | PROGRAM SUPPORT |
| INTERNATIONAL PENTECOSTAL CHURCH 619 W 179TH STREET NEW YORK, NY 10033 | 26-3369474 | 501(C)(3) | 0. | 6,493. | FMV | FOOD | PROGRAM SUPPORT |
| INTERNATIONAL PENTECOSTAL CITY MISSION - 50 DIAMOND STREET - ELMONT, NY 11003 | 11-3052243 | 501(C)(3) | 0. | 530,203. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| INTERNATIONAL SCHOOL OF LIBERAL ARTS - 2780 RESERVOIR - BRONX, NY 10468 | 33-2200010 | | 0. | 16,678. | FMV | FOOD | PROGRAM SUPPORT |
| IRIS HOUSE 2348 ADAM CLAYTON POWELL JR. BLVD. NEW YORK, NY 10030 | 13-3699201 | 501(C)(3) | 222,297. | 49,206. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| ISAIAH'S TEMPLE OF MT. HOPE 862 GLENMORE AVENUE BROOKLYN, NY 11208 | 11-3093808 | 501(C)(3) | 20,000. | 161,934. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| J.U.S.T.I.C.E. ORGANIZATION JESUS JUSTICE MISSION - PO BOX 940300 - QUEENS, NY 11694 | 11-3341990 | | 0. | 381,529. | FMV | FOOD | PROGRAM SUPPORT |
| JAMAICA HISPANIC SDA CHURCH 86-110 MARENGO STREET HOLLISWOOD, NY 11423 | 11-3072042 | 501(C)(3) | 0. | 49,989. | FMV | FOOD | PROGRAM SUPPORT |
| JAMAICA QUEENS WESLEYAN CHURCH P.O. BOX 310228 JAMAICA, NY 11413 | 11-2981859 | 501(C)(3) | 0. | 304,799. | FMV | FOOD | PROGRAM SUPPORT |
| JAMAICA SDA CHURCH 88-28 163RD STREET JAMAICA, NY 11432 | 11-3480522 | 501(C)(3) | 0. | 137,749. | FMV | FOOD | PROGRAM SUPPORT |
| JAN HUS PRESBYTERIAN CHURCH/HOMELESS - 1745 1ST AVENUE - NEW YORK, NY 10128 | 13-1635255 | 501(C)(3) | 0. | 67,110. | FMV | FOOD | PROGRAM SUPPORT |
| JESUS IS THE ANSWER - J.I.T.A. COMMUNITY OUTREACH - 205-15 JAMAICA AVENUE - QUEENS, NY 11423 | 20-2129024 | 501(C)(3) | 4,072. | 518,355. | FMV | FOOD | PROGRAM SUPPORT |
| JEWISH COMMUNITY CENTER OF STATEN ISLAND - 1466 MANOR ROAD - STATEN ISLAND, NY 10314 | 13-5562256 | 501(C)(3) | 66,549. | 82,935. | FMV | FOOD | PROGRAM SUPPORT |
| JEWISH COMMUNITY COUNCIL 1170 PENNSYLVANIA AVENUE, SUITE 1B BROOKLYN, NY 11239 | 11-2665181 | 501(C)(3) | 0. | 108,024. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| JEWISH COMMUNITY COUNCIL OF PELHAM PARKWAY - 2157 HOLLAND AVENUE - BRONX, NY 10462 | 13-3099520 | 501(C)(3) | 0. | 89,780. | FMV | FOOD | PROGRAM SUPPORT |
| JEWISH COMMUNITY COUNCIL OF THE ROCKAWAY PENINSULA - 1525 CENTRAL AVE - FAR ROCKAWAY, NY 11691 | 11-2425813 | 501(C)(3) | 1,585. | 10,677. | FMV | EQUIPMENT | PROGRAM SUPPORT |
| JEWISH COMMUNITY COUNCIL OF THE ROCKAWAY PENINSULA - 1525 CENTRAL AVE - FAR ROCKAWAY, NY 11691 | 11-4081036 | 501(C)(3) | 0. | 129,584. | FMV | FOOD | PROGRAM SUPPORT |
| JEWISH COUNCIL OF WASHINGTON HEIGHTS AND INWOOD - 121 BENNETT AVENUE - NEW YORK, NY 10033 | 13-2944830 | 501(C)(3) | 0. | 123,152. | FMV | FOOD | PROGRAM SUPPORT |
| JEWISH INSTITUTE OF QUEENS 60-5 WOODHAVEN BLVD ELMHURST, NY 11373 | 54-2068797 | 501(C)(3) | 0. | 5,560. | FMV | FOOD | PROGRAM SUPPORT |
| JHS 8 Q RICHARD S. GROSSLEY 108-35 167TH STREET JAMAICA, NY 11433 | 33-2200010 | | 0. | 29,693. | FMV | FOOD | PROGRAM SUPPORT |
| JOEL E. SMILOW CLUBHOUSE 1665 HOE AVENUE BRONX, NY 10460 | 13-5596792 | 501(C)(3) | 0. | 20,814. | FMV | FOOD | PROGRAM SUPPORT |
| JOHN E. GRIMM III CLUBHOUSE 543 EAST 189TH STREET BRONX, NY 10458 | 13-5596792 | 501(C)(3) | 0. | 23,474. | FMV | FOOD | PROGRAM SUPPORT |
| JOSHUA AND CALEB MINISTRIES INC 1688 WEBSTER AVENUE BRONX, NY 10457 | 11-3427128 | | 0. | 65,125. | FMV | FOOD | PROGRAM SUPPORT |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| KEHILAT SEPHARDIM OF AHAVAT ACHIM 5361 PRESTON CT BROOKLYN, NY 11234 | 11-3101774 | 501(C)(3) | 0. | 103,444. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| KENMORE ASSOCIATES HALL 145 EAST 23RD STREET NEW YORK, NY 10010 | 13-3862850 | 501(C)(3) | 0. | 5,082. | FMV | FOOD | PROGRAM SUPPORT |
| KERITH SDA CHURCH 139-09 230 PLACE LAURELTON, NY 11413 | 11-3558905 | 501(C)(3) | 0. | 816,363. | FMV | FOOD | PROGRAM SUPPORT |
| KHALIL GIBRAN INTERNATIONAL ACADEMY - 362 SCHERMERHORN ST - BROOKLYN, NY 11217 | 33-2200010 | 501(C)(3) | 0. | 7,973. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| KINGS BAY YM-YWHA INC. 3495 NORSTAND AVENUE BROOKLYN, NY 11229 | 11-3068515 | 501(C)(3) | 0. | 112,119. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| KINGSBRIDGE HEIGHTS COMMUNITY CENTER - 3101 KINGSBRIDGE TERRACE - BRONX, NY 10463 | 13-2813809 | 501(C)(3) | 0. | 89,724. | FMV | FOOD | PROGRAM SUPPORT |
| LA JORNADA 39-04 61ST STREET WOODSIDE, NY 11377 | 37-1659512 | 501(C)(3) | 21,615. | 1,357,817. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| LAS MARAVILLAS DEL EXODO 302 ELTON STREET BROOKLYN, NY 11208 | 11-3344440 | 501(C)(3) | 0. | 554,001. | FMV | FOOD | PROGRAM SUPPORT |
| LEHMAN COLLEGE ASSOCIATION 250 BEDFORD PARK BLVD WEST BRONX, NY 10468 | 13-3150922 | 501(C)(3) | 0. | 7,201. | FMV | FOOD | PROGRAM SUPPORT |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| LEVITICUS CHURCH OF GOD IN CHRIST INC - 114-12 VAN WYCK EXPRESSWAY - SOUTH OZONE PARK, NY 11420 | 11-3128942 | 501(C)(3) | 7,650. | 162,336. | FMV | FOOD | PROGRAM SUPPORT |
| LIBERTY BAPTIST CHURCH P.O. BOX 250435 BROOKLYN, NY 11225 | 11-2495580 | 501(C)(3) | 0. | 20,488. | FMV | FOOD | PROGRAM SUPPORT |
| LIFE TOGETHER WORKS INC. 2347 LAFAYETTE AVENUE BRONX, NY 10473 | 84-4486893 | 501(C)(3) | 10,000. | 397,279. | FMV | FOOD | PROGRAM SUPPORT |
| LIFE BRIGDENY, LTD 2084 EAST 41ST STREET BROOKLYN, NY 11234 | 47-5322154 | 501(C)(3) | 2,500. | 182,706. | FMV | FOOD | PROGRAM SUPPORT |
| LIGHTHOUSE OF HOPE OUTREACH AND RESOURCE CENTER - 636 E. 86TH STREET - BROOKLYN, NY 11212 | 83-2760037 | 501(C)(3) | 10,000. | 16,850. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| LILLIAN WALD FOOD PANTRY 12 AVENUE D NEW YORK, NY 10009 | 13-3101108 | 501(C)(3) | 0. | 88,340. | FMV | FOOD | PROGRAM SUPPORT |
| LITTLE SISTERS OF THE ASSUMPTION 333 EAST 115TH STREET NEW YORK, NY 10029 | 13-2867881 | | 14,325. | 105,428. | FMV | FOOD | PROGRAM SUPPORT |
| LONGWOOD PREPARATORY ACADEMY 965 LONGWOOD AVENUE BRONX, NY 10459 | 69-0210637 | | 0. | 17,477. | FMV | FOOD | PROGRAM SUPPORT |
| LOS REDIMIDOS POR LA SANGRE DE JESU CRISTO INC. - 609 EAST 182ND STREET - BRONX, NY 10457 | 13-3106420 | 501(C)(3) | 0. | 46,115. | FMV | FOOD | PROGRAM SUPPORT |

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| LOST SHEEP CHRISTIAN CHURCH 1104 ELDER AVENUE #15 BRONX, NY 10472 | 13-3786404 | 501(C)(3) | 0. | 145,225. | FMV | FOOD | PROGRAM SUPPORT |
| LOYAL BAPTIST CHURCH 881 EAST 167TH STREET BRONX, NY 10459 | 13-3403285 | 501(C)(3) | 0. | 10,277. | FMV | FOOD | PROGRAM SUPPORT |
| M.S. 181 - JOHN STEPTOE ELEMENTARY SCHOOL - 1023 NEW YORK AVENUE - BROOKLYN, NY 11203 | 33-2200010 | | 0. | 8,536. | FMV | FOOD | PROGRAM SUPPORT |
| M.S. 301 PAUL L. DUNBAR 890 CAULDWELL AVE BRONX, NY 10456 | 33-2200010 | 501(C)(3) | 0. | 26,348. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| MACEDONIA AME CHURCH 160-16 GUY R. BREWER BLVD. JAMAICA, NY 11433 | 11-3475572 | 501(C)(3) | 10,000. | 32,239. | FMV | FOOD | PROGRAM SUPPORT |
| MACEDONIA CHURCH ASSEMBLY OF GOD 340 EAST 106TH STREET NEW YORK, NY 10029 | 13-1950678 | 501(C)(3) | 0. | 63,481. | FMV | FOOD | PROGRAM SUPPORT |
| MACEDONIA CHURCH OF CHRIST 289 QUINCY STREET BROOKLYN, NY 11216 | 11-2753859 | 501(C)(3) | 0. | 35,247. | FMV | FOOD | PROGRAM SUPPORT |
| MAKE THE ROAD NEW YORK, INC 301 GROVE STREET BROOKLYN, NY 11237 | 11-3344389 | 501(C)(3) | 51,420. | 156,873. | FMV | FOOD | PROGRAM SUPPORT |
| MAMRE SDA CHURCH 1623-27 UTICA AVENUE BROOKLYN, NY 11234 | 27-1704136 | 501(C)(3) | 0. | 43,670. | FMV | FOOD | PROGRAM SUPPORT |

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| MANNA OF LIFE MINISTRIES, INC. 2034 COLONIAL AVENUE BRONX, NY 10461 | 13-4038422 | 501(C)(3) | 0. | 374,499. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| MASBIA OF BORO PARK P.O. BOX 191181 BROOKLYN, NY 11219 | 26-3851559 | 501(C)(3) | 91,134. | 520,239. | FMV | FOOD | PROGRAM SUPPORT |
| MASBIA OF FLATBUSH P.O. BOX 191181 BROOKLYN, NY 11201 | 27-1209610 | 501(C)(3) | 227,010. | 219,951. | FMV | FOOD | PROGRAM SUPPORT |
| MASBIA OF QUEENS P.O. BOX 191181 BROOKLYN, NY 11219 | 27-0363356 | 501(C)(3) | 292,344. | 430,125. | FMV | FOOD | PROGRAM SUPPORT |
| MAYOR'S FUND TO ADVANCE NEW YORK CITY - 340 BAY STREET - STATEN ISLAND, NY 10301 | 13-3783906 | 501(C)(3) | 0. | 1,551,642. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| MEDGAR EVERS 1638 BEDFORD AVENUE BROOKLYN, NY 11225 | 11-2561640 | 501(C)(3) | 0. | 34,649. | FMV | FOOD | PROGRAM SUPPORT |
| MESIVTHA OF STATEN ISLAND 1870 DRUMGOOLE ROAD EAST STATEN ISLAND, NY 10309 | 13-5600419 | 501(C)(3) | 0. | 40,398. | FMV | FOOD | PROGRAM SUPPORT |
| METRO COMMUNITY HEALTH CENTER, INC. - 979 CROSS BRONX EXPRESSWAY - BRONX, NY 10460 | 46-1317334 | 501(C)(3) | 0. | 13,248. | FMV | FOOD | PROGRAM SUPPORT |
| METRO WORLD CHILD P.O. BOX 409 BROOKLYN, NY 11237 | 11-3382193 | 501(C)(3) | 106,797. | 157,219. | FMV | FOOD | PROGRAM SUPPORT |

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| METROPOLITAN COUNCIL ON JEWISH POVERTY - 5361 PRESTON COURT - BROOKLYN, NY 11234 | 13-2738818 | 501(C)(3) | 964,284. | 1,708,204. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| MID BRONX SENIOR CITIZENS COUNCIL-CCRP HEAD START - 900 GRAND CONCOURSE - BRONX, NY 10451 | 23-7354073 | 501(C)(3) | 0. | 7,956. | FMV | FOOD | PROGRAM SUPPORT |
| MISSIONARY CHURCH OF CHRIST 535 JACKSON AVENUE BRONX, NY 10455 | 13-3179349 | 501(C)(3) | 0. | 25,718. | FMV | FOOD | PROGRAM SUPPORT |
| MONTEFIORE MEDICAL CENTER[DONOR CARD] - 111 EAST 210TH STREET - BRONX, NY 10467 | 13-1740114 | 501(C)(3) | 9,900. | 130,318. | FMV | FOOD | PROGRAM SUPPORT |
| MORE THAN CONQUERORS GLOBAL MINISTRIES - 153-56 ROCKAWAY BLVD - JAMAICA, NY 11434 | 11-3516207 | 501(C)(3) | 9,474. | 119,186. | FMV | FOOD | PROGRAM SUPPORT |
| MORIAH CITY COMMUNITY 116-20 FRANCIS LEWIS BLVD. CAMBRIA HEIGHTS, NY 11411 | 11-2831746 | 501(C)(3) | 0. | 167,896. | FMV | FOOD | PROGRAM SUPPORT |
| MORRIS BROWN AME CHURCH 145-03 ROCKAWAY BLVD. JAMAICA, NY 11436 | 11-3559462 | 501(C)(3) | 10,000. | 339,072. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| MORRISANIA REVITALIZATION CORP, INC - 576B EAST 165TH STREET - BRONX, NY 10456 | 13-3113927 | 501(C)(3) | 10,000. | 9,163. | FMV | FOOD | PROGRAM SUPPORT |
| MOSHOLU MONTEFIORE COMMUNITY CENTER - 3450 DEKALB AVENUE - BRONX, NY 10467 | 13-3622107 | 501(C)(3) | 900. | 38,454. | FMV | FOOD | PROGRAM SUPPORT |

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| MOUNT OLIVET BAPTIST CHURCH OF NEW YORK - 201 LENOX AVENUE - NEW YORK, NY 10027 | 13-1659628 | 501(C)(3) | 10,000. | 14,283. | FMV | FOOD | PROGRAM SUPPORT |
| MOVEMENT OF PENTECOSTAL 3914 AVENUE K BROOKLYN, NY 11210 | 11-3047169 | 501(C)(3) | 0. | 33,202. | FMV | FOOD | PROGRAM SUPPORT |
| MOVIMIENTO MISIONERO MUNDIAL INC. 541 WEST 211TH STREET NEW YORK, NY 10034 | 52-1405479 | 501(C)(3) | 0. | 361,990. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| MS 117 1865 MORRIS AVE BRONX, NY 10460 | 33-2200010 | 501(C)(3) | 0. | 22,330. | FMV | FOOD | PROGRAM SUPPORT |
| MS 391 X THE ANGELO PATRI MIDDLE SCHOOL - 2225 WEBSTER AVENUE - BRONX, NY 10457 | 33-2200010 | 501(C)(3) | 0. | 30,818. | FMV | FOOD | PROGRAM SUPPORT |
| MT. CARMEL BAPTIST CHURCH 1376 PROSPECT AVENUE BRONX, NY 10459 | 13-3966802 | 501(C)(3) | 0. | 86,032. | FMV | FOOD | PROGRAM SUPPORT |
| MT. HEBRON CHURCH OF CHRIST 167 CHESTER STREET BROOKLYN, NY 11212 | 11-3181799 | 501(C)(3) | 0. | 106,221. | FMV | FOOD | PROGRAM SUPPORT |
| MT. OLIVET GOSPEL CHURCH 33-27 97TH STREET CORONA, NY 11368 | 11-2574606 | 501(C)(3) | 0. | 119,253. | FMV | FOOD | PROGRAM SUPPORT |
| MT. SINAI SDA CHURCH 217-10 93RD AVE QUEENS VILLAGE, NY 11428 | 41-2133146 | 501(C)(3) | 0. | 783,915. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| MT. ZION AME CHURCH 1765 MADISON AVENUE NEW YORK, NY 10029 | 46-4436206 | 501(C)(3) | 0. | 5,883. | FMV | EQUIPMENT | PROGRAM SUPPORT |
| MT. ZION AME CHURCH 1765 MADISON AVENUE NEW YORK, NY 10029 | 13-4190193 | 501(C)(3) | 0. | 8,000. | FMV | FOOD | PROGRAM SUPPORT |
| MT. ZION CHURCH OF GOD 7TH DAY 203 EAST 37TH STREET BROOKLYN, NY 11203 | 11-3188710 | 501(C)(3) | 0. | 65,448. | FMV | FOOD | PROGRAM SUPPORT |
| MUNA SOCIAL SERVICES INC. 1033 GLENMORE AVENUE BROOKLYN, NY 11208 | 84-4338493 | 501(C)(3) | 9,998. | 222,320. | FMV | FOOD | PROGRAM SUPPORT |
| MURRAY HILL NEIGHBORHOOD ASSOCIATION - 150-20 BARCLAY AVENUE - FLUSHING, NY 11355 | 11-3455774 | 501(C)(3) | 0. | 60,493. | FMV | FOOD | PROGRAM SUPPORT |
| MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPM - 1363 OGDEN AVENUE - BRONX, NY 10452 | 80-0010627 | 501(C)(3) | 69. | 102,057. | FMV | FOOD | PROGRAM SUPPORT |
| NACHAS HEALTH & FAMILY NETWORK, INC. - 50 EAST 87TH STREET - NEW YORK, NY 10128 | 11-3067201 | 501(C)(3) | 25,670. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| NATIONAL COMM. FOR FURTHERANCE OF JEWISH EDUCATION - 824 EASTERN PARKWAY - BROOKLYN, NY 11213 | 11-6003180 | 501(C)(3) | 92,998. | 26,033. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| NATIONAL COUNCIL OF JEWISH WOMEN NEW YORK SECTION - 241 WEST 72ND STREET - NEW YORK, NY 10023 | 13-1624132 | 501(C)(3) | 171,317. | 42,533. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| NAVY YARD CLUBHOUSE 240 NASSAU STREET BROOKLYN, NY 11201 | 13-5596792 | 501(C)(3) | 0. | 22,804. | FMV | FOOD | PROGRAM SUPPORT |
| NAZARETH HOUSING INC 519 EAST 11TH STREET NEW YORK, NY 10009 | 13-3176952 | 501(C)(3) | 0. | 124,139. | FMV | FOOD | PROGRAM SUPPORT |
| NEIGHBORS TOGETHER CORP 2094 FULTON STREET BROOKLYN, NY 11233 | 11-2632109 | 501(C)(3) | 10,796. | 33,956. | FMV | FOOD | PROGRAM SUPPORT |
| NEW ALTERNATIVES FOR CHILDREN 37 WEST 26TH STREET NEW YORK, NY 10010 | 13-3149298 | 501(C)(3) | 0. | 11,807. | FMV | FOOD | PROGRAM SUPPORT |
| NEW COVENANT COMMUNITY DEVELOPMENT CORP. - 1175 BOSTON ROAD - BRONX, NY 10456 | 13-3904826 | 501(C)(3) | 0. | 177,071. | FMV | FOOD | PROGRAM SUPPORT |
| NEW DIRECTION SERVICES INC. 1027 POST AVENUE STATEN ISLAND, NY 10302 | 13-4118080 | 501(C)(3) | 313,943. | 24,333. | FMV | FOOD | PROGRAM SUPPORT |
| NEW HOPE FAMILY WORSHIP 817 LIVONIA AVENUE BROOKLYN, NY 11207 | 11-3037658 | | 0. | 134,574. | FMV | FOOD | PROGRAM SUPPORT |
| NEW HOPE PENTECOSTAL CHURCH OF JESUS CHRIST - 1838 PARK PLACE - BROOKLYN, NY 11233 | 27-0718187 | 501(C)(3) | 0. | 39,821. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| NEW LIFE COMMUNITY DEVELOPMENT 82-10 QUEENS BLVD ELMHURST, NY 11373 | 11-3204890 | 501(C)(3) | 0. | 53,711. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| NEW LIFE HOLINESS CHRISTIAN MINISTRIES, INC. - 4401 BARNES AVENUE - BRONX, NY 10466 | 13-4066405 | 501(C)(3) | 0. | 104,277. | FMV | FOOD | PROGRAM SUPPORT |
| NEW LIFE SDA CHURCH 885-887 THOMAS S. BOYLAND ST. BROOKLYN, NY 11212 | 19-7953000 | 501(C)(3) | 0. | 18,940. | FMV | FOOD | PROGRAM SUPPORT |
| NEW PILGRIM COMMUNITY BAPTIST CHURCH - 1435 PROSPECT AVE - BRONX, NY 10456 | 13-3494004 | 501(C)(3) | 0. | 86,811. | FMV | FOOD | PROGRAM SUPPORT |
| NEW YORK CITY LOVE KITCHEN INC 401 WEST 205TH STREET NEW YORK, NY 10034 | 11-3018196 | 501(C)(3) | 11,000. | 297,380. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| NEW YORK COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029 | 13-3127972 | 501(C)(3) | 592,389. | 134,172. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| NEWMAN MEMORIAL UNITED METHODIST CHURCH - 277 MACDONOUGH STREET - BROOKLYN, NY 11233 | 36-2167731 | 501(C)(3) | 0. | 44,363. | FMV | FOOD | PROGRAM SUPPORT |
| NORTH BROOKLYN ANGELS 127 KENT ST BROOKLYN, NY 11222 | 81-4576973 | 501(C)(3) | 0. | 67,327. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| NORTHEAST BROOKLYN HOUSING DEVELOPMENT CORP. - 376 THROOP AVENUE - BROOKLYN, NY 11221 | 11-2737223 | 501(C)(3) | 2,960. | 116,411. | FMV | FOOD | PROGRAM SUPPORT |
| NORTHEASTERN CONFERENCE COMMUNITY AFFAIRS INC. - 99-13 NORTHERN BOULEVARD - CORONA, NY 11368 | 02-0632575 | 501(C)(3) | 6,250. | 76,517. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| NYCHA DEVELOPMENT 475 SWINTON AVE BRONX, NY 10465 | 80-0546653 | 501(C)(3) | 0. | 14,472. | FMV | FOOD | PROGRAM SUPPORT |
| OLIVET GOSPEL CHURCH COMMUNITY FOOD DISTRIBUTION PROGRAM - 3900 DYRE AVE - BRONX, NY 10466 | 13-2885454 | 501(C)(3) | 0. | 423,177. | FMV | FOOD | PROGRAM SUPPORT |
| ONE WAY CHURCH OF CHRIST P.O. BOX 130172 QUEENS, NY 11413 | 22-2279191 | 501(C)(3) | 0. | 147,294. | FMV | FOOD | PROGRAM SUPPORT |
| OPEN DOOR TO HEAVEN OUTREACH MINISTRY INC. - 91-23 88TH STREET - WOODHAVEN, NY 11421 | 27-4860420 | 501(C)(3) | 0. | 68,086. | FMV | FOOD | PROGRAM SUPPORT |
| OPIN (OTHER PEOPLE IN NEED) 1768 ST. JOHN'S PLACE BROOKLYN, NY 11233 | 11-3271891 | 501(C)(3) | 0. | 56,043. | FMV | FOOD | PROGRAM SUPPORT |
| ORIGINAL PENTECOSTAL APOSTOLIC CHURCH - 472 E 34TH STREET - BROOKLYN, NY 11203 | 11-3490212 | 501(C)(3) | 0. | 40,779. | FMV | FOOD | PROGRAM SUPPORT |
| OUR LADY CHARITY FOR THE COMMUNITY, INC. - 5716 FARRAGUT RD. - BROOKLYN, NY 11234 | 46-2527217 | 501(C)(3) | 0. | 369,368. | FMV | FOOD | PROGRAM SUPPORT |
| OUR LADY OF FATIMA CHURCH 2350 TREMONT ST PHILADELPHIA, PA 19115 | 23-1353364 | 501(C)(3) | 0. | 149,725. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| OUR LADY OF GOOD COUNSEL CHURCH (SI) - 10 AUSTIN PLACE - STATEN ISLAND, NY 10304 | 13-5608403 | 501(C)(3) | 0. | 25,455. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| OUR LADY OF GRACE PARISH 2322 EAST 4TH STREET BROOKLYN, NY 11223 | 11-1694947 | | 0. | 14,733. | FMV | FOOD | PROGRAM SUPPORT |
| OUR LADY OF GRACE PARISH MINISTRIES - 158-10 101ST STREET - HOWARD BEACH, NY 11414 | 11-1639827 | | 0. | 19,745. | FMV | FOOD | PROGRAM SUPPORT |
| OUR LADY OF LIGHT PARISH 118-22 RIVERTON STREET ST. ALBANS, NY 11412 | 26-3264244 | 501(C)(3) | 0. | 44,279. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| OUR LADY OF LOURDES OUTREACH 92-96 220TH STREET QUEENS VILLAGE, NY 11428 | 11-1677499 | | 0. | 41,069. | FMV | FOOD | PROGRAM SUPPORT |
| OUR LADY OF REFUGE RC CHURCH 2020 FOSTER AVENUE BROOKLYN, NY 11210 | 11-1733446 | 501(C)(3) | 0. | 221,005. | FMV | FOOD | PROGRAM SUPPORT |
| OUR LADY OF SORROWS 213 STANTON STREET NEW YORK, NY 10002 | 13-1740180 | | 0. | 5,327. | FMV | FOOD | PROGRAM SUPPORT |
| P.S 66X THE SCHOOL OF HIGHER EXPECTATIONS - 1001 JENNINGS ST. - BRONX, NY 10460 | 33-2200010 | 501(C)(3) | 0. | 8,052. | FMV | FOOD | PROGRAM SUPPORT |
| P.S. 096 JOSEPH LANZETTA 216 E 120TH STREET NEW YORK, NY 10035 | 33-2200010 | 501(C)(3) | 0. | 28,742. | FMV | FOOD | PROGRAM SUPPORT |
| P.S. 154X 333 E 135TH STREET BRONX, NY 10454 | 33-2200010 | 501(C)(3) | 0. | 10,933. | FMV | FOOD | PROGRAM SUPPORT |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| P.S. 179K 202 AVENUE C BROOKLYN, NY 11218 | 33-2200010 | 501(C)(3) | 0. | 6,678. | FMV | FOOD | PROGRAM SUPPORT |
| P.S. 18X** 502 MORRIS AVENUE BRONX, NY 10451 | 33-2200010 | 501(C)(3) | 0. | 12,326. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| P.S. 197 THE OCEAN SCHOOL 825 HICKSVILLE ROAD FAR ROCKAWAY, NY 11691 | 33-2200010 | 501(C)(3) | 0. | 45,200. | FMV | FOOD | PROGRAM SUPPORT |
| P.S. 50Q TALFOURD LAWN ELEMENTARY SCHOOL - 143-26 101 AVENUE - JAMAICA, NY 11435 | 33-2200010 | 501(C)(3) | 0. | 39,744. | FMV | FOOD | PROGRAM SUPPORT |
| P.S. 95Q - THE EASTWOOD SCHOOL 179-01 90TH AVE. JAMAICA, NY 11432 | 33-2200010 | 501(C)(3) | 0. | 55,742. | FMV | FOOD | PROGRAM SUPPORT |
| P.S.308 CLARA CARDWELL 616 QUINCY STREET BROOKLYN, NY 11221 | 33-2200010 | 501(C)(3) | 0. | 13,374. | FMV | FOOD | PROGRAM SUPPORT |
| PAKISTANI AMERICAN YOUTH ORGANIZATION (PAYO) - 1045 CONEY ISLAND AVENUE - BROOKLYN, NY 11230 | 47-4022872 | 501(C)(3) | 0. | 187,870. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| PARK AVENUE SYNAGOGUE 50 EAST 87TH STREET NEW YORK, NY 10128 | 13-1860028 | 501(C)(3) | 0. | 45,327. | FMV | FOOD | PROGRAM SUPPORT |
| PART OF THE SOLUTION 2759 WEBSTER AVENUE BRONX, NY 10458 | 13-3425071 | 501(C)(3) | 425,178. | 170,389. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| PATHHSEO, INC. 1357 SOUTHERN BLVD BRONX, NY 10459 | 86-2050873 | 501(C)(3) | 0. | 621,316. | FMV | FOOD | PROGRAM SUPPORT |
| PENTECOST CARE COMMUNITY OUTREACH 621 EAST 216TH STREET BRONX, NY 10467 | 13-3518705 | 501(C)(3) | 0. | 134,164. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| PENTECOSTAL RESCUE HOUSE OF PRAYER P.O BOX 080060 NEW LOTS STATION BROOKLYN, NY 11208 | 11-2531216 | 501(C)(3) | 0. | 136,577. | FMV | FOOD | PROGRAM SUPPORT |
| PHOENIX HOUSE-LONG ISLAND CITY 34-25 VERNON BLVD LONG ISLAND CITY, NY 11106 | 23-7013149 | 501(C)(3) | 0. | 5,339. | FMV | FOOD | PROGRAM SUPPORT |
| POMONOK FOOD PANTRY 67-09 KISSENA BLVD. KEW GARDENS, NY 11367 | 11-2375583 | 501(C)(3) | 0. | 68,859. | FMV | FOOD | PROGRAM SUPPORT |
| POWER PRAISE AND DELIVERANCE INC. 205 SIEGEL STREET WESTBURY, NY 11590 | 84-1650246 | 501(C)(3) | 0. | 103,001. | FMV | FOOD | PROGRAM SUPPORT |
| PRIMITIVE CHRISTIAN CHURCH P.O. BOX 186 NEW YORK, NY 10002 | 44-0577787 | 501(C)(3) | 0. | 115,472. | FMV | FOOD | PROGRAM SUPPORT |
| PROJECT CREATE 73 LENOX AVENUE 3RD FLR NEW YORK, NY 10026 | 13-2739938 | 501(C)(3) | 0. | 28,084. | FMV | FOOD | PROGRAM SUPPORT |
| PROJECT EATS 336 W. 37TH STREET NEW YORK, NY 10018 | 30-0558873 | 501(C)(3) | 0. | 90,819. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| PROJECT FIND WOODSTOCK S.C. P.O. BOX 804 NEW YORK, NY 10036 | 13-2666921 | 501(C)(3) | 0. | 39,030. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| PROJECT HOPE CHARITIES 170-20 140TH STREET JAMAICA, NY 11434 | 26-0897746 | 501(C)(3) | 545. | 308,933. | FMV | FOOD | PROGRAM SUPPORT |
| PROJECT HOSPITALITY INC 100 PARK AVENUE STATEN ISLAND, NY 10302 | 13-3234441 | 501(C)(3) | 570,036. | 598,901. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| PROJECT LEAD 123-19 HILLSIDE AVE. RICHMOND HILL, NY 11418 | 13-3761446 | 501(C)(3) | 0. | 81,191. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| PROJECT RENEWAL 200 VARICK STREET NEW YORK, NY 10014 | 13-2602882 | 501(C)(3) | 0. | 10,498. | FMV | FOOD | PROGRAM SUPPORT |
| PROSPECT SPANISH SDA CHURCH 2260 STORY AVE BRONX, NY 10473 | 11-3005148 | 501(C)(3) | 10,000. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| PS 111 Q JACOB BLACKWELL 37-15 13TH STREET LONG ISLAND CITY, NY 11101 | 69-0210637 | 501(C)(3) | 0. | 29,822. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| PS 112 X BRONXWOOD 1925 SCHIEFFELIN AVENUE BRONX, NY 10466 | 69-0210637 | 501(C)(3) | 0. | 32,904. | FMV | FOOD | PROGRAM SUPPORT |
| PS 12 K DR. JACQUELINE PEEK-DAVIS 430 HOWARD AVENUE BROOKLYN, NY 11233 | 69-0210637 | 501(C)(3) | 0. | 17,557. | FMV | FOOD | PROGRAM SUPPORT |

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| PS 138 X 2060 LAFAYETTE AVENUE BRONX, NY 10473 | 33-2200010 | 501(C)(3) | 0. | 16,226. | FMV | FOOD | PROGRAM SUPPORT |
| PS 140 X ABIGAIL KENNEDY BRONX, NY 10456 | 33-2200010 | 501(C)(3) | 0. | 5,137. | FMV | FOOD | PROGRAM SUPPORT |
| PS 19Q MARINO JEANTET 98-02 ROOSEVELT AVENUE CORONA, NY 11368 | 69-0210637 | 501(C)(3) | 0. | 93,373. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| PS 249K CATON SCHOOL 18 MARLBOROUGH RD BROOKLYN, NY 11226 | 33-2200010 | 501(C)(3) | 0. | 8,576. | FMV | FOOD | PROGRAM SUPPORT |
| PS 294 THE WALTON AVENUE SCHOOL 1425 WALTON AVENUE BRONX, NY 10452 | 33-2200010 | 501(C)(3) | 0. | 10,098. | FMV | FOOD | PROGRAM SUPPORT |
| PS 297 K ABRAHAM STOCKTON SCHOOL 700 PARK AVENUE BROOKLYN, NY 11206 | 69-0210637 | 501(C)(3) | 0. | 24,583. | FMV | FOOD | PROGRAM SUPPORT |
| PS 298 K BETTY SHABAZZ 85 WATKINS ST BROOKLYN, NY 11212 | 33-2200010 | 501(C)(3) | 0. | 28,553. | FMV | FOOD | PROGRAM SUPPORT |
| PS 30X WILTON 510 EAST 141 STREET BRONX, NY 10454 | 33-2200010 | 501(C)(3) | 0. | 33,763. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| PS 375 M MOSAIC PREPARATORY ACADEMY - 141 EAST 111TH STREET - NEW YORK, NY 10029 | 69-0210637 | 501(C)(3) | 0. | 15,612. | FMV | FOOD | PROGRAM SUPPORT |

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| PS 4 M DUKE ELLINGTON 500 WEST 160 STREET NEW YORK, NY 10032 | 69-0210637 | 501(C)(3) | 0. | 68,471. | FMV | FOOD | PROGRAM SUPPORT |
| PS 43X JONAS BRONCK ACADEMY 165 BROWN PLACE BRONX, NY 10454 | 69-0210637 | 501(C)(3) | 0. | 13,146. | FMV | FOOD | PROGRAM SUPPORT |
| PS 54 SAMUEL C. BARNES 195 SANFORD ST. BROOKLYN, NY 11205 | 33-2200010 | 501(C)(3) | 0. | 43,209. | FMV | FOOD | PROGRAM SUPPORT |
| QUEENS DEFENDERS 148-02 JAMAICA AVE. JAMAICA, NY 11435 | 27-0364845 | 501(C)(3) | 0. | 11,381. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| QUEENS FAITH TEMPLE SDA CHURCH 217-03 MERRICK BLVD SPRINGFIELD GARDENS, NY 11413 | 11-3570185 | 501(C)(3) | 0. | 48,989. | FMV | FOOD | PROGRAM SUPPORT |
| QUEENS JEWISH COMMUNITY COUNCIL 5361 PRESTON CT BROOKLYN, NY 11234 | 23-7172152 | 501(C)(3) | 0. | 84,921. | FMV | FOOD | PROGRAM SUPPORT |
| QUEENS LAW ASSOCIATES NOT FOR PROFIT CORP_DBA QUEE - 118-21 QUEENS BLVD, SUITE 212 - FOREST HILLS, NY 11375 | 27-0364845 | 501(C)(3) | 17,606. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| QUEENS TABERNACLE CHURCH 114-70 211TH STREET CAMBRIA HEIGHTS, NY 11411 | 11-3502875 | 501(C)(3) | 0. | 846,546. | FMV | FOOD | PROGRAM SUPPORT |
| RAUSCHENBUSCH METRO MINISTRIES 410 WEST 40TH STREET NEW YORK, NY 10018 | 13-3859713 | 501(C)(3) | 0. | 54,508. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| REACHING OUT COMMUNITY SERVICE 7708 NEW UTRECHT AVENUE BROOKLYN, NY 11214 | 11-3042769 | 501(C)(3) | 0. | 447,207. | FMV | FOOD | PROGRAM SUPPORT |
| REACHING OUT COMMUNITY SERVICES 7708 NEW UTRECHT AVENUE BROOKLYN, NY 11214 | 11-3615625 | 501(C)(3) | 23,940. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| RECOVERY HOUSE OF WORSHIP 360 SCHERMERHORN STREET BROOKLYN, NY 11217 | 46-3788680 | 501(C)(3) | 0. | 186,240. | FMV | FOOD | PROGRAM SUPPORT |
| REDEEMED CHRISTIAN CHURCH OF GOD 1001 MORRIS AVENUE BRONX, NY 10456 | 13-4017743 | 501(C)(3) | 0. | 52,290. | FMV | FOOD | PROGRAM SUPPORT |
| RENAISSANCE SCHOOL OF THE ARTS, MS377 - ADDRESS 319 E 117TH STREET - NEW YORK, NY 10035 | 33-2200010 | | 0. | 39,577. | FMV | FOOD | PROGRAM SUPPORT |
| RESOURCES CENTER FOR COMMUNITY SERVICES - 884 E 163RD ST - BRONX, NY 10459 | 13-3503303 | 501(C)(3) | 0. | 162,217. | FMV | FOOD | PROGRAM SUPPORT |
| RESURRECTION AND LIFE PENTECOSTAL CHURCH - 870 EAST 163RD STREET - BRONX, NY 10459 | 13-3714127 | 501(C)(3) | 0. | 600,247. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| RESURRECTION LUTHERAN CHURCH 189-20 114TH ROAD ST. ALBANS, NY 11412 | 41-1568278 | 501(C)(3) | 0. | 21,135. | FMV | FOOD | PROGRAM SUPPORT |
| RESURRECTION POWER AND LIVING 4132 PARK AVENUE BRONX, NY 10457 | 22-3464878 | 501(C)(3) | 0. | 54,934. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| RICHMOND HILL SDA COMMUNITY 114-08 JAMAICA AVENUE RICHMOND HILL, NY 11418 | 11-3004838 | | 0. | 39,066. | FMV | FOOD | PROGRAM SUPPORT |
| RIDGEWOOD PRESBYTERIAN CHURCH 59-14 70TH AVENUE RIDGEWOOD, NY 11385 | 11-2325474 | 501(C)(3) | 0. | 16,534. | FMV | FOOD | PROGRAM SUPPORT |
| RISEBORO COMMUNITY PARTNERSHIP INC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 | 11-2453853 | 501(C)(3) | 26,090. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| ROBERT A. VAN WYCK MIDDLE SCHOOL (28Q217) - 85-05 144 STREET - JAMAICA, NY 11435 | 69-0210637 | 501(C)(3) | 0. | 40,729. | FMV | FOOD | PROGRAM SUPPORT |
| ROOSEVELT ISLAND DISABLED ASSOCIATION - 546 MAIN ST. - NEW YORK, NY 10044 | 13-3251193 | 501(C)(3) | 0. | 98,791. | FMV | FOOD | PROGRAM SUPPORT |
| ROSE OF SHARON BAPTIST CHURCH INC. 104-19 165TH STREET JAMAICA, NY 11433 | 06-1328313 | 501(C)(3) | 50. | 29,438. | FMV | FOOD | PROGRAM SUPPORT |
| RUTH FERNANDEZ FAMILY RESIDENCE 760-762 FOX STREET BRONX, NY 10455 | 13-2850123 | 501(C)(3) | 0. | 23,384. | FMV | FOOD | PROGRAM SUPPORT |
| SAGE (SERVICES AND ADVOCACY FOR GLBT ELDERS) - 305 7TH AVENUE - NEW YORK, NY 10001 | 13-2947657 | 501(C)(3) | 0. | 6,979. | FMV | FOOD | PROGRAM SUPPORT |
| SALEM UNITED METHODIST CHURCH 2190 ADAM CLAYTON POWELL NEW YORK, NY 10027 | 13-2665561 | 501(C)(3) | 250. | 168,054. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| SALT AND SEA MISSION CHURCH INC. 2417-2419 STILLWELL AVE BROOKLYN, NY 11223 | 11-3082094 | 501(C)(3) | 0. | 973,255. | FMV | FOOD | PROGRAM SUPPORT |
| SALVATION ARMY 45-18 BROADWAY ASTORIA, NY 11103 | 13-1740429 | 501(C)(3) | 0. | 128,830. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| SAM FIELD 77-17 QUEENS BLVD ELMHURST, NY 11373 | 11-3071518 | 501(C)(3) | 0. | 89,012. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| SANCTIFIED CHURCH OF GOD INC. 404 LEFFERTS AVENUE BROOKLYN, NY 11225 | 11-3071894 | 501(C)(3) | 0. | 100,741. | FMV | FOOD | PROGRAM SUPPORT |
| SBH COMMUNITY SERVICE NETWORK, INC. - 5361 PRESTON CT - BROOKLYN, NY 11234 | 23-7406410 | 501(C)(3) | 122,102. | 94,758. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| SCAN-HARBOR, INC. 345 E 102ND STREET NEW YORK, NY 10029 | 13-2912963 | 501(C)(3) | 0. | 95,260. | FMV | FOOD | PROGRAM SUPPORT |
| SDA CHURCH 1695 WASHINGTON AVENUE BRONX, NY 10457 | 13-1865286 | 501(C)(3) | 0. | 1,329,032. | FMV | FOOD | PROGRAM SUPPORT |
| SECOND CHANCE AGAPE WORSHIP CENTER 200-12 HOLLIS AVENUE ST. ALBANS, NY 11412 | 26-0091005 | 501(C)(3) | 0. | 93,830. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| SEVENTH DAY ADVENTIST CHURCH 495 WILLIS AVENUE BRONX, NY 10455 | 52-0643036 | 501(C)(3) | 0. | 1,641,681. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| SHILOH TEMPLE PENTECOSTAL CHURCH 719 EAST 223RD STREET BRONX, NY 10466 | 13-3225161 | 501(C)(3) | 0. | 31,561. | FMV | FOOD | PROGRAM SUPPORT |
| SHOREFRONT JEWISH COMMUNITY COUNCIL - 128 BRIGHTON BEACH AVENUE, 4TH FLOOR - BROOKLYN, NY 11235 | 11-2986161 | 501(C)(3) | 0. | 143,467. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| SHOUT FOR JOY BAPTIST CHURCH 350 BEACH AVENUE BRONX, NY 10473 | 13-3881734 | 501(C)(3) | 0. | 61,330. | FMV | FOOD | PROGRAM SUPPORT |
| SILOAM PRESBYTERIAN CHURCH 260 JEFFERSON AVENUE BROOKLYN, NY 11216 | 11-2799119 | 501(C)(3) | 0. | 5,480. | FMV | FOOD | PROGRAM SUPPORT |
| SOLID ROCK SDA CHURCH DBA SOLID ROCK SDA PANTRY - 5205 ROCKAWAY BEACH BLVD. - ARVERNE, NY 11692 | 76-0763379 | 501(C)(3) | 10,000. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| SOLID ROCK BAPTIST CHURCH 120 TOMPKINS AVENUE BROOKLYN, NY 11206 | 11-2999373 | 501(C)(3) | 0. | 216,886. | FMV | FOOD | PROGRAM SUPPORT |
| SOUNDVIEW PRESBYTERIAN CHURCH 760 SOUNDVIEW AVENUE BRONX, NY 10473 | 13-3305043 | 501(C)(3) | 0. | 167,445. | FMV | FOOD | PROGRAM SUPPORT |
| SOUTH ASIAN COUNCIL FOR SOCIAL SERVICES - 143-06 45TH AVENUE - QUEENS, NY 11355 | 11-3632920 | 501(C)(3) | 100. | 24,240. | FMV | FOOD | PROGRAM SUPPORT |
| SOUTH BROOKLYN SDA CHURCH 42 PROSPECT PLACE BROOKLYN, NY 11217 | 11-3005000 | 501(C)(3) | 0. | 6,056. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| SOUTHERN BAPTIST CHURCH 12-16 WEST 108TH STREET NEW YORK, NY 10025 | 13-2807303 | 501(C)(3) | 0. | 15,788. | FMV | FOOD | PROGRAM SUPPORT |
| SOUTHSIDE UNITED HOUSING DEVELOPMENT FUND CORPORAT - 434 S 5TH STREET - BROOKLYN, NY 11211 | 11-2268359 | 501(C)(3) | 164,967. | 110,828. | FMV | FOOD | PROGRAM SUPPORT |
| SPANISH DYCKMAN SDA CHURCH 111- 113 VERMILYEA AVENUE NEW YORK, NY 10034 | 81-3652608 | 501(C)(3) | 0. | 826,945. | FMV | FOOD | PROGRAM SUPPORT |
| SPANISH INTERVALE SDA CHURCH 83 HILLTOP DRIVE BRENTWOOD, NY 11717 | 11-3004851 | 501(C)(3) | 0. | 11,747. | FMV | FOOD | PROGRAM SUPPORT |
| SPANISH SDA CHURCH 2260 STORY AVE BRONX, NY 10473 | 11-3004828 | 501(C)(3) | 0. | 101,604. | FMV | FOOD | PROGRAM SUPPORT |
| SPRING CREEK COMMUNITY SCHOOL 1065 ELTON STREET BROOKLYN, NY 11239 | 33-2200010 | 501(C)(3) | 0. | 41,795. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| ST JAMES HOLINESS CHURCH INC. 89 LEGION STREET BROOKLYN, NY 11212 | 80-0079644 | 501(C)(3) | 2,500. | 132,126. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| ST MARY STAR OF THE SEA 1920 NEW HAVEN AVENUE FAR ROCKAWAY, NY 11691 | 11-2202383 | | 0. | 62,552. | FMV | FOOD | PROGRAM SUPPORT |
| ST MICHAELS PROTESTANT EPISCOPAL CHURCH - 225 WEST 99TH STREET - NEW YORK, NY 10025 | 13-1656684 | 501(C)(3) | 0. | 76,541. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ST THERESA OF AVILA COMMUNITY SERVICE - 129-04 109TH AVENUE - SOUTH OZONE PARK, NY 11420 | 51-0155067 | 501(C)(3) | 0. | 5,810. | FMV | EQUIPMENT | PROGRAM SUPPORT |
| ST THERESA OF AVILA COMMUNITY SERVICE - 129-04 109TH AVENUE - SOUTH OZONE PARK, NY 11420 | 11-1771931 | 501(C)(3) | 0. | 54,928. | FMV | FOOD | PROGRAM SUPPORT |
| ST. ALBANS BAPTIST CHURCH 196-02 119TH AVENUE ST ALBANS, NY 11412 | 11-2448168 | 501(C)(3) | 9,997. | 101,305. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| ST. ALBAN'S DELIVERANCE TEMPLE 205-14 HOLLIS AVENUE ST. ALBANS, NY 11412 | 51-0166578 | 501(C)(3) | 0. | 84,423. | FMV | FOOD | PROGRAM SUPPORT |
| ST. ANN'S CHURCH OF MORRISANIA 295 ST ANNS AVENUE BRONX, NY 10454 | 23-7454115 | 501(C)(3) | 0. | 79,502. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| ST. ANN'S CORNER OF HARM REDUCTION P.O. BOX 935 BRONX, NY 10455 | 13-3724008 | 501(C)(3) | 0. | 12,702. | FMV | FOOD | PROGRAM SUPPORT |
| ST. ANTHONY'S CHURCH 1412 COMMONWEALTH AVENUE BRONX, NY 10460 | 13-1740328 | 501(C)(3) | 0. | 96,813. | FMV | FOOD | PROGRAM SUPPORT |
| ST. AUGUSTINE AMERICAN CATHOLIC CHURCH - 298 SCHENECTADY AVENUE - BROOKLYN, NY 11213 | 11-3068098 | 501(C)(3) | 0. | 84,720. | FMV | FOOD | PROGRAM SUPPORT |
| ST. AUGUSTINE FOOD PANTRY 1168 FRANKLIN AVE BRONX, NY 10456 | 13-1740193 | | 0. | 34,229. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ST. AUGUSTINE RC CHURCH 225 SIXTH AVENUE BROOKLYN, NY 11215 | 11-1674538 | 501(C)(3) | 0. | 7,660. | FMV | FOOD | PROGRAM SUPPORT |
| ST. BARNABAS HOSPITAL 4422 3RD AVENUE BRONX, NY 10457 | 13-1740122 | 501(C)(3) | 0. | 15,619. | FMV | FOOD | PROGRAM SUPPORT |
| ST. BRENDAN & ST. ANN PARISH 333 EAST 206TH ST. BRONX, NY 10467 | 81-2984410 | 501(C)(3) | 0. | 93,589. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| ST. CECILIA'S PARISH SERVICES 125 EAST 105TH STREET NEW YORK, NY 10029 | 13-1624165 | | 0. | 75,757. | FMV | FOOD | PROGRAM SUPPORT |
| ST. CHARLES BORROMEO CHURCH 211 W 141ST STREET NEW YORK, NY 10030 | 04-3754776 | 501(C)(3) | 0. | 103,158. | FMV | FOOD | PROGRAM SUPPORT |
| ST. CLEMENT POPE ROMAN CATHOLIC CHURCH - 141-11 123RD AVENUE - JAMAICA, NY 11436 | 11-1633530 | 501(C)(3) | 2,412. | 23,398. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| ST. CLEMENT'S FOOD PANTRY 423 WEST 46TH STREET NEW YORK, NY 10036 | 13-2796905 | 501(C)(3) | 0. | 128,515. | FMV | FOOD | PROGRAM SUPPORT |
| ST. EDMUNDS YOUTH PROGRAMS INC. 1905 MORRIS AVENUE BRONX, NY 10453 | 13-4136007 | 501(C)(3) | 10,000. | 56,216. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| ST. EDWARD FOOD PANTRY 6581 HYLAN BLVD STATEN ISLAND, NY 10309 | 13-3913578 | 501(C)(3) | 0. | 26,710. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ST. GEORGE'S EPISCOPAL CHURCH 800 MARCY AVENUE BROOKLYN, NY 11216 | 11-1821131 | 501(C)(3) | 0. | 55,118. | FMV | FOOD | PROGRAM SUPPORT |
| ST. JOHN THE DIVINE CATHEDRAL 1047 AMSTERDAM AVENUE NEW YORK, NY 10025 | 13-3839228 | 501(C)(3) | 0. | 30,080. | FMV | FOOD | PROGRAM SUPPORT |
| ST. JOHN'S BREAD AND LIFE PROGRAM INC - 795 LEXINGTON AVENUE - BROOKLYN, NY 11221 | 11-3174514 | 501(C)(3) | 385,916. | 108,210. | FMV | FOOD | PROGRAM SUPPORT |
| ST. JOHN'S BREAD OF LIFE 210 WEST 31ST STREET NEW YORK, NY 10001 | 81-3195479 | 501(C)(3) | 0. | 6,635. | FMV | EQUIPMENT | PROGRAM SUPPORT |
| ST. JOHN'S BREAD OF LIFE 210 WEST 31ST STREET NEW YORK, NY 10001 | 13-5563395 | | 0. | 86,540. | FMV | FOOD | PROGRAM SUPPORT |
| ST. JOSEPH OF THE HOLY FAMILY 405 W 125TH STREET NEW YORK, NY 10027 | 53-0196617 | 501(C)(3) | 0. | 11,903. | FMV | FOOD | PROGRAM SUPPORT |
| ST. JOSEPH ROMAN CATHOLIC CHURCH 43-19 30TH AVENUE LONG ISLAND CITY, NY 11103 | 11-1631815 | 501(C)(3) | 0. | 29,082. | FMV | FOOD | PROGRAM SUPPORT |
| ST. LUKE'S SENIOR COMMUNITY PROGRAM - 777 EAST 222ND STREET - BRONX, NY 10467 | 13-2747442 | 501(C)(3) | 0. | 278,879. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| ST. MARK AME CHURCH 95-18 NORTHERN BLVD JACKSON HEIGHTS, NY 11372 | 53-0204696 | 501(C)(3) | 0. | 111,177. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ST. MARK THE EVANGELIST CHURCH 65 WEST 138TH STREET NEW YORK, NY 10037 | 13-1635304 | 501(C)(3) | 0. | 46,971. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| ST. MARY STAR OF THE SEA 1920 NEW HAVEN AVENUE FAR ROCKAWAY, NY 11691 | 11-1723781 | 501(C)(3) | 10,000. | 3,627. | FMV | EQUIPMENT | PROGRAM SUPPORT |
| ST. NICHOLAS OF TOLENTINE CHURCH 150-75 GOETHALS AVENUE JAMAICA, NY 11432 | 11-1714878 | 501(C)(3) | 0. | 18,505. | FMV | FOOD | PROGRAM SUPPORT |
| ST. PAUL PENTECOSTAL CHURCH 133 THOMAS S BOYLAND STREET BROOKLYN, NY 11233 | 30-0327182 | 501(C)(3) | 0. | 58,172. | FMV | FOOD | PROGRAM SUPPORT |
| ST. PAUL'S LUTHERAN CHURCH P.O. BOX 502 BRONX, NY 10462 | 13-1972408 | 501(C)(3) | 0. | 80,495. | FMV | FOOD | PROGRAM SUPPORT |
| ST. PETER'S EPISCOPAL CHURCH 346 WEST 20TH STREET NEW YORK, NY 10011 | 13-5619657 | 501(C)(3) | 0. | 30,925. | FMV | FOOD | PROGRAM SUPPORT |
| ST. PETER'S EPISCOPAL LOVE KITCHEN CHURCH - 2500 WESTCHESTER AVENUE - BRONX, NY 10461 | 11-3018196 | 501(C)(3) | 0. | 43,546. | FMV | FOOD | PROGRAM SUPPORT |
| ST. PHILIP'S EPISCOPAL CHURCH 265 DECATUR STREET BROOKLYN, NY 11233 | 11-1646315 | 501(C)(3) | 0. | 16,484. | FMV | FOOD | PROGRAM SUPPORT |
| ST. RAPHAEL RC CHURCH FOOD PANTRY 35-20 GREENPOINT AVENUE LONG ISLAND CITY, NY 11101 | 11-1946390 | 501(C)(3) | 0. | 162,988. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |

Schedule I (Form 990)

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| ST. STEPHEN OUTREACH INC. 874 MYRTLE AVENUE BROOKLYN, NY 11206 | 11-2383004 | 501(C)(3) | 0. | 222,985. | FMV | FOOD | PROGRAM SUPPORT |
| ST. TERESA CHURCH SAINT VINCENT DEPAUL SOCIETY - 50-20 45TH STREET - WOODSIDE, NY 11377 | 11-1731859 | 501(C)(3) | 0. | 103,331. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| ST. THERESE OF LISIEUX RC CHURCH 1281 TROY AVENUE BROOKLYN, NY 11203 | 45-2732865 | 501(C)(3) | 0. | 67,577. | FMV | FOOD | PROGRAM SUPPORT |
| STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC. - 415 EAST 93RD STREET - NEW YORK, NY 10128 | 13-2572034 | 501(C)(3) | 7,000. | 57,563. | FMV | FOOD | PROGRAM SUPPORT |
| STATEN ISLAND LIBERIAN COMMUNITY 180 PARK HILL AVENUE, SUITE LC STATEN ISLAND, NY 10304 | 13-3936101 | 501(C)(3) | 0. | 102,245. | FMV | FOOD | PROGRAM SUPPORT |
| STATEN ISLAND SEVENTH DAY ADVENTIST CHURCH - 80 UNION AVENUE - STATEN ISLAND, NY 10303 | 13-4037877 | 501(C)(3) | 8,178. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| STUYVESANT HEIGHTS CHRISTIAN CHURCH - 69 MACDONOUGH STREET - BROOKLYN, NY 11216 | 11-2194085 | 501(C)(3) | 0. | 5,875. | FMV | FOOD | PROGRAM SUPPORT |
| TEEN CHALLENGE INC. 416 VANDERBUILT AVENUE BROOKLYN, NY 11238 | 11-2510315 | 501(C)(3) | 0. | 127,520. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| TEMPLE SHAARAY TEFILA 250 EAST 79TH STREET NEW YORK, NY 10021 | 13-1656613 | 501(C)(3) | 100. | 33,941. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

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| THE CAMPAIGN AGAINST HUNGER 2010 FULTON STREET BROOKLYN, NY 11233 | 20-0934854 | 501(C)(3) | 624,721. | 900,925. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| THE CITY OF GRACE, INC. 3402 TILDEN AVE BROOKLYN, NY 11203 | 11-3360284 | 501(C)(3) | 10,000. | 131,049. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| THE FORTUNE SOCIETY, INC. 29-76 NORTHERN BLVD LONG ISLAND CITY, NY 11101 | 13-2645436 | 501(C)(3) | 223,167. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| THE GOSPEL TABERNACLE CHURCH OF JESUS CHRIST INC. - 2314 SNYDER AVENUE - BROOKLYN, NY 11226 | 11-2865149 | 501(C)(3) | 0. | 125,466. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| THE HARDING FORD VISION INC 110-12 LIVERPOOL ST. JAMAICA, NY 11435 | 47-1252584 | 501(C)(3) | 280,127. | 131,712. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| THE HOPE CENTER DEVELOPMENT CORPORATION - 409 EAST 95TH STREET - BROOKLYN, NY 11212 | 20-3249774 | 501(C)(3) | 12,250. | 8,750. | FMV | EQUIPMENT | PROGRAM SUPPORT |
| THE HOPE CENTER DEVELOPMENT CORPORATION - 409 EAST 95TH STREET - BROOKLYN, NY 11212 | 11-2939346 | 501(C)(3) | 0. | 141,555. | FMV | FOOD | PROGRAM SUPPORT |
| THE HOUSE OF DAVID CHURCH 747-749 HENDRIX STREET BROOKLYN, NY 11207 | 11-2518722 | 501(C)(3) | 0. | 182,552. | FMV | FOOD | PROGRAM SUPPORT |
| THE LEGACY CENTER COMMUNITY DEVELOPMENT CORP. - 64-34 MYRTLE AVENUE - GLENDALE, NY 11385 | 27-1033434 | 501(C)(3) | 0. | 181,959. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

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| THE LOWER EASTSIDE GIRLS CLUB OF NY - 402 EAST 8TH STREET - NEW YORK, NY 10009 | 13-3942063 | 501(C)(3) | 0. | 179,690. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| THE MOMENTUM PROJECT INC. 120 E 106TH STREET NEW YORK, NY 10028 | 13-3556768 | 501(C)(3) | 0. | 5,321. | FMV | FOOD | PROGRAM SUPPORT |
| THE PRODIGAL CENTER 841 BARRETTO STREET BRONX, NY 10474 | 47-3532039 | 501(C)(3) | 10,000. | 15,083. | FMV | FOOD | PROGRAM SUPPORT |
| THE RED DOOR PLACE 201 WEST 13TH STREET NEW YORK, NY 10011 | 13-5562281 | | 0. | 252,100. | FMV | FOOD | PROGRAM SUPPORT |
| THE RESOURCE CENTER FOR COMMUNITY DEVELOPMENT INC - 884 E 163RD ST - BRONX, NY 10459 | 13-3603303 | 501(C)(3) | 31,364. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| THE RIVER FUND NEW YORK 89-11 LEFFERTS BLVD. RICHMOND HILL, NY 11418 | 11-3450363 | 501(C)(3) | 848,744. | 2,183,559. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| THE RIVERSIDE CHURCH FP 490 RIVERSIDE DRIVE NEW YORK, NY 10027 | 13-1624157 | 501(C)(3) | 0. | 100,804. | FMV | FOOD | PROGRAM SUPPORT |
| THE SALVATION ARMY 90-23 161ST STREET JAMAICA, NY 11432 | 13-5562351 | 501(C)(3) | 33,150. | 685,854. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| THE SCHOOL FOR INQUIRY AND SOCIAL JUSTICE - 1025 MORRISON AVENUE - BRONX, NY 10472 | 69-0210637 | | 0. | 20,316. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| THE SKYLINE CHARITABLE FOUNDATION 49-28 31ST PLACE LONG ISLAND CITY, NY 11101 | 46-2141917 | 501(C)(3) | 10,000. | 25,458. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| THE TABLE AT THE FAMILY SUPPORT CENTER - 6025 6TH AVENUE - BROOKLYN, NY 11220 | 20-2508411 | 501(C)(3) | 0. | 15,460. | FMV | FOOD | PROGRAM SUPPORT |
| THE TEMPLE OF RESTORATION FOOD PANTRY - 18 HERKIMER PLACE - BROOKLYN, NY 11216 | 11-3540446 | 501(C)(3) | 0. | 116,117. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| THE UAME CHURCH OF NEW YORK INC. DBA STAPLETON UAM - 49 TOMPKINS AVENUE - STATEN ISLAND, NY 10304 | 13-3870800 | 501(C)(3) | 20,000. | 394,024. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| THESSALONIA BAPTIST CHURCH 951 REV. JAMES POLITE AVENUE BRONX, NY 10459 | 13-6151549 | 501(C)(3) | 0. | 124,807. | FMV | FOOD | PROGRAM SUPPORT |
| THOMAS S. MURPHY CLUBHOUSE 2245 BEDFORD AVE BROOKLYN, NY 11226 | 13-5596792 | 501(C)(3) | 0. | 25,702. | FMV | FOOD | PROGRAM SUPPORT |
| THORPE FAMILY RESIDENCE 406 EAST 184TH STREET BRONX, NY 10457 | 13-3276556 | 501(C)(3) | 0. | 133,834. | FMV | FOOD | PROGRAM SUPPORT |
| THURSTON MEMORIAL OUTREACH MINISTRIES - 623 BAINBRIDGE STREET - BROOKLYN, NY 11233 | 14-1949690 | 501(C)(3) | 0. | 96,802. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| TOGETHER WE ARE 1569 47TH STREET BROOKLYN, NY 11219 | 27-0213447 | 501(C)(3) | 25,500. | 0. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| TOLENTINE ZEISER COMMUNITY LIFE CENTER - 2345 UNIVERSITY AVENUE - BRONX, NY 10468 | 13-3131888 | 501(C)(3) | 0. | 104,636. | FMV | FOOD | PROGRAM SUPPORT |
| TOMCHE SHABBOS OF BORO PARK 5361 PRESTON CT BROOKLYN, NY 11234 | 11-3518348 | 501(C)(3) | 0. | 100,206. | FMV | FOOD | PROGRAM SUPPORT |
| TREASURES IN EARTHEN JARS FOOD PANTRY - 105 PEARSALL AVENUE - LYNBROOK, NY 11563 | 11-2449452 | 501(C)(3) | 0. | 153,954. | FMV | FOOD | PROGRAM SUPPORT |
| TRINITY HUMAN SERVICE CORPORATION 260 LENOX ROAD #4H BROOKLYN, NY 11226 | 13-3171439 | 501(C)(3) | 3,562. | 157,341. | FMV | FOOD | PROGRAM SUPPORT |
| TRINITY'S SERVICES AND FOOD FOR THE HOMELESS INC - 602 EAST 9TH STREET - NEW YORK, NY 10009 | 13-3401340 | 501(C)(3) | 224,348. | 11,459. | FMV | FOOD | PROGRAM SUPPORT |
| TRUTH CENTER FOR HIGHER CONSCIOUSNESS - 4622 FARRAGUT ROAD - BROOKLYN, NY 11203 | 11-3108525 | 501(C)(3) | 10,000. | 150,911. | FMV | FOOD | PROGRAM SUPPORT |
| TURNING POINT HOUSING 5220 4TH AVENUE BROOKLYN, NY 11220 | 11-2837985 | 501(C)(3) | 0. | 6,419. | FMV | FOOD | PROGRAM SUPPORT |
| TZU-CHI FOUNDATION FOOD PANTRY 137-77 NORTHERN BLVD. FLUSHING, NY 11354 | 94-2952782 | 501(C)(3) | 28,765. | 34,347. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| UNION GROVE MISSIONARY BAPTIST CHURCH - 1495 HOE AVENUE - BRONX, NY 10460 | 13-5078662 | 501(C)(3) | 0. | 291,884. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| UNIQUE PEOPLE SERVICES-AIDS PROGRAMS, INC - 4377 BRONX BOULEVARD STE. 202-203 - BRONX, NY 10466 | 13-3636555 | 501(C)(3) | 0. | 75,568. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| UNITARIAN CHURCH OF ALL SOULS 1157 LEXINGTON AVENUE NEW YORK, NY 10021 | 13-1782493 | 501(C)(3) | 0. | 167,334. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| UNITED BRONX PARENTS, INC 966 PROSPECT AVENUE BRONX, NY 10459 | 13-6203312 | 501(C)(3) | 270,163. | 166,287. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| UNITED CHURCH OF FAITH 944 E 86TH STREET BROOKLYN, NY 11236 | 20-8941563 | 501(C)(3) | 0. | 16,980. | FMV | FOOD | PROGRAM SUPPORT |
| UNITED CHURCH OF PRAISE INTERNATIONAL MINISTRIES - 32 SANDS STREET - STATEN ISLAND, NY 10304 | 32-0284111 | 501(C)(3) | 0. | 190,553. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| UNITED JEWISH COUNCIL OF THE EAST SIDE INC. - 15-17 WILLETT STREET - NEW YORK, NY 10002 | 13-2735378 | 501(C)(3) | 0. | 90,788. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| UNITED METHODIST CENTER IN FAR ROCKAWAY - P.O. BOX 900875 - FAR ROCKAWAY, NY 11690 | 11-2747085 | 501(C)(3) | 20,000. | 33,570. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| UNITED WAY OF NEW YORK CITY 205 EAST 42ND STREET NEW YORK, NY 10017 | 13-2617681 | 501(C)(3) | 3,004,997. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| UNIVERSITY COMMUNITY SOCIAL SERVICES - P.O. BOX 20930 - NEW YORK, NY 10009 | 13-4043507 | 501(C)(3) | 0. | 5,525. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| UPPER MANHATTAN MENTAL H.C. INC. 1727 AMSTERDAM AVENUE NEW YORK, NY 10031 | 13-3389470 | 501(C)(3) | 0. | 110,822. | FMV | FOOD | PROGRAM SUPPORT |
| URBAN PATHWAYS, INC. 575 8TH AVE 16TH FLOOR NEW YORK, NY 10018 | 13-2933675 | 501(C)(3) | 178,057. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| URBAN RESOURCE INSTITUTE 75 BROAD STREET, STE. 505 NEW YORK, NY 10004 | 11-2561648 | 501(C)(3) | 0. | 47,184. | FMV | FOOD | PROGRAM SUPPORT |
| URBAN STRATEGIES FAMILY SUPPORT 829 SARATOGA AVENUE BROOKLYN, NY 11212 | 11-2484364 | 501(C)(3) | 0. | 123,775. | FMV | FOOD | PROGRAM SUPPORT |
| URBAN UPBOUND (ERDA) 12-11 40TH AVE LONG ISLAND CITY, NY 11101 | 86-1096987 | 501(C)(3) | 12,900. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| VETS INC 111-16 173RD STREET JAMAICA, NY 11434 | 27-2280570 | 501(C)(3) | 0. | 1,298,343. | FMV | FOOD | PROGRAM SUPPORT |
| VINEYARD INTERNATIONAL CHRISTIAN MINISTRIES - 1250 CHISLON STREET 2ND FLOOR - BRONX, NY 10459 | 13-4014172 | 501(C)(3) | 0. | 86,088. | FMV | FOOD | PROGRAM SUPPORT |
| VIP HOUSING INC. 72-35 PARK DR E FLUSHING, NY 11367 | 83-1600724 | 501(C)(3) | 0. | 30,238. | FMV | FOOD | PROGRAM SUPPORT |
| VISION URBANA, INC 207 EAST BROADWAY NEW YORK, NY 10002 | 13-3848575 | 501(C)(3) | 21,615. | 422,469. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| WADLEIGH SECONDARY SCHOOL FOR THE PERFORMING - 215 WEST 114 STREET - NEW YORK, NY 10026 | 33-2200010 | | 0. | 35,404. | FMV | FOOD | PROGRAM SUPPORT |
| WAY OUT CHURCH MINISTRIES INC. P.O. BOX 940 BRONX, NY 10455 | 13-2953909 | 501(C)(3) | 0. | 121,470. | FMV | FOOD | PROGRAM SUPPORT |
| WE ARE NOT AFRAID COMMUNITY RESOURCE CENTER - 203 WEST 146TH STREET - NEW YORK, NY 10039 | 84-3462208 | 501(C)(3) | 4,375. | 122,461. | FMV | FOOD | PROGRAM SUPPORT |
| WE CREATE COMMUNITY, INC. 8501 NEW UTRECHT AVENUE BROOKLYN, NY 11214 | 85-3699699 | 501(C)(3) | 0. | 101,503. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| WEST HARLEM GROUP ASSISTANCE 1652 AMSTERDAM AVENUE NEW YORK, NY 10031 | 23-7169558 | 501(C)(3) | 14,650. | 304,335. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| WEST SIDE CAMPAIGN AGAINST HUNGER 263 WEST 86TH STREET NEW YORK, NY 10024 | 13-1635259 | 501(C)(3) | 0. | 51,354. | FMV | FOOD | PROGRAM SUPPORT |
| WEST SIDE CAMPAIGN AGAINST HUNGER 263 WEST 86TH STREET NEW YORK, NY 10024 | 71-0908184 | 501(C)(3) | 536,535. | 0. | FMV | FOOD | PROGRAM SUPPORT |
| WESTSIDE FEDERATION FOR SENIORS 2345 BROADWAY NEW YORK, NY 10024 | 13-2926433 | 501(C)(3) | 0. | 6,895. | FMV | FOOD | PROGRAM SUPPORT |
| WHOSOEVER WILL BAPTIST CHURCH P.O. BOX 184 BRONX, NY 10453 | 13-3434339 | 501(C)(3) | 0. | 16,922. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| WORD OF LIFE CHRISTIAN FELLOWSHIP 813 WESTCHESTER AVENUE BRONX, NY 10455 | 52-2153552 | 501(C)(3) | 0. | 372,300. | FMV | FOOD | PROGRAM SUPPORT |
| WORLD RESTORATION CENTER 1221 BEDFORD AVENUE BROOKLYN, NY 11216 | 82-2446572 | 501(C)(3) | 0. | 27,263. | FMV | FOOD | PROGRAM SUPPORT |
| WORLDWIDE MOVEMENT FATHER SON & HOLY SPIRIT - 1055 FINDLAY AVENUE - BRONX, NY 10456 | 55-0821485 | 501(C)(3) | 10,000. | 208,475. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| XAVIER MISSION, INC. 55 WEST 15TH STREET NEW YORK, NY 10011 | 13-6104552 | 501(C)(3) | 0. | 61,792. | FMV | FOOD | PROGRAM SUPPORT |
| YESHUA WORLDWIDE MINISTRIES FOOD PANTRY - 6449 WETHEROLE STREET - REGO PARK, NY 11374 | 90-0872459 | 501(C)(3) | 0. | 6,948. | FMV | EQUIPMENT | PROGRAM SUPPORT |
| YESHUA WORLDWIDE MINISTRIES FOOD PANTRY - 6449 WETHEROLE STREET - REGO PARK, NY 11374 | 74-6066209 | 501(C)(3) | 0. | 770,176. | FMV | FOOD | PROGRAM SUPPORT |
| YMCA OF GREATER NEW YORK 5 WEST 63RD STREET NEW YORK, NY 10023 | 13-1624228 | 501(C)(3) | 0. | 39,885. | FMV | FOOD | PROGRAM SUPPORT |
| ZEINA LORRAINE FOOD PANTRY 56 EAST 131ST STREET NEW YORK, NY 10037 | 45-4681031 | 501(C)(3) | 138. | 52,787. | FMV | FOOD & EQUIPMENT | PROGRAM SUPPORT |
| ZICHRON ACHEINU LEVY ZAL 4518 11TH AVENUE BROOKLYN, NY 11219 | 11-3157815 | 501(C)(3) | 82,713. | 26,936. | FMV | FOOD | PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ZION TABERNACLE FBH CHURCH 105-01 107TH AVENUE OZONE PARK, NY 11417 | 11-2513244 | 501(C)(3) | 0. | 92,625. | FMV | FOOD | PROGRAM SUPPORT |
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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FOOD BANK MONITORS THE USE OF GRANTS BY FIRST PROVIDING AN AWARD LETTER TO THE GRANTEE ALONG WITH A GRANT AGREEMENT. GRANTEES ARE REQUIRED TO RESPOND TO ALL REFERRALS VIA FOOD BANK'S REFERRAL TRACKING SYSTEM AND ARE REQUIRED TO PROVIDE A MONTHLY REPORT WHICH FOOD BANK MONITORS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

FOOD BANK FOR NEW YORK CITY

Employer identification number

13-3179546

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) LESLIE GORDON PRESIDENT AND CEO | (i) | 349,201. | 105,060. | 6,440. | 10,568. | 790. | 472,059. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) MATTHEW HONEYCUTT CHIEF DEVELOPMENT OFFICER | (i) | 253,324. | 53,000. | 552. | 15,250. | 55,617. | 377,743. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) VERONICA JARRETT CFO | (i) | 197,144. | 45,150. | 28,032. | 10,940. | 37,437. | 318,703. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) ROBERT SILVIA CHIEF PROCUREMENT OFFICER | (i) | 224,073. | 46,000. | 1,032. | 8,282. | 38,678. | 318,065. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) JOVANNA RODRIQUEZ CHIEF PEOPLE OFFICER | (i) | 182,634. | 34,320. | 240. | 8,765. | 14,777. | 240,736. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) CARMEN BOON VP OF EXTERNAL AFFAIRS | (i) | 182,401. | 9,811. | 552. | 6,965. | 38,601. | 238,330. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) DENIS GARVEY VICE PRESIDENT OF LOGISTICS | (i) | 190,641. | 3,708. | 1,584. | 9,823. | 19,362. | 225,118. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 7:

THE BOARD APPROVED THE BONUS FOR THE PRESIDENT & CEO. THE CEO APPROVES
BONUSES FOR ALL OTHER EMPLOYEES.

PART II, COLUMN B(III):

THE AMOUNTS IN THIS COLUMN INCLUDE CONTRIBUTIONS TO A 457(B) RETIREMENT
PLAN AND TAXABLE GROUP LIFE INSURANCE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **FOOD BANK FOR NEW YORK CITY** Employer identification number **13-3179546**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 591,785 | 82,238,760 | AVERAGE |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |

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

Schedule M (Form 990) 2022

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF POUND CONTRIBUTED.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

FOOD BANK FOR NEW YORK CITY

Employer identification number

13-3179546

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

SUPPORT FOR COMMUNITY SURVIVAL AND DIGNITY.

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

RESOURCES, EXPERTISE AND INSIGHTS IN SERVICE OF MAKING A DIFFERENCE
THAT MATTERS. COMMUNITY BY COMMUNITY, WE HARNESS THE COLLECTIVE POWER
OF OUR NETWORK, WHERE EVERYONE FEELS EMPOWERED TO TAKE CHARGE OF THEIR
STORY.

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

COMMUNITY KITCHEN AND FOOD PANTRY: OPENED IN 1984, THE COMMUNITY
KITCHEN AND FOOD PANTRY OF WEST HARLEM (THE "KITCHEN") IS A RESOURCE
AND SERVICE CENTER FOR THE COMMUNITY OF WEST HARLEM. THE KITCHEN
OPERATES A CONGREGATE MEAL PROGRAM; A CONSUMER-CHOICE FOOD PANTRY AND,
A PROGRAM CONNECTING INDIVIDUALS AND FAMILIES TO INCOME SUPPORT
PROGRAMS, INCLUDING SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, FREE
TAX-RETURN PREPARATION SERVICES, AND RENT, MORTGAGE AND UTILITY
ASSISTANCE.

EXPENSES \$ 4,397,872. INCL GRANTS OF \$ 21,736,092. REVENUE \$ 14,420.

BENEFITS ACCESS: IN FY22, FOOD BANK FACILITATED \$35,942,000 IN SNAP
BENEFITS WITH A VALUE OF 8.8 MILLION MEALS AND ECONOMIC IMPACT OF MORE
THAN \$55 MILLION DOLLARS IN NYC.

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

THE BOARD REVIEWS THE DRAFT FORM 990 AS PREPARED BY OUR INDEPENDENT

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

Schedule O (Form 990) 2022

| | |
|---|--|
| Name of the organization FOOD BANK FOR NEW YORK CITY | Employer identification number 13-3179546 |
|---|--|

ACCOUNTANTS AND COMMENTS ON IT PRIOR TO SUBMISSION OF THE FILING.

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

FOOD BANK REQUIRES EACH BOARD MEMBER TO REVIEW AND SIGN ITS CONFLICT OF INTEREST POLICY ANNUALLY WHICH REQUIRES BOARD MEMBERS TO DISCLOSE ANY CONFLICT OF INTEREST AND RECUSE THEMSELVES OF VOTING IN THOSE SITUATIONS.

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

THE BOARD OF DIRECTORS IS THE COMPENSATION SETTING BODY AND IS COMPOSED OF ALL MEMBERS OF THE BOARD OF DIRECTORS THAT HAVE NO PERSONAL INTEREST IN THE COMPENSATION ARRANGEMENT. THE COMPARABILITY DATA IS BASED ON INDUSTRY KNOWLEDGE. THE COMPENSATION IS PREPARED, APPROVED AND SIGNED BY THE CHAIRMAN OF THE BOARD AND SUBMITTED TO HUMAN RESOURCES.

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

FOOD BANK FOR NYC MAKES ITS GOVERNING DOCUMENTS, FORM 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **FOOD BANK FOR NEW YORK CITY** Employer identification number **13-3179546**

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| COMMUNITY FOOD RESOURCES CENTER PROPERTY - 13-4120983, 355 FOOD BANK DRIVE, BRONX, NY 10474 | HOLD TITLE TO PROPERTY | NEW YORK | 501(C)(2) | | FOOD BANK OF NEW YORK CITY | X | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) **07/01/2022** and Ending (mm/dd/yyyy) **06/30/2023**

| | | |
|---|---|---|
| Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending | Name of Organization: FOOD BANK FOR NEW YORK CITY <hr/> Mailing Address: 39 BROADWAY, NO. 10 <hr/> City / State / ZIP: NEW YORK, NY 10006 <hr/> Website: WWW.FOODBANKNYC.ORG | Employer Identification Number (EIN): 13-3179546 <hr/> NY Registration Number: 03-31-93 <hr/> Telephone: 212 566-7855 <hr/> Email: VJARRETT@FOODBANKNY |
|---|---|---|

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

| | | | | | | | | | |
|---|--|--|------|-----------|----------------------|---------------------------------------|------|-----------|----------------------|
| President or Authorized Officer: Chief Financial Officer or Treasurer: | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; text-align: center; border-bottom: 1px solid black;"> LESLIE GORDON PRESIDENT & CEO </td> <td style="width:20%; text-align: center; border-bottom: 1px solid black;"> Date </td> </tr> <tr> <td style="text-align: center;"> Signature </td> <td style="text-align: center;"> Print Name and Title </td> </tr> <tr> <td style="width:60%; text-align: center; border-bottom: 1px solid black;"> VERONICA JARRETT CFO </td> <td style="width:20%; text-align: center; border-bottom: 1px solid black;"> Date </td> </tr> <tr> <td style="text-align: center;"> Signature </td> <td style="text-align: center;"> Print Name and Title </td> </tr> </table> | LESLIE GORDON PRESIDENT & CEO | Date | Signature | Print Name and Title | VERONICA JARRETT CFO | Date | Signature | Print Name and Title |
| LESLIE GORDON PRESIDENT & CEO | Date | | | | | | | | |
| Signature | Print Name and Title | | | | | | | | |
| VERONICA JARRETT CFO | Date | | | | | | | | |
| Signature | Print Name and Title | | | | | | | | |

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

| | |
|--|--|
| See the following page for a checklist of schedules and attachments to complete your filing. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. |
| | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. |

5. Fee

| | | | | |
|---|---------------------------------|------------------------------------|------------------------------|--|
| See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here: | 7A filing fee: \$ <u>25.</u> | EPTL filing fee: \$ <u>750.</u> | Total fee: \$ <u>775.</u> | Make a single check or money order payable to: "Department of Law" |
|---|---------------------------------|------------------------------------|------------------------------|--|

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
- Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2022

**Open to Public
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

| | |
|--|---|
| Name of Organization: FOOD BANK FOR NEW YORK CITY | NY Registration Number: 03-31-93 |
|--|---|

2. Government Grants

| Name of Government Agency | Amount of Grant |
|-----------------------------------|--------------------|
| 1. NYS OFFICE OF GENERAL SERVICES | 1. 10,849,889. |
| 2. NYS DEPARTMENT OF HEALTH | 2. 27,852,876. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |
| 7. | 7. |
| 8. | 8. |
| 9. | 9. |
| 10. | 10. |
| 11. | 11. |
| 12. | 12. |
| 13. | 13. |
| 14. | 14. |
| 15. | 15. |
| Total Government Grants: | Total: 38,702,765. |