Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 7/1/2021 , and ending 6/30/2022

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: The Mount Kisco Interfaith Food Pantry, Inc.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): P.O. Box 834

Room/suite:

City or town: Mount Kisco

State: NY

ZIP code: 10549

Foreign country name / Foreign province/state/county / Foreign postal code:

D Employer identification number: 13-3853887

E Telephone number: 914-610-5187

G Gross receipts $: 1,239,314

F Name and address of principal officer: Sharon Seidell P.O. Box 834, Mount Kisco, NY 10549

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ►

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ► www.mountkiscofoodpantry.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: 1991

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The Pantry is an affiliation of faith-based congregations dedicated to providing supplemental food to underserved residents of Northern Westchester. We are committed to creating a healthier and stronger community.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,699,977	1,237,513
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,899	1,801
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,702,876	1,239,314
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
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)	98,992	113,037
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ► 34,347		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,216,415	929,159
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,315,407	1,042,196
19	Revenue less expenses. Subtract line 18 from line 12	387,469	197,118

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	942,891	1,143,384
21	Total liabilities (Part X, line 26)	3,400	6,775
22	Net assets or fund balances. Subtract line 21 from line 20	939,491	1,136,609

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: Tom Billet — Date: 12/14/22

Tom Billet, Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Patricia A Murphy				P01459752

Firm's name ► Patricia A. Murphy, CPA — Firm's EIN ►

Firm's address ► 33 Barker Avenue, White Plains, NY 10601 — Phone no. 914-681-0113

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