

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

25-1422682

WESTMORELAND COUNTY FOOD BANK, INC.

Net Asset / Fund Balance at Beginning of Year 3,145,489

Revenue

Contributions	<u>15,859,322</u>	
Program service revenue	<u>5,080</u>	
Investment income	<u>17,821</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue _____		
Direct expenses _____		
Net income _____		
Other income	<u>50,093</u>	
Total revenue		<u>15,932,316</u>

Expenses

Program services	<u>10,366,477</u>	
Management and general	<u>192,797</u>	
Fundraising	<u>385,346</u>	
Total expenses		<u>10,944,620</u>
Excess / (deficit)		<u>4,987,696</u>

Changes _____

Net Asset / Fund Balance at End of Year 8,133,185

Reconciliation of Revenue

Total revenue per financial statements	<u>15,932,316</u>
Less:	
Unrealized gains _____	
Donated services _____	
Recoveries _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
Total revenue per return	<u>15,932,316</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>10,944,620</u>
Less:	
Donated services _____	
Prior year adjustments _____	
Losses _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
Total expenses per return	<u>10,944,620</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>3,655,066</u>	<u>8,862,393</u>	
Liabilities	<u>509,577</u>	<u>729,208</u>	
Net assets	<u>3,145,489</u>	<u>8,133,185</u>	<u>4,987,696</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/21
 Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning, 2020, and ending, 20

2020

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

WESTMORELAND COUNTY FOOD BANK, INC.

25-1422682

Name and title of officer or person subject to tax

JENNIFER MILLER
CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	15,932,316
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

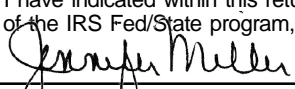
Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **ZELENKOFSKE AXELROD LLC** to enter my PIN **15601** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } 

Date } **11/08/21**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

25544215601

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature } **JARED C. EWING**

Date } **11/08/21**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**

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
2020
 Open to Public Inspection

A For the 2020 calendar year, or tax year beginning _____, and ending _____

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

C Name of organization
WESTMORELAND COUNTY FOOD BANK, INC.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
100 DEVONSHIRE DRIVE
 City or town, state or province, country, and ZIP or foreign postal code
DELMONT PA 15626

D Employer identification number
25-1422682

E Telephone number
724-468-8660

G Gross receipts \$ **15,932,316**

F Name and address of principal officer:
JENNIFER MILLER
100 DEVONSHIRE DRIVE
DELMONT PA 15626

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

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

J Website: **WWW.WESTMORELANDFOODBANK.ORG**

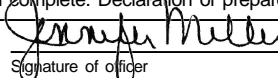
K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1982** **M** State of legal domicile: **PA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO ENABLE ALL WESTMORELAND COUNTY RESIDENTS WHO ARE HUNGRY OR AT RISK OF HUNGER TO HAVE READY ACCESS TO FOOD.		
	2 Check this box <input type="checkbox"/> 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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	32
	6 Total number of volunteers (estimate if necessary)	6	5071
	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)	12,507,281	15,859,322
	9 Program service revenue (Part VIII, line 2g)	7,090	5,080
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,115	17,821
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,661	50,093
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,567,147	15,932,316
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,595,254	1,687,368
	16a Professional fundraising fees (Part IX, column (A), line 11e)	288,516	292,715
	b Total fundraising expenses (Part IX, column (D), line 25) u 385,346		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,731,683	8,964,537
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,615,453	10,944,620
19 Revenue less expenses. Subtract line 18 from line 12	-48,306	4,987,696	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,655,066	End of Year 8,862,393
	21 Total liabilities (Part X, line 26)	509,577	729,208
	22 Net assets or fund balances. Subtract line 21 from line 20	3,145,489	8,133,185

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 **JENNIFER MILLER** CEO Date **11/8/2021**

Paid Preparer Use Only
 Print/Type preparer's name **JARED C. EWING** Preparer's signature **JARED C. EWING** Date **11/08/21** Check if PTIN self-employed **P00596532**
 Firm's name **ZELENKOFKSKE AXELROD LLC** Firm's EIN **23-3022325**
210 TOLLGATE HILL ROAD
 Firm's address **GREENSBURG, PA 15601** Phone no. **724-834-2151**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION IS TO ENABLE ALL WESTMORELAND COUNTY RESIDENTS WHO ARE HUNGRY OR AT RISK OF HUNGER TO HAVE READY ACCESS TO FOOD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ 8,144,168 including grants of \$) (Revenue \$ 5,080)

FOOD PANTRY DISTRIBUTION PROGRAM AND AGENCY RELATIONS THE CORE OF WESTMORELAND COUNTY FOOD BANK'S WORK IS TO ACQUIRE FOOD TO DISTRIBUTE TO NEEDY PEOPLE THROUGHOUT WESTMORELAND COUNTY THROUGH A NETWORK OF MEMBER AGENCIES COMPRISED PRIMARILY OF VOLUNTEER-RUN, FAITH-BASED ORGANIZATIONS. WHILE A NUMBER OF OUR MEMBER AGENCIES ARE SOUP KITCHENS, SHELTERS AND OTHER ON-SITE FEEDING PROGRAMS, THE MAJORITY OF WCFB MEMBER AGENCIES ARE FOOD PANTRIES THAT MAKE UP OUR FOOD PANTRY DISTRIBUTION PROGRAM. CONTINUED ON SCHEDULE O

4b (Code:) (Expenses \$ 805,687 including grants of \$) (Revenue \$)

OPERATION FRESH EXPRESS (OFE) OPERATION FRESH EXPRESS (OFE) PROGRAM DISTRIBUTIONS ARE SPONSORED BY VARIOUS GROUPS AND ORGANIZATIONS AND ARE HELD WEEKLY AT LOCATIONS THROUGHOUT WESTMORELAND COUNTY. THIS RAPID DISTRIBUTION PROGRAM HELD OUTDOORS PROVIDES MUCH NEEDED PERISHABLE FOOD SUCH AS DAIRY PRODUCTS AND FRESH PRODUCE, THAT WOULD OTHERWISE BE DISCARDED DUE TO BEING CLOSE DATED. IN 2020, OFE PROVIDED OVER 36,654 POUNDS OF SUPPLEMENTAL FOOD TO ROUGHLY 222 HOUSEHOLDS.

4c (Code:) (Expenses \$ 300,641 including grants of \$) (Revenue \$)

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) EACH MONTH, THE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)/SENIOR FOOD BOX PROGRAM PROVIDES APPROXIMATELY 1,400 LOW-INCOME SENIORS AGE 60 AND OVER WITH FOOD PACKAGES DESIGNED TO PROVIDE NUTRITIONALLY BALANCED SUPPLEMENTS TO THEIR MONTHLY FOOD CONSUMPTION. THIS PROGRAM IS PARTICULARLY IMPORTANT TO THE SENIORS THAT PARTICIPATE IN THAT IT HELPS THEM TO MAINTAIN PROPER NUTRITION TO REDUCE THE RISK OF CHRONIC ILLNESS. THE COMMODITIES PROVIDED ARE CANNED FRUITS, VEGETABLES, AND MEATS ALONG WITH PASTA, CEREAL, MILK, JUICE, AND CHEESE. IN 2020, NEARLY 493,007 POUNDS OF FOOD WAS DISTRIBUTED TO ELIGIBLE PARTICIPANTS.

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

(Expenses \$ 1,115,981 including grants of \$) (Revenue \$)

4e Total program service expenses u 10,366,477

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 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 lines 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>		
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 in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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 in 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?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 32		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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
7b	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:		
8a	a The governing body?	X	
8b	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
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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
16b	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 **u PA**
- 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 **u**

RANDEE EBERHARDT 100 DEVONSHIRE DRIVE PA 15626 724-468-8660
DELMONT

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 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 and/or Box 7 of Form 1099-MISC) 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 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 per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) JENNIFER MILLER	40.00									
CEO	0.00			X			90,537	0	21,337	
(2) BRENDA BATENBURG	0.73									
DIRECTOR	0.00	X					0	0	0	
(3) SISTER LYN MARIE DWYER	0.08									
DIRECTOR	0.00	X					0	0	0	
(4) RONALD EBERHARDT	0.08									
DIRECTOR	0.00	X					0	0	0	
(5) DAN HUDOCK	0.08									
DIRECTOR	0.00	X					0	0	0	
(6) ELLEN KATTER	0.08									
DIRECTOR	0.00	X					0	0	0	
(7) KELLY KING	0.06									
VICE-CHAIR	0.00	X		X			0	0	0	
(8) MARCIA KUBAS	0.10									
CHAIR	0.00	X		X			0	0	0	
(9) SHUJUANE MARTIN	0.14									
DIRECTOR	0.00	X					0	0	0	
(10) JUDITH MORRISON	0.04									
SECRETARY	0.00	X		X			0	0	0	
(11) MATTHEW RIGO	0.10									
TREASURER	0.00	X		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 per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(12) WALLACE TOBIN	0.10									
DIRECTOR	0.00	X					0	0	0	
(13) GRAHAM WATKINS	0.04									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							u	90,537		21,337
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u	90,537		21,337

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 **u 0**

	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
M FELLINGER PO BOX 198 STATE COLLEGE PA 16804 FOOD		409,235
SECOND HARVEST FOOD BANK OF MIDDLE 331 GREAT CIRCLE ROAD NASHVILLE TN 37228 FOOD		400,382
RKD ALPHA DOG 8001 SOUTH 13TH STREET LINCOLN NE 68512 DIRECT MAIL		292,716
GLOBAL FOODS 8700 SPANISH RIDGE AVENUE LAS VEGAS NV 89148 FOOD		199,806
SUPPLY ONE PITTSBURGH PO BOX 74007651 CHICAGO IL 60674-7651 PACKAGING		155,683

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 **u**

6

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,257,054				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,602,268				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,999,265				
	h Total. Add lines 1a-1f	u	15,859,322				
Program Service Revenue	2a MEMBERSHIP DUES	Business Code	900099	5,080	5,080		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	5,080				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	17,821			17,821	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	4,796				
		(ii) Personal					
		6b Less: rental expenses					
	c Rental inc. or (loss)	6c	4,796				
	d Net rental income or (loss)	u	4,796	4,796			
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b Less: direct expenses	8b				
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	9a						
	9b Less: direct expenses	9b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
	10b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a TRUCKING INCOME	Business Code	900099	38,600	38,600		
	b OTHER INCOME		900099	6,697	6,697		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	45,297				
12 Total revenue. See instructions	u	15,932,316	55,173	0	17,821		

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				
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	111,874	5,593	102,924	3,357
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	1,105,300	1,033,701	36,147	35,452
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	83,378	78,196	3,853	1,329
9 Other employee benefits	305,390	275,387	23,866	6,137
10 Payroll taxes	81,426	73,253	5,254	2,919
11 Fees for services (nonemployees):				
a Management				
b Legal	7,200	6,840	360	
c Accounting	20,823	18,639	1,241	943
d Lobbying				
e Professional fundraising services. See Part IV, line 17	292,715			292,715
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	69,157	62,109	4,150	2,898
12 Advertising and promotion				
13 Office expenses	69,608	32,595	2,122	34,891
14 Information technology				
15 Royalties				
16 Occupancy	382,495	375,775	3,360	3,360
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	218,221	213,546	4,675	
23 Insurance	22,821	21,300	1,521	
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 FOOD	6,633,397	6,633,397		
b PROGRAM EXPENSES	1,301,076	1,300,866	89	121
c DELIVERY COSTS/TRUCK	115,225	115,225		
d DONATED GIFT CERTIFICATE	56,160	56,160		
e All other expenses	68,354	63,895	3,235	1,224
25 Total functional expenses. Add lines 1 through 24e	10,944,620	10,366,477	192,797	385,346
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	1,000,488	1	5,708,601
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	119,876	4	63,503
	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	1,040,975	8	1,413,427
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,746,865		
	b Less: accumulated depreciation	10b 2,086,828	1,485,850	10c 1,660,037
	11 Investments—publicly traded securities		11	
	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	7,877	15	16,825
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,655,066	16	8,862,393	
Liabilities	17 Accounts payable and accrued expenses	129,372	17	143,388
	18 Grants payable		18	
	19 Deferred revenue	380,205	19	585,820
	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		23	
	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		25	
	26 Total liabilities. Add lines 17 through 25	509,577	26	729,208
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	3,145,489	27	7,268,801
	28 Net assets with donor restrictions		28	864,384
	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	3,145,489	32	8,133,185
33 Total liabilities and net assets/fund balances	3,655,066	33	8,862,393	

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	15,932,316
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,944,620
3	Revenue less expenses. Subtract line 2 from line 1	3	4,987,696
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,145,489
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,133,185

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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	

SCHEDULE A
(Form 990 or 990-EZ)

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **WESTMORELAND COUNTY FOOD BANK, INC.** Employer identification number **25-1422682**

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 or 990-EZ).)
- 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 in 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2020 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2020. 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 type="checkbox"/>
b 33 1/3% support test—2019. 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—2020. 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—2019. 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) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,695,969	13,212,523	11,846,869	12,507,281	15,859,322	65,121,964
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	75,090	67,883	65,409	58,751	55,173	322,306
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	11,771,059	13,280,406	11,912,278	12,566,032	15,914,495	65,444,270
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,050	4,018	1,629	3,816	4,113	15,626
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	2,050	4,018	1,629	3,816	4,113	15,626
8 Public support. (Subtract line 7c from line 6.)						65,428,644

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	11,771,059	13,280,406	11,912,278	12,566,032	15,914,495	65,444,270
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	690	611	586	1,115	17,821	20,823
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	690	611	586	1,115	17,821	20,823
11 Net income from unrelated business activities not included in 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.)	11,771,749	13,281,017	11,912,864	12,567,147	15,932,316	65,465,093

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 2020 (line 8, column (f), divided by line 13, column (f))	15	99.94 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.97 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. 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—2019. 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 in line 12 on 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 12a or 12b in Part I, answer (b) and (c) 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
 - a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - b** A family member of a person described in line 11a above?
 - c** A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a** The organization satisfied the Activities Test. *Complete line 2 below.*
 - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c** The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*
- 2** Activities Test. *Answer lines 2a and 2b below.*
 - a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
 - b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. *Answer lines 3a and 3b below.*
 - a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
 - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization WESTMORELAND COUNTY FOOD BANK, INC.	Employer identification number 25-1422682
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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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

Employer identification number

WESTMORELAND COUNTY FOOD BANK, INC.

25-1422682

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	SAM'S CLUB 6211 ROUTE 30 GREENSBURG PA 15601	\$ 361,403	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	HUNGER FREE PENNSYLVANIA 4050 WASHINGTON ROAD, SUITE 7 MCMURRAY PA 15317	\$ 505,613	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WESTMORELAND COUNTY 2 N. MAIN STREET GREENSBURG PA 15601	\$ 2,944,169	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	IRVING FARMS 361 YORK STREET, PO BOX 667 CARIBOU ME 04736	\$ 350,700	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	GLORIA STASKO ESTATE 458 OLD THICKET PL AIKEN SC 29803	\$ 341,494	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	U.S. DEPARTMENT OF TREASURY 1500 PENNSYLVANIA AVE. NW WASHINGTON DC 20220	\$ 305,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WESTMORELAND COUNTY FOOD BANK, INC.	Employer identification number 25-1422682
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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 & NONFOOD ITEMS	\$ 361,403
3	TEFAP - FOOD	\$ 2,647,312
4	FOOD AND NONFOOD ITEMS	\$ 350,700
.....	\$
.....	\$
.....	\$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

WESTMORELAND COUNTY FOOD BANK, INC.

25-1422682

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - 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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Term endowment **u**
- 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 | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,600		30,600
b Buildings		685,436	672,412	13,024
c Leasehold improvements		1,479,813	418,507	1,061,306
d Equipment		437,044	320,187	116,857
e Other		1,113,972	675,722	438,250
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	1,660,037

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	

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	15,932,316
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	15,932,316
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		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	15,932,316

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	10,944,620
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	10,944,620
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	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	10,944,620

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

WESTMORELAND COUNTY FOOD BANK, INC., IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE LAW. THE WESTMORELAND COUNTY FOOD BANK, INC. IS NOT CLASSIFIED AS A PRIVATE FOUNDATION. THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE WESTMORELAND COUNTY FOOD BANK, INC. MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE WESTMORELAND

Part XIII Supplemental Information *(continued)*

COUNTY FOOD BANK, INC. AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBTI). TAX BENEFITS WOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION AND BE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED NOR RECORDED AS LIABILITIES FOR THE YEARS ENDED DECEMBER 31, 2020 OR 2019. THE WESTMORELAND COUNTY FOOD BANK, INC. FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION. THE WESTMORELAND COUNTY FOOD BANK, INC. IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2017.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

WESTMORELAND COUNTY FOOD BANK, INC.

Employer identification number

25-1422682

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

2a 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			
RKD ALPHA DOG 1 8001 SOUTH 13TH STREET LINCOLN NE 68512	FUNDRAISIN		X	3,630,426	292,716	3,337,710
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				3,630,426	292,716	3,337,710

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.

PENNSYLVANIA

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		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 **u**

Address **u**

- 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 **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- 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 **u** \$

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.

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SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

u Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open To Public
Inspection

Employer identification number

WESTMORELAND COUNTY FOOD BANK, INC.

25-1422682

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2** Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 **u** \$ _____
- 3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **u** \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total **u** \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
					Yes	No
(1)	RANDEE EBERHARDT	FAMILY MEMBER	103,334	SALARY AND BENEFITS		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART V - ADDITIONAL INFORMATION

BOARD MEMBER RONALD EBERHARDT IS THE FATHER-IN-LAW OF THE FOOD BANK'S DIRECTOR OF FINANCE RANDEE EBERHARDT.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Noncash Contributions

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

OMB No. 1545-0047

2020

**Open To Public
Inspection**

WESTMORELAND COUNTY FOOD BANK, INC.

Employer identification number
25-1422682

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	2	5,999,265	FINANCIAL STATEMENTS
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three 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.		

SCHEDULE O
(Form 990 or 990-EZ)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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

WESTMORELAND COUNTY FOOD BANK, INC.

Employer identification number

25-1422682**FORM 990, PART I, LINE 6**

VOLUNTEER OPPORTUNITIES INCLUDE FOOD DRIVE VOLUNTEERS, GLEANING VOLUNTEERS, OPERATION FRESH EXPRESS VOLUNTEERS, PANTRY VOLUNTEERS, AND WAREHOUSE, OFFICE AND SENIOR FOOD BOX PROGRAM VOLUNTEERS. THE FOOD BANK ESTIMATES ITS 5,071 VOLUNTEERS CONTRIBUTED 57,918 HOURS OF SERVICE IN 2020.

FORM 990, PART III - ADDITIONAL INFORMATION**LINE 4A - FIRST ACCOMPLISHMENT****FOOD PANTRY DISTRIBUTION PROGRAM AND AGENCY RELATIONS (CONTINUED)**

IN 2020, WCFB DISTRIBUTED OVER 6.3 MILLION POUNDS OF FOOD ITEMS THROUGH A NETWORK OF 65 PARTNER AGENCIES.

EACH MONTH, WCFB DELIVERS FOOD TO OUR PANTRIES IN REFRIGERATED TRUCKS. THE PANTRIES THEN DISTRIBUTE THE FOOD TO THEIR INCOME-ELEGIBLE CONSTITUENTS.

APPROXIMATELY 7,000 HOUSEHOLDS WERE RECORDED AS SERVED THIS YEAR. IN ORDER TO MEET INCOME ELIGIBILITY REQUIREMENTS, FAMILY INCOME MUST BE AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES. IN TURN, WCFB REGULARLY MONITORS PANTRIES TO INSURE THAT IRS REGULATIONS AND FOOD SAFETY/FOOD HANDLING REGULATIONS ARE MET. CONVERSELY, WCFB IS REGULARLY MONITORED BY THE STATE DEPARTMENT.

DUE TO THE COVID-19 PANDEMIC, SIGNIFICANT CHANGES WERE MADE IN HOW THE FOOD PANTRY DISTRIBUTION PROGRAM OPERATED, BY UTILIZING VOLUNTEERS TO PRE-PACKAGE FOOD PARCELS AT OUR MAIN FACILITY FOR DISTRIBUTIONS HELD THROUGHOUT OUR PARTNER AGENCY NETWORK. FOR A PERIOD OF TIME DURING 2020, DUE TO THE COVID-19 PANDEMIC, THE PA DEPT. OF AGRICULTURE LIFTED THE INCOME

Name of the organization

Employer identification number

WESTMORELAND COUNTY FOOD BANK, INC.

25-1422682

ELIGIBILITY REQUIREMENTS AND COMPLETION OF ENROLLMENT PAPERWORK REQUIREMENTS AS IT PRESENTED PROBLEMS RELATED TO COVID-19 CONTAINMENT AND WOULD SLOW THE FLOW OF FOOD DUE TO MANY EMERGENCY DISTRIBUTIONS BEING HELD THROUGHOUT THE COUNTY AS WELL AS FROM OUR MAIN FACILITY DURING THESE UNPRECEDENTED TIMES.

FORM 990, PART III, LINE 2

FOR A PERIOD OF TIME DURING 2020, DUE TO THE COVID-19 PANDEMIC, THE PA DEPT. OF AGRICULTURE LIFTED THE INCOME ELIGIBILITY REQUIREMENTS AND COMPLETION OF ENROLLMENT PAPERWORK REQUIREMENTS AND COMPLETION OF ENROLLMENT PAPERWORK REQUIREMENTS AS IT PRESENTED PROBLEMS RELATED TO COVID-19 CONTAINMENT AND WOULD SLOW THE FLOW OF FOOD TO NEEDY PERSONS. THEREFORE, OUR NUMBER OF HOUSEHOLDS SERVED WAS MUCH GREATER THAN RECORDED DUE TO MANY EMERGENCY DISTRIBUTIONS BEING HELD THROUGHOUT THE COUNTY AS WELL AS FROM OUR MAIN FACILITY DURING THESE UNPRECEDENTED TIMES.

FORM 990, PART III, LINE 3

FOR A PERIOD OF TIME DURING 2020, DUE TO THE COVID-19 PANDEMIC, THE PA DEPT. OF AGRICULTURE LIFTED THE INCOME ELIGIBILITY REQUIREMENTS AND COMPLETION OF ENROLLMENT PAPERWORK REQUIREMENTS AND COMPLETION OF ENROLLMENT PAPERWORK REQUIREMENTS AS IT PRESENTED PROBLEMS RELATED TO COVID-19 CONTAINMENT AND WOULD SLOW THE FLOW OF FOOD TO NEEDY PERSONS. THEREFORE, OUR NUMBER OF HOUSEHOLDS SERVED WAS MUCH GREATER THAN RECORDED DUE TO MANY EMERGENCY DISTRIBUTIONS BEING HELD THROUGHOUT THE COUNTY AS WELL AS FROM OUR MAIN FACILITY DURING THESE UNPRECEDENTED TIMES.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

Name of the organization

Employer identification number

WESTMORELAND COUNTY FOOD BANK, INC.

25-1422682

SUMMER FOOD SERVICE PROGRAM

IN 2020, THE SUMMER FOOD SERVICE PROGRAM [SFSP] PROVIDED OVER 20,979 MEALS TO AN AVERAGE OF 507 NEEDY CHILDREN A DAY AT 9 FEEDING SITES THROUGHOUT WESTMORELAND COUNTY. WCFB CONTINUES TO SPONSOR THIS VALUABLE PROGRAM EACH SUMMER IN ORDER TO PROVIDE PROPER NUTRITION AND TEACH GOOD EATING HABITS TO DISADVANTAGED CHILDREN.

EXPANSION PROGRAM

THE WEST NEWTON AREA HAS BEEN SELECTED AS THE AREA OF FOCUS FOR THE FOOD BANK'S OUTREACH AND EXPANSION EFFORTS DURING 2019 AND 2020. THREE PANTRIES PROVIDE FOOD ASSISTANCE IN THIS REGION, WHICH INCLUDES WEST NEWTON, HERMINIE AND SMITHTON. OUR INTENTION IS TO RAISE AWARENESS OF THE FOOD BANK AND ITS SERVICES AND TO BUILD STRONG COMMUNITY SUPPORT TO ASSIST IN REACHING THE UNDERSERVED WHILE MAINTAINING QUALITY SERVICE FOR OUR CURRENT CONSUMERS. AS A RESULT OF THIS PROJECT'S EFFORTS IN 2020, AN ADDITIONAL 55 HOUSEHOLDS WERE ADDED TO THE PANTRY ROLLS. THE OUTREACH AND EXPANSION PROJECT IS AN INDISPENSABLE TOOL FOR WESTMORELAND COUNTY FOOD BANK TO GUAGE PROGRAM EFFECTIVENESS AND ENSURE THAT THE MISSION IS BEING FULFILLED.

SNAP APPLICATION ASSISTANCE

THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), FORMERLY CALLED FOOD STAMPS, IS THE FEDERAL GOVERNMENT'S FIRST LINE OF DEFENSE AGAINST FOOD INSECURITY IN THE UNITED STATES. SNAP PROVIDES BENEFITS TO ENABLE LOW-INCOME HOUSEHOLDS TO PURCHASE FOOD TO NOURISH THEIR FAMILIES. THE IMPACT OF THE 517 SNAP APPLICATIONS SUBMITTED DURING 2020 CONTRIBUTED TO APPROXIMATELY 489,842 MEALS FOR FAMILIES IN NEED. WCFB CONTINUES TO TAKE A LEAD ROLE IN DEVELOPING AN EFFECTIVE SNAP OUTREACH PROGRAM IN WESTMORELAND

Name of the organization

Employer identification number

WESTMORELAND COUNTY FOOD BANK, INC.

25-1422682

COUNTY TO FURTHER INCREASE READY ACCESS TO FOOD.

DUE TO THE COVID-19 PANDEMIC, MANY HOUSEHOLDS WERE SEEKING ASSISTANCE FOR THE FIRST TIME, WHICH LED TO THIS 25% INCREASE IN APPLICATION NUMBERS FROM 2019

BACKPACK PROGRAM

WESTMORELAND COUNTY FOOD BANK RESURRECTED THIS PROGRAM IN AN EFFORT TO SIMPLIFY THE PROCESS FOR CHILDREN AT SELECT SITES TO RECEIVE A WEEKEND BACKPACK. WESTMORELAND COUNTY FOOD BANK IS WORKING WITH PROJECT PRESERVE OUT OF THE SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE TO SUPPLY PRE-PACKED MEAL KITS. THE KITS INCLUDE A TWO-DAY SUPPLY OF FOOD AND THE PACKS ARE GENERALLY DISTRIBUTED AT THE END OF THE EACH WEEK DURING THE SCHOOL YEAR. IN 2020-2021 WESTMORELAND COUNTY FOOD BANK SUPPLIED 390 WEEKEND MEAL KITS TO STUDENTS AT 9 SCHOOLS - DERRY MIDDLE SCHOOL, MONESSEN ELEMENTARY SCHOOL, MONESSEN MIDDLE SCHOOL, RAMSAY ELEMENTARY SCHOOL IN MT. PLEASANT, H.W. GOOD ELEMENTARY SCHOOL IN WEST NEWTON, MARIAN ELEMENTARY SCHOOL IN ROSTRAVER, WESTMORELAND CAREER & TECHNICAL CENTER IN NEW STANTON, GRANVIEW ELEMENTARY IN DERRY AND HEAD START PROGRAM IN RUFFSDALE. RECIPIENTS ARE IDENTIFIED BY THE SCHOOLS AND PARTICIPANTS QUALIFY BASED ON THEIR ELIGIBILITY FOR THE NATIONAL SCHOOL LUNCH PROGRAM. THE BACKPACK PROGRAM IS AVAILABLE BASED ON FUNDING.

MILITARY SHARE PROGRAM

IN 2014, FEEDING AMERICA RELEASED THE HUNGER IN AMERICA NATIONAL STUDY AND REVEALED THAT, ONE IN FIVE, 20% OF HOUSEHOLDS SERVED BY THE FEEDING AMERICA NETWORK HAS AT LEAST ONE MEMBER THAT HAS SERVED IN THE MILITARY. HERE AT

Name of the organization WESTMORELAND COUNTY FOOD BANK, INC.	Employer identification number 25-1422682
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HOME, 1055 INDIVIDUALS SERVED BY THE WESTMORELAND COUNTY FOOD BANK LAST YEAR IDENTIFIED THEMSELVES AND VETERANS. OUR MILITARY FAMILIES ARE FREQUENTLY OVERLOOKED FOR MANY PUBLIC ASSISTANCE PROGRAMS, YET THEY ARE MOST OFTEN THOSE WHO NEED AID THE MOST.

IN OUR PURSUIT TO END HUNGER HERE AT HOME, THE WESTMORELAND COUNTY FOOD BANK LAUNCHED THE MILITARY SHARE PROGRAM IN 2016. THE NEW PROGRAM SUPPLIED A LIMITED NUMBER OF MILITARY FAMILIES IN WESTMORELAND COUNTY WITH A BOX OF FRESH, FROZEN, AND NON-PERISHABLE FOOD ITEMS. THE FOOD BANK WORKED WITH REPRESENTATIVES FROM THE PENNSYLVANIA NATIONAL GUARD FAMILY ASSISTANCE CENTER TO DELIVER THIS MUCH NEEDED AID.

IN 2020, THERE WERE SIX DISTRIBUTIONS THAT SERVED 108 VETERANS 55,567 POUNDS OF FOOD.

FILL A GLASS WITH HOPE

41 OF OUR 42 FOOD PANTRIES RECEIVE FRESH MILK FROM TURNER'S DAIRY ON A MONTHLY BASIS THROUGH THIS STATE WIDE INITIATIVE.

CFAP

THE FARMERS TO FAMILIES FOOD BOX DISTRIBUTION IS A PROGRAM OF THE UNITED STATES DEPARTMENT OF AGRICULTURE. THE USDA IS PARTNERING WITH FARMERS, RANCHERS, SPECIALTY CROP PRODUCERS, FOOD PROCESSORS AND DISTRIBUTORS, AND NON-PROFIT ORGANIZATIONS TO ENSURE THAT ALL AMERICANS HAVE ACCESS TO THE FRESH AND WHOLESOME FOOD THEY NEED DURING THE COVID-19 NATIONAL EMERGENCY.

OTHER

OTHER EXEMPT PURPOSE PROGRAM SERVICES INCLUDE VOLUNTEER ACTIVITIES, DEVELOPMENT, GRANT WRITER, FOOD SOLICITATION, AND FOOD DRIVES.

Name of the organization WESTMORELAND COUNTY FOOD BANK, INC.	Employer identification number 25-1422682
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FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

RONALD EBERHARDT

RANDEE EBERHARDT

DIRECTOR

FINANCE DIR

FATHER/DAUGHTER-IN-LAW

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE 990 ALONG WITH THE AUDIT REPORT ARE REVIEWED BY THE FINANCE COMMITTEE AND PRESENTED TO THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ANNUAL DISCLOSURES ARE COMPLETED AND REVIEWED AT THE JANUARY BOARD MEETING AND ARE TO BE UPDATED IF THERE ARE ANY CHANGES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS SETS THE CEO'S SALARY BASED ON AN ANNUAL EVALUATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE CEO DETERMINES THE SALARIES ON AN ANNUAL BASIS.

THE PRESIDENT AND BOARD OF DIRECTORS ARE CHARGED WITH SETTING SUITABLE SALARIES WITHIN THE BUDGET CONSTRAINTS AND REQUIRES THE BOARD TO REVIEW THE OVERALL SALARY LEVELS. THIS REVIEW INCLUDES VERIFYING INFORMATION ACROSS SIMILAR POSITIONS WITHIN THE ORGANIZATION AND SERVICE AREA AND COMPARING SALARY LEVELS OF POSITIONS FROM THE TOP PAID INDIVIDUALS TO THE INDIVIDUALS RECEIVING THE MOST MODEST PAY, TAKING INTO ACCOUNT EDUCATION, TRAINING, EXPERIENCE, AND SENIORITY.

Name of the organization

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WESTMORELAND COUNTY FOOD BANK, INC.

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FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

AVAILABLE TO THE PUBLIC BY REQUEST.

Area with horizontal dotted lines for text entry.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Name(s) shown on return

WESTMORELAND COUNTY FOOD BANK, INC.

Identifying number

25-1422682

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	210,468

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	7,750
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	218,218
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:										
154	FREEZER	6/30/18	248,836			248,836	39	MM S/L	9,836	6,381
155	CONCRETE WORK	9/03/18	32,864			32,864	39	MM S/L	1,088	843
156	LED LIGHTING	2/01/18	17,675			17,675	39	MM S/L	850	453
157	NEW DOOR FRAME	9/01/18	2,865			2,865	39	MM S/L	95	73
			<u>302,240</u>			<u>302,240</u>			<u>11,869</u>	<u>7,750</u>
Other Depreciation:										
1	PICNIC TABLES	3/05/94	390			390	5	MO S/L	390	0
7	TIME CLOCK	12/19/97	309			309	5	MO S/L	309	0
16	TABLES & CHAIRS	9/30/00	5,776			5,776	7	MO S/L	5,776	0
23	1985 BUDD VAN (#3 STORAGE)	6/19/95	6,500			6,500	3	MO S/L	6,500	0
30	94 UTILITY TRAILER (#1 STORAGE)	6/10/99	15,000			15,000	5	MO S/L	15,000	0
35	UTILITY/DRY BOX 1993 (#5 STORAGE)	1/22/04	1,000			1,000	5	MO S/L	1,000	0
	Sold/Scrapped: 12/31/20									
36	WHITE KENWORTH 1996 (#11)	9/24/04	10,000			10,000	5	MO S/L	10,000	0
40	NEW BUILDING-DELMONT	1/09/93	510,655			510,655	27	MO S/L	501,371	9,284
41	HEATING & AIR CONDITIONING	1/09/94	42,700			42,700	27	MO S/L	40,371	1,553
42	FLOOR & DOOR RENOVATION	1/09/95	47,000			47,000	27	MO S/L	42,727	1,709
43	RENOVATION	1/09/95	12,310			12,310	27	MO S/L	11,191	448
44	RENOVATION	1/09/96	61,107			61,107	27	MO S/L	61,107	0
45	IMPROVEMENTS	1/20/00	23,000			23,000	27	MO S/L	15,264	836
46	IMPROVEMENTS	1/20/04	11,880			11,880	27	MO S/L	6,552	432
47	SCALES	8/20/90	1,570			1,570	5	MO S/L	1,570	0
48	BALING MACHINE	3/23/94	6,430			6,430	5	MO S/L	6,430	0
49	KITCHEN PRODUCTS	4/29/94	1,495			1,495	5	MO S/L	1,495	0
50	PLUMBING & WATER HEATING	5/31/94	1,038			1,038	5	MO S/L	1,038	0
51	PLANT EQUIPMENT	6/30/94	600			600	5	MO S/L	600	0
55	PLANT EQUIPMENT	10/14/98	5,237			5,237	5	MO S/L	5,237	0
56	SHELVING	1/13/97	1,000			1,000	5	MO S/L	1,000	0
57	SHELVING	7/27/97	2,000			2,000	5	MO S/L	2,000	0
58	TEAR DROP BEAMS	4/20/01	425			425	5	MO S/L	425	0
59	CARDINAL SHELVES	4/20/01	2,115			2,115	5	MO S/L	2,115	0
63	BUGSHIELDS	6/23/03	6,943			6,943	5	MO S/L	6,943	0
64	BATTERIES	5/24/04	3,945			3,945	5	MO S/L	3,945	0
	Sold/Scrapped: 12/31/20									
65	BATTERIES	7/14/04	3,285			3,285	5	MO S/L	3,285	0
	Sold/Scrapped: 12/31/20									
69	PHASE MONITORS	2/16/06	1,995			1,995	5	MO S/L	1,995	0
72	ACCUMULATOR (Cooler)	3/10/06	1,095			1,095	5	MO S/L	1,095	0
75	BATTERY & CHARGER	4/03/06	1,400			1,400	5	MO S/L	1,400	0
	Sold/Scrapped: 12/31/20									
76	LAND	7/13/93	30,600			30,600	0	-- Land	0	0
77	ROOF (Office)	4/18/07	62,258			62,258	27	MO S/L	28,676	2,264
78	PAVING	4/13/07	3,000			3,000	27	MO S/L	1,391	109
79	FORKLIFT	1/20/07	16,600			16,600	5	MO S/L	16,600	0
	Sold/Scrapped: 12/31/20									
80	BATTERY CHARGER	3/23/07	1,691			1,691	5	MO S/L	1,691	0
	Sold/Scrapped: 12/31/20									
81	G-FLEX UNIVERSAL DOOR (Safe Room)	5/30/07	4,228			4,228	5	MO S/L	4,228	0
84	Copeland Compressor (Cooler)	12/03/08	8,515			8,515	5	MO S/L	8,515	0
85	TRUCK (2009 International) (#19)	12/16/08	90,000			90,000	5	MO S/L	90,000	0
86	Clean & Repair Potholes	9/14/09	12,240			12,240	27	MO S/L	4,599	445
88	HP 6730B T1700 Laptop	6/26/09	1,043			1,043	5	MO S/L	1,043	0
89	HP Equipment	9/25/09	1,626			1,626	5	MO S/L	1,626	0
91	Walkie Pallet Truck	1/06/09	4,470			4,470	5	MO S/L	4,470	0
92	AiroCide PPT	12/01/09	3,382			3,382	5	MO S/L	3,382	0
97	Drawer, File, Pedestal	4/23/10	3,043			3,043	5	MO S/L	3,043	0
98	Stand-up Counterbalanced Forklift	11/30/10	21,403			21,403	5	MO S/L	21,403	0
99	2 Pallet Trucks (S/Ns 5A389090 and 5A389091)	11/23/10	8,546			8,546	5	MO S/L	8,546	0
100	Stand-up Counterbalanced Forklift	2/16/10	14,338			14,338	5	MO S/L	14,338	0
101	Walkie Pallet Truck (S/N 5A381777)	1/13/10	4,349			4,349	5	MO S/L	4,349	0
102	Capital Improvements	6/30/10	52,650			52,650	27	MO S/L	18,188	1,915
103	Rite-Hite RHM4000 Dock Level	1/25/10	8,850			8,850	5	MO S/L	8,850	0
104	Mullen Bill for EPRS	2/28/10	3,624			3,624	5	MO S/L	3,624	0
105	Capital Improvements	6/30/11	479,619			479,619	27	MO S/L	148,246	17,441
106	Data Wiring Infrastructure Project Equipment	4/07/11	3,015			3,015	5	MO S/L	3,015	0
107	Data 4-Post Rack, Panduit Wire Manage Unit	4/26/11	1,095			1,095	5	MO S/L	1,095	0

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
108	HP 48P Switch/Warranty	5/13/11	1,989				1,989	5	MO S/L	1,989	0
109	Auger-Pak Self Contained Compactor	4/11/11	32,500				32,500	5	MO S/L	32,500	0
110	Stand-up Counterbalanced Forklift	8/04/11	19,327				19,327	5	MO S/L	19,327	0
111	Used Battery Motive Power	8/11/11	3,150				3,150	5	MO S/L	3,150	0
112	PTH50 Hand Pallet Truck	8/19/11	658				658	5	MO S/L	658	0
113	Walkie Pallet Truck	1/11/11	4,273				4,273	5	MO S/L	4,273	0
114	2011 International 4400 Truck (#22)	3/03/11	147,064				147,064	5	MO S/L	147,064	0
	Sold/Scrapped: 12/31/20										
115	Truck #22 Graphics & Conspicuity Safety Ta	3/18/11	3,692				3,692	5	MO S/L	3,692	0
	Sold/Scrapped: 12/31/20										
116	Truck #15 Graphics & Conspicuity Safety Ta	3/18/11	3,692				3,692	5	MO S/L	3,692	0
117	2011 International 4400 Truck (#15)	4/12/11	147,064				147,064	5	MO S/L	147,064	0
118	Cubicles	6/07/11	1,260				1,260	5	MO S/L	1,260	0
119	Cubicles	6/08/11	1,252				1,252	5	MO S/L	1,252	0
120	End Controlled Rider Jack and Battery 24R2	10/30/12	12,300				12,300	5	MO S/L	12,300	0
121	2012 Dodge Ram 2500 (3C6LD5AT9CG17)	3/26/12	35,658				35,658	5	MO S/L	35,658	0
122	HP 400/800GB Tape Drive and Accessories	3/02/12	2,949				2,949	5	MO S/L	2,949	0
124	Power Wiring	1/24/12	6,427				6,427	27	MO S/L	1,850	234
125	Control Wiring	1/24/12	1,869				1,869	27	MO S/L	538	68
126	Walk-In Freezer	1/24/12	6,109				6,109	27	MO S/L	1,759	222
127	Replacement Windows (Warehouse Perimete	1/13/12	47,365				47,365	27	MO S/L	13,779	1,722
128	Roof Replacement	4/13/12	245,850				245,850	27	MO S/L	69,285	8,940
129	Capital Improvements 2012	3/17/12	10,954				10,954	27	MO S/L	3,087	398
130	Rack Components for Drive-In Storage Rack	1/12/12	15,818				15,818	27	MO S/L	4,602	575
131	Frommelt Combo II Shelter	1/26/12	3,759				3,759	27	MO S/L	1,082	137
132	Office Improvements (Ringler Restoration)	2/08/12	5,673				5,673	27	MO S/L	1,633	206
133	Garage Door	2/21/12	10,224				10,224	27	MO S/L	2,912	372
134	Maintenance Building Repair - Siding	7/17/13	8,296				8,296	27	MO S/L	1,936	301
136	End Controlled Rider Jack and Battery 24R4	6/28/13	12,550				12,550	5	MO S/L	12,550	0
137	Capital Improvements 2013	2/08/13	24,801				24,801	27	MO S/L	6,238	902
138	Asphalt Binder Course Installation	6/04/14	52,285				52,285	27	MO S/L	10,457	1,901
139	Asphalt Binder Course Installation	6/04/14	36,751				36,751	27	MO S/L	7,350	1,336
140	Heating & Air Conditioning	10/01/14	11,664				11,664	27	MO S/L	2,227	424
141	2016 International Truck #17	5/10/16	169,319				169,319	5	MO S/L	124,167	33,864
142	ASPHALT SEALCOATING	9/30/16	15,015				15,015	27	MO S/L	1,775	546
143	PRIMARIUS SOFTWARE	7/07/16	23,500				23,500	7	MO S/L	11,750	3,357
144	WALKIE STRADDLE STACKER	12/27/16	13,752				13,752	5	MO S/L	8,251	2,751
145	WALK BEHIND SCRUBBER	12/06/16	9,872				9,872	5	MO S/L	6,088	1,974
146	2016 UTILITY TRAILER #26	10/01/15	81,090				81,090	5	MO S/L	68,927	12,163
147	TRACTOR #23 & TRAILER #26 STRIPIN	10/01/15	9,775				9,775	5	MO S/L	8,309	1,466
148	ASPHALT SEALCOATING	10/01/15	6,788				6,788	27	MO S/L	1,049	247
149	COUNTERBALANCED FORKLIFT 36L4	12/01/15	30,820				30,820	5	MO S/L	25,170	5,650
150	Sprinter Van	3/01/18	73,639				73,639	5	MO S/L	27,001	14,728
151	Alarm System	9/01/17	9,562				9,562	7	MO S/L	3,187	1,366
152	Server	5/12/17	6,258				6,258	5	MO S/L	3,338	1,251
153	Sound Masking System	12/06/17	6,325				6,325	5	MO S/L	2,530	1,265
158	FORK LIFT SLIP SHEET ATTACHMENT	10/31/18	10,684				10,684	5	MO S/L	2,493	2,137
159	Graphics Sprinter Van	2/01/18	5,000				5,000	5	MO S/L	1,917	1,000
160	2019 International/Reefer/Liftgate	7/01/19	177,482				177,482	5	MO S/L	17,748	35,497
161	Guiderail	5/01/19	5,500				5,500	39	MO S/L	94	141
162	Copier	8/01/19	11,295				11,295	5	MO S/L	941	2,259
163	Battery	1/28/19	6,756				6,756	5	MO S/L	1,239	1,351
164	Pallet Truck	4/01/19	10,001				10,001	5	MO S/L	1,500	2,000
165	Battery and Charger	4/01/19	5,206				5,206	5	MO S/L	781	1,041
166	Battery	2/20/20	6,830				6,830	5	MO S/L	0	1,138
167	Walkie Talkie Pallet Truck (S/N 10187401)	5/01/20	4,599				4,599	5	MO S/L	0	613
168	Chargers	5/08/20	7,188				7,188	5	MO S/L	0	958
169	Stand-up Counterbalanced Forklift	5/12/20	31,306				31,306	5	MO S/L	0	4,174
170	Stand-up Counterbalanced Forklift	9/13/20	30,501				30,501	5	MO S/L	0	2,033
171	2021 Utility/Reefer	5/06/20	78,410				78,410	5	MO S/L	0	10,455
172	2021 International/Reefer/Liftgate	10/12/20	177,473				177,473	5	MO S/L	0	8,874
173	Honda Pilot	10/12/20	33,870				33,870	5	MO S/L	0	1,693
174	Fence	7/09/20	8,948				8,948	39	MO S/L	0	115
175	Warehouse cement work	5/09/20	10,931				10,931	39	MO S/L	0	187
176	Garage #3	12/21/20	8,948				8,948	0	-- Memo	0	0
	Total Other Depreciation		<u>3,632,251</u>				<u>3,632,251</u>			<u>2,035,417</u>	<u>210,468</u>
	Total ACRS and Other Depreciation		<u>3,632,251</u>				<u>3,632,251</u>			<u>2,035,417</u>	<u>210,468</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		3,934,491			3,934,491		2,047,286	218,218
	Less: Dispositions and Transfers		178,677			178,677		178,677	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>3,755,814</u>			<u>3,755,814</u>		<u>1,868,609</u>	<u>218,218</u>

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
174	Fence	7/09/20	8,948		0	0	0	8,948
Grand Total			<u>8,948</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>8,948</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
154	FREEZER	6/30/18	248,836	6,380	0
155	CONCRETE WORK	9/03/18	32,864	843	0
156	LED LIGHTING	2/01/18	17,675	453	0
157	NEW DOOR FRAME	9/01/18	2,865	74	0
			<u>302,240</u>	<u>7,750</u>	<u>0</u>
Other Depreciation:					
1	PICNIC TABLES	3/05/94	390	0	0
7	TIME CLOCK	12/19/97	309	0	0
16	TABLES & CHAIRS	9/30/00	5,776	0	0
23	1985 BUDD VAN (#3 STORAGE)	6/19/95	6,500	0	0
30	94 UTILITY TRAILER (#1 STORAGE)	6/10/99	15,000	0	0
36	WHITE KENWORTH 1996 (#11)	9/24/04	10,000	0	0
40	NEW BUILDING-DELMONT	1/09/93	510,655	0	0
41	HEATING & AIR CONDITIONING	1/09/94	42,700	776	0
42	FLOOR & DOOR RENOVATION	1/09/95	47,000	1,709	0
43	RENOVATION	1/09/95	12,310	447	0
44	RENOVATION	1/09/96	61,107	0	0
45	IMPROVEMENTS	1/20/00	23,000	837	0
46	IMPROVEMENTS	1/20/04	11,880	432	0
47	SCALES	8/20/90	1,570	0	0
48	BALING MACHINE	3/23/94	6,430	0	0
49	KITCHEN PRODUCTS	4/29/94	1,495	0	0
50	PLUMBING & WATER HEATING	5/31/94	1,038	0	0
51	PLANT EQUIPMENT	6/30/94	600	0	0
55	PLANT EQUIPMENT	10/14/98	5,237	0	0
56	SHELVING	1/13/97	1,000	0	0
57	SHELVING	7/27/97	2,000	0	0
58	TEAR DROP BEAMS	4/20/01	425	0	0
59	CARDINAL SHELVES	4/20/01	2,115	0	0
63	BUGSHIELDS	6/23/03	6,943	0	0
69	PHASE MONITORS	2/16/06	1,995	0	0
72	ACCUMULATOR (Cooler)	3/10/06	1,095	0	0
76	LAND	7/13/93	30,600	0	0
77	ROOF (Office)	4/18/07	62,258	2,264	0
78	PAVING	4/13/07	3,000	109	0
81	G-FLEX UNIVERSAL DOOR (Safe Room)	5/30/07	4,228	0	0
84	Copeland Compressor (Cooler)	12/03/08	8,515	0	0
85	TRUCK (2009 International) (#19)	12/16/08	90,000	0	0
86	Clean & Repair Potholes	9/14/09	12,240	445	0
88	HP 6730B T1700 Laptop	6/26/09	1,043	0	0
89	HP Equipment	9/25/09	1,626	0	0
91	Walkie Pallet Truck	1/06/09	4,470	0	0
92	AiroCide PPT	12/01/09	3,382	0	0
97	Drawer, File, Pedestal	4/23/10	3,043	0	0
98	Stand-up Counterbalanced Forklift	11/30/10	21,403	0	0
99	2 Pallet Trucks (S/Ns 5A389090 and 5A389095)	11/23/10	8,546	0	0
100	Stand-up Counterbalanced Forklift	2/16/10	14,338	0	0
101	Walkie Pallet Truck (S/N 5A381777)	1/13/10	4,349	0	0
102	Capital Improvements	6/30/10	52,650	1,914	0
103	Rite-Hite RHM4000 Dock Level	1/25/10	8,850	0	0
104	Mullen Bill for EPRS	2/28/10	3,624	0	0
105	Capital Improvements	6/30/11	479,619	17,440	0
106	Data Wiring Infrastructure Project Equipment	4/07/11	3,015	0	0
107	Data 4-Post Rack, Panduit Wire Manage Unit	4/26/11	1,095	0	0
108	HP 48P Switch/Warranty	5/13/11	1,989	0	0
109	Auger-Pak Self Contained Compactor	4/11/11	32,500	0	0
110	Stand-up Counterbalanced Forklift	8/04/11	19,327	0	0
111	Used Battery Motive Power	8/11/11	3,150	0	0
112	PTH50 Hand Pallet Truck	8/19/11	658	0	0
113	Walkie Pallet Truck	1/11/11	4,273	0	0
116	Truck #15 Graphics & Conspicuity Safety Tape	3/18/11	3,692	0	0
117	2011 International 4400 Truck (#15)	4/12/11	147,064	0	0
118	Cubicles	6/07/11	1,260	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
119	Cubicles	6/08/11	1,252	0	0
120	End Controlled Rider Jack and Battery 24R2	10/30/12	12,300	0	0
121	2012 Dodge Ram 2500 (3C6LD5AT9CG179122)	3/26/12	35,658	0	0
122	HP 400/800GB Tape Drive and Accessories	3/02/12	2,949	0	0
124	Power Wiring	1/24/12	6,427	234	0
125	Control Wiring	1/24/12	1,869	68	0
126	Walk-In Freezer	1/24/12	6,109	222	0
127	Replacement Windows (Warehouse Perimeter)	1/13/12	47,365	1,723	0
128	Roof Replacement	4/13/12	245,850	8,940	0
129	Capital Improvements 2012	3/17/12	10,954	399	0
130	Rack Components for Drive-In Storage Rack Sys	1/12/12	15,818	575	0
131	Frommelt Combo II Shelter	1/26/12	3,759	137	0
132	Office Improvements (Ringler Restoration)	2/08/12	5,673	207	0
133	Garage Door	2/21/12	10,224	372	0
134	Maintenance Building Repair - Siding	7/17/13	8,296	302	0
136	End Controlled Rider Jack and Battery 24R4	6/28/13	12,550	0	0
137	Capital Improvements 2013	2/08/13	24,801	902	0
138	Asphalt Binder Course Installation	6/04/14	52,285	1,902	0
139	Asphalt Binder Course Installation	6/04/14	36,751	1,337	0
140	Heating & Air Conditioning	10/01/14	11,664	424	0
141	2016 International Truck #17	5/10/16	169,319	11,288	0
142	ASPHALT SEALCOATING	9/30/16	15,015	546	0
143	PRIMARIUS SOFTWARE	7/07/16	23,500	3,357	0
144	WALKIE STRADDLE STACKER	12/27/16	13,752	2,750	0
145	WALK BEHIND SCRUBBER	12/06/16	9,872	1,810	0
146	2016 UTILITY TRAILER #26	10/01/15	81,090	0	0
147	TRACTOR #23 & TRAILER #26 STRIPING/DCO	10/01/15	9,775	0	0
148	ASPHALT SEALCOATING	10/01/15	6,788	247	0
149	COUNTERBALANCED FORKLIFT 36L4	12/01/15	30,820	0	0
150	Sprinter Van	3/01/18	73,639	14,727	26,129
151	Alarm System	9/01/17	9,562	1,366	0
152	Server	5/12/17	6,258	1,252	0
153	Sound Masking System	12/06/17	6,325	1,265	0
158	FORK LIFT SLIP SHEET ATTACHMENT	10/31/18	10,684	2,137	0
159	Graphics Sprinter Van	2/01/18	5,000	1,000	0
160	2019 International/Reefer/Liftgate	7/01/19	177,482	35,496	0
161	Guiderail	5/01/19	5,500	141	0
162	Copier	8/01/19	11,295	2,259	0
163	Battery	1/28/19	6,756	1,351	0
164	Pallet Truck	4/01/19	10,001	2,000	0
165	Battery and Charger	4/01/19	5,206	1,041	0
166	Battery	2/20/20	6,830	1,366	0
167	Walkie Talkie Pallet Truck (S/N 10187401)	5/01/20	4,599	920	0
168	Chargers	5/08/20	7,188	1,438	0
169	Stand-up Counterbalanced Forklift	5/12/20	31,306	6,261	0
170	Stand-up Counterbalanced Forklift	9/13/20	30,501	6,101	0
171	2021 Utility/Reefer	5/06/20	78,410	15,682	0
172	2021 International/Reefer/Liftgate	10/12/20	177,473	35,494	0
173	Honda Pilot	10/12/20	33,870	6,774	0
174	Fence	7/09/20	8,948	229	0
175	Warehouse cement work	5/09/20	10,931	280	0
176	Garage #3	12/21/20	8,948	0	0
Total Other Depreciation			<u>3,453,574</u>	<u>202,695</u>	<u>26,129</u>
Total ACRS and Other Depreciation			<u>3,453,574</u>	<u>202,695</u>	<u>26,129</u>
Grand Totals			<u>3,755,814</u>	<u>210,445</u>	<u>26,129</u>

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning _____, ending _____		

Name _____ Taxpayer Identification Number _____

WESTMORELAND COUNTY FOOD BANK, INC.

25-1422682

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	8,743,419	11,602,268	2,858,849
	2. Membership dues and assessments			
	3. Government contributions and grants	3,763,862	4,257,054	493,192
	4. Program service revenue	7,090	5,080	-2,010
	5. Investment income	1,115	17,821	16,706
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	51,661	50,093	-1,568
	12. Total revenue. Add lines 1 through 11	12,567,147	15,932,316	3,365,169
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	96,235	111,874	15,639
	16. Salaries, other compensation, and employee benefits	1,499,019	1,575,494	76,475
	17. Professional fundraising fees	288,516	292,715	4,199
	18. Other professional fees	67,072	97,180	30,108
	19. Occupancy, rent, utilities, and maintenance	223,846	382,495	158,649
	20. Depreciation and Depletion	177,696	218,221	40,525
	21. Other expenses	10,263,069	8,266,641	-1,996,428
	22. Total expenses. Add lines 13 through 21	12,615,453	10,944,620	-1,670,833
	23. Excess or (Deficit). Subtract line 22 from line 12	-48,306	4,987,696	5,036,002
Other Information	24. Total exempt revenue	12,567,147	15,932,316	3,365,169
	25. Total unrelated revenue			
	26. Total excludable revenue	59,866	72,994	13,128
	27. Total assets	3,655,066	8,862,393	5,207,327
	28. Total liabilities	509,577	729,208	219,631
	29. Retained earnings	3,145,489	8,133,185	4,987,696
	30. Number of voting members of governing body	12	12	
31. Number of independent voting members of governing body	11	11		
32. Number of employees	34	32		
33. Number of volunteers	6266	5071		

Form 990	Tax Return History	2020
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Name WESTMORELAND COUNTY FOOD BANK, INC.	Employer Identification Number 25-1422682
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	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	11,695,969	13,212,523	11,846,869	12,507,281	15,859,322	
Membership dues						
Program service revenue	6,147	7,558	6,150	7,090	5,080	
Capital gain or loss	1,000					
Investment income	690	611	586	1,115	17,821	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	68,943	60,325	59,259	51,661	50,093	
Total revenue	11,772,749	13,281,017	11,912,864	12,567,147	15,932,316	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	96,240	104,088	184,236	96,235	111,874	
Other compensation	1,398,047	1,380,118	1,348,670	1,499,019	1,575,494	
Professional fees	312,312	307,369	342,448	355,588	389,895	
Occupancy costs	270,144	262,962	289,165	223,846	382,495	
Depreciation and depletion	146,063	141,388	159,278	177,696	218,221	
Other expenses	9,652,026	11,470,414	9,561,115	10,263,069	8,266,641	
Total expenses	11,874,832	13,666,339	11,884,912	12,615,453	10,944,620	
Excess or (Deficit)	-102,083	-385,322	27,952	-48,306	4,987,696	
Total exempt revenue	11,772,749	13,281,017	11,912,864	12,567,147	15,932,316	
Total unrelated revenue						
Total excludable revenue	76,780	68,494	65,995	59,866	72,994	
Total Assets	3,902,738	3,758,141	3,668,845	3,655,066	8,862,393	
Total Liabilities	351,573	592,298	475,050	509,577	729,208	
Net Fund Balances	3,551,165	3,165,843	3,193,795	3,145,489	8,133,185	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 17,821		14			
TOTAL	<u>\$ 17,821</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTING	\$ 69,157	\$ 62,109	\$ 4,150	\$ 2,898
TOTAL	<u>\$ 69,157</u>	<u>\$ 62,109</u>	<u>\$ 4,150</u>	<u>\$ 2,898</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
FUNDRAISING	\$ 41,064	\$ 41,064	\$	\$
MISCELLANEOUS EXPENSE	15,186	13,690	632	864
REIMBURSABLE EXPENSES	12,104	9,141	2,603	360
TOTAL	<u>\$ 68,354</u>	<u>\$ 63,895</u>	<u>\$ 3,235</u>	<u>\$ 1,224</u>

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
CORPORATE & INDIVIDUAL CONTRIBUTIONS	\$ 4,257,054
TOTAL	11,602,268
	<u>\$ 15,859,322</u>

Schedule A, Part III, Line 2(e)

Description	Amount
MEMBERSHIP DUES	\$ 5,080
OTHER INCOME	6,697
SALVAGE INCOME	
TRUCKING INCOME	38,600
VARIOUS FUNDRAISERS	
RENTAL & STORAGE	4,796
TOTAL	<u>\$ 55,173</u>

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2016	2017	2018	2019	2020
	\$ 2,050	\$ 4,018	\$ 1,629	\$ 3,816	\$ 4,113
TOTAL	<u>\$ 2,050</u>	<u>\$ 4,018</u>	<u>\$ 1,629</u>	<u>\$ 3,816</u>	<u>\$ 4,113</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
TOTAL	\$ 17,821
	<u>\$ 17,821</u>