PKF O'CONNOR DAVIES, LLP 500 MAMARONECK AVENUE HARRISON, NY 10528-1633

> IMPACT100 WESTCHESTER, INC. P.O. BOX 634 HARTSDALE, NY 10530-0634

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CLIENT'S COPY



NOVEMBER 1, 2022

IMPACT100 WESTCHESTER, INC. P.O. BOX 634 HARTSDALE, NY 10530-0634

IMPACT100 WESTCHESTER, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2021 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

GARRETT M. HIGGINS

# TAX RETURN FILING INSTRUCTIONS

FORM 990

## FOR THE YEAR ENDING

JUNE 30, 2022

## PREPARED FOR:

IMPACT100 WESTCHESTER, INC. P.O. BOX 634 HARTSDALE, NY 10530-0634

### PREPARED BY:

PKF O'CONNOR DAVIES, LLP 500 MAMARONECK AVENUE HARRISON, NY 10528-1633

### AMOUNT DUE OR REFUND:

NOT APPLICABLE

#### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

## MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

## **RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

## SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022.

Form 8879-TE	IRS e-file Signature Author for a Tax Exempt Enti	rization	OMB No. 1545-0047		
	For calendar year 2021, or fiscal year beginning <b>JUL 1</b> , 2021, and endi		0004		
Department of the Treasury	Do not send to the IRS. Keep for your r		2021		
Internal Revenue Service	Go to www.irs.gov/Form8879TE for the lates	t information.			
Name of filer		EIN or SSN			
IMPACT	LOO WESTCHESTER, INC.	46-110	3703		
Name and title of officer or per	son subject to tax NOELLE IFSHIN				
	TREASURER				
Part I Type of F	Return and Return Information				
Form 5330 filers may enter or <b>10a</b> below, and the amo	n for which you are using this Form 8879-TE and enter the applicab dollars and cents. For all other forms, enter whole dollars only. If yo unt on that line for the return being filed with this form was blank, th ank (do not enter -0-). But, if you entered -0- on the return, then enter	ou check the box on line <b>1a, 2a, 3a</b> nen leave line <b>1b, 2b, 3b, 4b, 5b, 6</b>	, 4a, 5a, 6a, 7a, 8a, 9a, b, 7b, 8b, 9b, or 10b,		
1a Form 990 check h	ere ► 🗴 b Total revenue, if any (Form 990, Part VIII, c	column (A), line 12)	ь 326,102.		
2a Form 990-EZ che		2	b		
<b>3a Form 1120-POL</b> c			b		
4a Form 990-PF chee			b		
5a Form 8868 check	here <b>b Balance due</b> (Form 8868, line 3c)		b		
6a Form 990-T check			b		
7a Form 4720 check			b		
8a Form 5227 check	here   here b FMV of assets at end of tax year (Form 52)	227, Item D) 8	b		
9a Form 5330 check	here <b>b</b> Tax due (Form 5330, Part II, line 19)		b		
10a Form 8038-CP ch		rm 8038-CP, Part III, line 22) 1	0b		
	on and Signature Authorization of Officer or Person	-			
	I declare that $[X]$ I am an officer of the above entity or $[L]$ I am		•		
	, (EIN), accompanying schedules and statements, and, to the best of my ki				
financial institution to debit later than 2 business days payment of taxes to receiv personal identification num <b>PIN: check one box only</b>	tion account indicated in the tax preparation software for payment of the entry to this account. To revoke a payment, I must contact the prior to the payment (settlement) date. I also authorize the financial confidential information necessary to answer inquiries and resolve ber (PIN) as my signature for the electronic return and, if applicable	U.S. Treasury Financial Agent at 1- institutions involved in the processi issues related to the payment. I ha	888-353-4537 no ng of the electronic ve selected a thdrawal.		
X I authorize PK	F O'CONNOR DAVIES, LLP	to enter my PIN	01030		
	ERO firm name	Enter five numbers, but do not enter all zeros			
with a state ager on the return's d As an officer or p return. If I have in	on the tax year 2021 electronically filed return. If I have indicated wit icy(ies) regulating charities as part of the IRS Fed/State program, I a isclosure consent screen. herson subject to tax with respect to the entity, I will enter my PIN as indicated within this return that a copy of the return is being filed with	also authorize the aforementioned E s my signature on the tax year 2021 h a state agency(ies) regulating cha	turn is being filed RO to enter my PIN electronically filed		
IRS Fed/State pr	ogram, I will enter my PIN on the return's disclosure consent screer	٦.			
Signature of officer or person subject Part III Certification	to tax  tion and Authentication	Date	<u> </u>		
	ur six-digit electronic filing identification your five-digit self-selected PIN.	26242303218 Do not enter all zeros			
-	neric entry is my PIN, which is my signature on the 2021 electronica cordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (N	-			
ERO's signature 🕨 PKF	O'CONNOR DAVIES, LLP	Date ▶ <u>11/01/22</u>			
	ERO Must Retain This Form - See Ins				
	Do Not Submit This Form to the IRS Unless Re		Form 8870-TE (000 1)		
LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.		Form <b>8879-TE</b> (2021)		
102521 01-11-22					

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.



172,114.

174,070.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
AF	or the 2	021 calendar year, or tax year beginning $ m JUL1,2021$ and ending	JUN 30, 2022				
<b>B</b> c	heck if pplicable:	Le: C Name of organization D Employer identification					
	Address change	IMPACT100 WESTCHESTER, INC.					
	Name change	Doing business as	46-11037	03			
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) Room/s P.O. BOX 634	suite E Telephone number 914-582-				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	326,102.			
	Amended return	HARTSDALE, NY 10530-0634	H(a) Is this a group re	turn			
	Applica-	F Name and address of principal officer: MELINDA GANELES	for subordinates				
	pending	7 STONY BROOK WAY, ARMONK, NY 10504	H(b) Are all subordinates in	cluded? Yes No			
11	ax-exem	pt status: 🗴 501(c)(3) 🔄 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) or 🗌	527 If "No," attach a	list. See instructions			
		▶ WWW.IMPACT100WESTCHESTER.WILDAPRICOT.ORG	H(c) Group exemption	n number 🕨			
KF			Year of formation: 2012	State of legal domicile: NY			
Pa		ummary					
•		efly describe the organization's mission or most significant activities: COLLECTI					
nce n		OCAL CHARITABLE INITIATIVES AND TO ENGAGE WO	OMEN IN PHILAN	THROPY.			
Activities & Governance	2 Ch	leck this box $ig>$ if the organization discontinued its operations or disposed of r	nore than 25% of its net ass	ets. 7			
ove	<b>3</b> Nu	Number of voting members of the governing body (Part VI, line 1a)					
Ğ	<b>4</b> Nu	mber of independent voting members of the governing body (Part VI, line 1b)		7			
es S	<b>5</b> To	tal number of individuals employed in calendar year 2021 (Part V, line 2a)		0			
viti		tal number of volunteers (estimate if necessary)		287			
Acti		tal unrelated business revenue from Part VIII, column (C), line 12		0.			
_	b Ne	t unrelated business taxable income from Form 990-T, Part I, line 11		0.			
			Prior Year	Current Year			
e	<b>8</b> Co	ntributions and grants (Part VIII, line 1h)	333,887.	321,000.			
Revenue		ogram service revenue (Part VIII, line 2g)	724.	3,500.			
Jev		restment income (Part VIII, column (A), lines 3, 4, and 7d)	1,309.	1,602.			
-	1	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.			
	1	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	335,920.	326,102.			
		ants and similar amounts paid (Part IX, column (A), lines 1-3)	306,000.	287,000.			
		nefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
es		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.			
Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
ğ		tal fundraising expenses (Part IX, column (D), line 25)	47 714	45 524			
		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>47,714.</u> 353,714.	45,534.			
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		332,534.			
		venue less expenses. Subtract line 18 from line 12	-17,794.	-6,432.			
ts or nces			Beginning of Current Year	End of Year			
ssets Saland	1	tal assets (Part X, line 16)	615,235.	602,850.			
<4	<b>21</b> To	tal liabilities (Part X, line 26)	441,165.	430,736.			

Part II Signature Block

Τ.

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	Signature of officer		Date		
Here	NOELLE IFSHIN, TREASUR	ER			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date Check PTIN		
Paid	GARRETT M. HIGGINS	GARRETT M. HIGGINS	11/01/22 self-employed P00543209		
Preparer	Firm's name <b>PKF O'CONNOR DAV</b>	IES, LLP	Firm's EIN ▶ 27-1728945		
Use Only	Firm's address 500 MAMARONECK A	VENUE			
	HARRISON, NY 105	28-1633	Phone no. 914-381-8900		
May the IRS discuss this return with the preparer shown above? See instructions					
132001 12-0	9-21 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.	Form <b>990</b> (2021)		
~					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

-	
-	
-	
-	
(	Code:         ) (Expenses \$
(	Code:         ) (Expenses \$
-	
-	
-	
-	
_	
_	
-	
-	
-	
(	Code:         ) (Expenses \$ including grants of \$) (Revenue \$)
Z	ALL GRANT APPLICANTS ARE THOROUGHLY VETTED BY VARIOUS COMMITTEES TO
Z	ADVISOR CONTACTS THE NONPROFIT FOR AN UPDATE ON THE USE OF THE AWARD.
-	AFTER RECEIVING THE OPERATING GRANT AWARDS, IMPACT100 NON-PROFIT
-	PERIOD. THE OPERATING GRANT RECIPIENTS CAN USE THE SMALLER OPERATING GRANT AMOUNTS FOR THEIR OPERATING EXPENSES. APPROXIMATELY 6 MONTHS
-	PROJECT AND ALL RELATED EXPENDITURES CONTINUES THROUGH THE GRANT
Ī	PROJECT GRANT AGREEMENT. REGULAR REPORTING AND MONITORING OF THE
	DISTRIBUTION OF FUNDS. FUNDS MUST BE SPENT AS SPECIFIED IN THE APPROVED
_	SPECIFIC TERMS FOR THE TIMING AND REPORTING REQUIREMENTS RELATED TO THE
_	MEMBERSHIP VOTES AT THE ANNUAL MEETING. A DETAILED LEGAL AGREEMENT IS DRAWN UP FOR EACH PROJECT GRANT. THE PROJECT GRANT AGREEMENT INCLUDES
-	THE PROJECT AND OPERATING GRANTS ARE AWARDED BASED UPON A TALLY OF THE
	(Code:) (Expenses \$287,000. including grants of \$287,000. ) (Revenue \$3,500.
	revenue, if any, for each program service reported.
	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
	f "Yes," describe these changes on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	f "Yes," describe these new services on Schedule O.
	prior Form 990 or 990-EZ?
	Did the organization undertake any significant program services during the year which were not listed on the
	WORTHWHILE CHARITABLE ORGANIZATIONS.
	AND EVALUATION OF GRANT PROPOSALS WHICH RAISES AWARENESS OF MANY
_	TO COLLECTIVELY FUND GRANTS TO LOCAL CHARITABLE INITIATIVES AND TO ENGAGE WOMEN IN PHILANTHROPY. WE SOLICIT AND PERFORM A RIGOROUS REVIEW
	Briefly describe the organization's mission:
F	Check if Schedule O contains a response or note to any line in this Part III

Form	990	(2021)	

Form 990 (2021) IMPACT100 WESTCHESTER, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			v
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a հ	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
α	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	116		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
15		15		Х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		- 23
10		16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
-	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
132003	12-09-21			(2021)

3

132003 12-09-21

Form	aan	(2021)
FUIII	330	120211

 Form 990 (2021)
 IMPACT100 WESTCHESTER, INC.
 46-1103703
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X 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? If "Yes," complete	054		x
00	Schedule L, Part I	25b		
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</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter 0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-		
10000		<b>1c</b>	990	<u> </u> (2021)
132004	· 12-09-21	Form	550	(2021)

## 15431101 756359 1501030.000

<sup>2021.05000</sup> IMPACT100 WESTCHESTER, IN 15010301

Form 990		WESTCHESTER,		
Part V	Statements Regarding Othe	r 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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	s				
				<u>3a</u>		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					v
ь	financial account in a foreign country (such as a bank account, securities account, or other financial a	(ccount)	?	<u>4a</u>		X
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccounte				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?	-		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices prov	vided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as require	ed			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		· · · · ·	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization and the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, dis airplanes, did the organization of cars, boats, airplanes, did t		a Form 1098-0?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the appropriate organization make any tayable distributions under section 40662			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	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:					
а	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		<u>12a</u>		
ы 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			100		
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				
с	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration or				
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income	?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	•				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
0000	If "Yes," complete Form 6069. 12-09-21 5			Eorm	990	(2024)
IJ2005	12-09-21 <b>D</b>				, 550	12021)

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 IMPACT100 WESTCHESTER, INC.
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 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				res	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
	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 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	5		X
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)		_	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "y				
	on Schedule O how this was done	,	120	Х	
13	Did the organization have a written whistleblower policy?			Х	
14	Did the organization have a written document retention and destruction policy?			Х	
15	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (section 501	(c)(3)s only	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	·			
		n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		y, and finar	ncial	
	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 boo	oks and records			
	NOELLE IFSHIN, TREASURER - 914-582-0850	· · · · · · · · · · · · ·			
	P.O. BOX 634, HARTSDALE, NY 10530-0634				
					(202

Form 990	(2021)
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Part VII	Со	mpensation	of Officers,	Directors,	, Trustees,	Key Employees,	Highest	Compensat	ted
	Em	ployees, and	d Independ	ent Contra	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			( Pos	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	(do not check more than on box, unless person is both a officer and a director/truste			than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DANIELLE DEMAIO	25.00									
CO-PRESIDENT		Х		X				0.	0.	0.
(2) LAURA STONE	25.00	.,		37					0	0
CO-PRESIDENT	25.00	Х		X				0.	0.	0.
(3) CATHY HARAY SECRETARY	25.00	x		x				0.	0.	0.
(4) MELINDA GANELES	25.00			<u>^</u>	-			0.	0.	0.
TREASURER	23.00	х		x				0.	0.	0.
(5) ROBERTA SHAPIRO	25.00			<u> </u>						<b>J</b>
VP, TECHNOLOGY		х		x				0.	0.	0.
(6) CARYL HAHN	25.00							-		
VP, MEMBERSHIP		х		x				0.	0.	0.
(7) DEBORAH SILVERMAN	25.00									
VP, NONPROFIT RELATIONS		Х		Х				0.	0.	0.
		-								
		-								
		-								
132007 12-09-21										Form 990 (2021)

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Form 990 (2021)

	<u>990 (2021)</u> IMPACT100	) WESTCH	IES	STE	R,	I	NC	•		46-11	037	703	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		۱ than d	ne	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	ı	an	nount	of
		week		cer ar I	nd a d I	irecto	or/trus I	tee)	from	from related			other	
		(list any	ector						the	organizations			pensa	
		hours for related	or dir	e			ated		organization	(W-2/1099-MISC	C∕		om the	
		organizations	ustee	truste		Ð	bensi		(W-2/1099-MISC/	1099-NEC)		•	anizati	
		below	ual tri	ional		ploye	t com		1099-NEC)				d relati anizatio	
		line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former				orga	Inzalio	UNS
		,	-	<u>=</u>	ò	ž	<u> </u>	포			-+			
											$\rightarrow$			
											$\rightarrow$			
											$\rightarrow$			
											$\rightarrow$			
1b	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VII								0.		0.			0.
d	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	loyee on	ſ			
	line 1a? If "Yes," complete Schedule J for su	uch individual		-		•		-				3		Х
4	For any individual listed on line 1a, is the su										···			
	and related organizations greater than \$150										- T	4		Х
5	Did any person listed on line 1a receive or a													
-	rendered to the organization? If "Yes," com										- I	5		Х
Sec	tion B. Independent Contractors	piete Genedule	201	01 30		00/3	011 .					•		
1	Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100.000 of compe	ensat	ion fro	m	
-	the organization. Report compensation for t	•	•							•				
	(A)	<u>into outorratur y</u> e			. <u>g</u>				(B)			(0	;)	
	Name and business	address	NC	ONE	3				Description of s	ervices	C		nsatio	n
								$\neg$						
								$\neg$						
2	Total number of independent contractors (ir	ncluding but n	ot lin	niter	d to t	thos	se lis	ted	above) who received m	ore than				
-	\$100,000 of compensation from the organiz	•	11			(								
													aan u	0004

132008 12-09-21

Pa	rt VII	Statement of Revenu	e					
		Check if Schedule O contain	ns a response	or note to any line			(	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ce Contributions, Gifts, Grants and Other Similar Amounts	b c d f f	Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines 1a <b>Total.</b> Add lines 1a-1f	1b           1c           1d           ns)         1e           , and             1f            1g \$	313,917. 7,083. 3,046. ■ Business Code 900099	<u>321,000.</u> 3,500.	3,500.		
Program Service Revenue	b c d e f	All other program service reven	ne		3,500.			
	g 3 4	Total. Add lines 2a-2f Investment income (including di other similar amounts) Income from investment of tax-e	vidends, intere exempt bond p	est, and proceeds	1,602.			1,602.
	5 6 a b c d	Less: rental expenses6bRental income or (loss)6c	(i) Real	(ii) Personal				
Revenue		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Rev	8 a	Net gain or (loss) Gross income from fundraising even including \$ contributions reported on line 1 Part IV, line 18	nts (not of c). See <b>8a</b>					
	c 9 a b	Gross income from gaming active Part IV, line 19 Less: direct expenses	aising events vities. See 9a 9b	····· ►				
	10 a b	Net income or (loss) from gamin Gross sales of inventory, less re and allowances Less: cost of goods sold Net income or (loss) from sales	turns 102 102					
Miscellaneous Revenue				Business Code				
	e 12 9 12-09	Total. Add lines 11a-11d           Total revenue. See instructions		►	326,102.	3,500.	0.	<b>1,602.</b> Form <b>990</b> (2021)

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IMPACT100 WESTCHESTER, INC.

Form 990 (2021)

2021.05000 IMPACT100 WESTCHESTER, IN 15010301

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IMPACT100 WESTCHESTER, 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).

INC.

	Check if Schedule O contains a response			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	287,000.	287,000.		
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				
6	Compensation not included above to disgualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
a					
b					
č	Accounting	9,125.		9,125.	
d					
e					
f	Investment management fees				
g					
Э	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1,150.		1,150.	
13		3,195.		3,195.	
13 14	Office expenses Information technology	2,866.		2,866.	
14 15		2,000.		2,000.	
16	Royalties Occupancy				
17					
17	Travel Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,293.		27,293.	
19 20	··· ·	21,275.		21,255•	
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
22 23		1,905.		1,905.	
23 24	Other expenses. Itemize expenses not covered	1,505.		1,505.	
.4	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а					
b					
с					
d					
е	All other expenses				-
25	Total functional expenses. Add lines 1 through 24e	332,534.	287,000.	45,534.	0
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 Fight if following SOP 98-2 (ASC 958-720)				

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IMPACT100 V	WESTCHESTER,	INC
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		Check if Schedule O contains a response or not	te to an	y line in this Part X			
		·			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			212,160.	1	23,075.
	2	Savings and temporary cash investments			403,075.	2	579,775.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial o	contributor, or 35%			
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	•	· ·		6	
s	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			615,235.	16	602,850.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		441,165.	18	430,736.	
	19	Deferred revenue			-	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	tantial o	contributor, or 35%			
lide		controlled entity or family member of any of thes	se pers	ons		22	
Ľ	23	Secured mortgages and notes payable to unrela	ated thi			23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
		of Schedule D				25	
	26	To A - L P - L PRATE - A shall Prese A 7 Alexandri OF			441,165.	26	430,736.
		Organizations that follow FASB ASC 958, che	eck her	e 🕨 🔀			
ses		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions	92,070.	27	82,515.		
Ba	28	Net assets with donor restrictions		82,000.	28	89,599.	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9					
, Fu		and complete lines 29 through 33.					
sor	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in	icome,	or other funds		31	
Net	32	Total net assets or fund balances			174,070.	32	172,114.
_	33	Total liabilities and net assets/fund balances			615,235.	33	602,850.

Form **990** (2021)

132011 12-09-21

Form 990 (2021)

Form	1990 (2021) IMPACT100 WESTCHESTER, INC.	46-	1103703	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	326		
2	Total expenses (must equal Part IX, column (A), line 25)	2	332		
3	Revenue less expenses. Subtract line 2 from line 1	3	- 6	, 43	32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	174	,07	<u>70.</u>
5	Net unrealized gains (losses) on investments	5		-52	24.
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	5	,00	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	172	,11	14.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule (	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scher				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Aud	it		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	e organization
-------------	----------------

Nan	ne of t	the organization							identification number		
				CHESTER, INC					6-1103703		
Ра	rtl	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch				on 170(b)(1	I)(A)(i).				
2		A school described in sect									
3		A hospital or a cooperative					•				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 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). (C									
6		A federal, state, or local gov	-								
7	X	An organization that norma	-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in		
_		section 170(b)(1)(A)(vi). (C									
8		A community trust describe									
9		An agricultural research org	-			-		-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
10		university:		than 22 1/20/ of its supp	ort from o	ontribution	na mambarah	in food on	d aroon ronginta from		
10		An organization that norma activities related to its exem	•					-	•		
		income and unrelated busir							-		
		See section 509(a)(2). (Con				soco acqui		Janization a			
11		An organization organized a		velv to test for public sa	fetv. See	section 50	)9(a)(4).				
12	$\square$	An organization organized a	-	•	•			rrv out the	purposes of one or		
		more publicly supported or	-	•	-			•			
		lines 12a through 12d that	-								
а		<b>Type I.</b> A supporting orga	anization operated, si	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ring		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		_ organization(s). You mus	t complete Part IV,	Sections A and C.							
С		<b>Type III functionally inte</b>	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,		
		its supported organization									
d		Type III non-functionally	• •					°,			
	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.										
е	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.											
		er the number of supported on vide the following informatior	-	d arganization(a)							
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount of	fmonetary	(vi) Amount of other		
	-	organization		(described on lines 1-10	Yes	ng document? No	support (see ir	nstructions)	support (see instructions)		
				above (see instructions))							
Tota	ıl										

IMPACT100 WESTCHESTER, INC.

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	463,054.	397,089.	404,677.	333,887.	321,000.	1919707.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge $\dots$							
4	Total. Add lines 1 through 3	463,054.	397,089.	404,677.	333,887.	321,000.	1919707.	
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)							
	Public support. Subtract line 5 from line 4.						1919707.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	463,054.	397,089.	404,677.	333,887.	321,000.	1919707.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources $\dots$	4,992.	9,678.	7,239.	1,309.	1,602.	24,820.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on $\dots$							
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						1944527.	
	Gross receipts from related activities,					12	10,433.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)		
_	organization, check this box and stor							
	ction C. Computation of Publi							
	Public support percentage for 2021 (I		•			14	98.72 %	
	Public support percentage from 2020					15	98.77 %	
16a	6a 33 1/3% support test - 2021. 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							
b	b 33 1/3% support test - 2020. 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							
4-	and <b>stop here.</b> The organization qualifies as a publicly supported organization							
17a	7a 10% -facts-and-circumstances test - 2021. 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 te	-		• • • •				
b	10% -facts-and-circumstances test						IU% Or	
	more, and if the organization meets the							
40	organization meets the facts-and-circu							
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 160, 17a, or 17b	, check this box a			
						Schedule A	(Form 990) 2021	

Schedule A				WESTCHESTER	
Part III	Support	Schedule for	or Organizations	Described in Se	ction 509(a)(2)

IMPACT100 WESTCHESTER, INC.

(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.)

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		(2) 2010	(0) = 0 + 0	(0) = 0 = 0		() / 0 100
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
Sec	check this box and stop here						<b>&gt;</b>
	Public support percentage for 2021 (I		-	column (f))		15	%
	Public support percentage from 2020					16	%
	Investment income percentage for 20			ine 13. column (f))		17	%
18	Investment income percentage from		B			18	% %
	<b>33 1/3% support tests - 2021.</b> If the						
	more than 33 1/3%, check this box ar	-					
b	33 1/3% support tests - 2020. If the	-	•		•••		
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-04-22		,				ule A (Form 990) 2021
			15	5			

#### IMPACT100 WESTCHESTER, INC.

Yes No

# 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

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

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132024 01-04-21

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021	IMPACT100 WESTCHESTER, INC.	46-1103	370	3 ра	age
Par	t IV Supporting Organ	nizations (continued)				
					Yes	No
11	Has the organization accepted	d a gift or contribution from any of the following persons?				
а	A person who directly or indire	ectly controls, either alone or together with persons described on lines 11b	and			
	11c below, the governing bod	y of a supported organization?	Ŀ	11a		
b	A family member of a person	described on line 11a above?	Ľ.	11b		
c	A 35% controlled entity of a n	erson described on line 11a or 11b above? If "Vee" to line 11a, 11b, or 11a	provido			

#### described on line 11a or 11b above? If "Yes" to line 11a. <u>detail in Part</u> VI.

### Section B. Type I Supporting Organizations

			res	UNO I		
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 <b>Part VI</b> 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.	2				
Sec	tion C. Type II Supporting Organizations					

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

	Section D.	All Type	e III Sup	porting	Organizations
--	------------	----------	-----------	---------	---------------

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

## 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 1	Test during the year	(see instructions).
•	CHECK THE DOX HEAT TO THE HIELITOU		salisiy line initegral i art i	csi uunny inc ycar	1000 1100 0000

The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization	is the parent o	f each of its	supported of	organizations.	Complete line 3 below.
---	--	------------------	-----------------	---------------	--------------	----------------	------------------------

с		The organization	supported a	a governmental	entity.	Describe in	Part VI ho	w you su	pported a	governmental entity	/ (see instruction <u>s</u>	.).
---	--	------------------	-------------	----------------	---------	-------------	------------	----------	-----------	---------------------	-----------------------------	-----

17

- 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

11c

V. N

Yes No

15431101 756359 1501030.000

Schedule A (Form 990) 2021 IMPACT100 WESTCHESTER, INC. 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 qualifyi			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

132026 01-04-22

15431101 756359 1501030.000

and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 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. 8 9 9 Distributable amount for 2021 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j

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

46-1103703 Page 7

1

2

**Current Year** 

Schedule A (Form 990) 2021

Amounts paid to perform activity that directly furthers exempt purposes of supported

1 Amounts paid to supported organizations to accomplish exempt purposes

Schedule A (Form 990) 2021

Section D - Distributions

2

Schedule A	(Form 990) 2021	IMPACT100 WEST	CHESTER,	INC.	46-1103703 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3D, 3C, 4D, 4C, 5a, 6, 9a, 9	b, 9c, 11a, 11b E, lines 1c, 2a,	, and 11c; Part IV, Sec 2b, 3a, and 3b; Part \	t II, line 17a or 17b; Part III, line 12; ;tion B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)				·
132028 01-04-2	2		20		Schedule A (Form 990) 2021

(Form	990)
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# Supplemental Financial Statements

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

OMB No. 1545-0047 Open to Public Inspection

No

No

No

No

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number 46-1103703 IMPACT100 WESTCHESTER, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Yes 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ► \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. b 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 ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 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 \$ Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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Par	t III   Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, o	r Other S	Simila	<sup>r</sup> Assets	(contir	nued)	
3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the	following that	t make sigr	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	change progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ney further th	he organizatio	on's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, hi	storical trea	sures, or othe	er similar a	ssets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Parl		ete if the	e organizatio	on answered '	"Yes" on F	orm 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for (	contribution	s or other as	sets not ind	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liability	/?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	<b>t V</b> Endowment Funds. Complete if								() -		
	-	(a) Current year	(b)⊦	Prior year	(c) Two yea	rs back (c	d) Three y	ears back	(e) Four	' years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curre			g, column (a	i)) held as:						
a	Board designated or quasi-endowment		_%								
	Permanent endowment										
С	· · · · · · · · · · · · · · · · · · ·	6									
-	The percentages on lines 2a, 2b, and 2c should										
За	Are there endowment funds not in the posses	ision of the organiza	ation tha	it are held a	nd administer	red for the	organiza	ation	ſ	Yes	No
	by:								0-11	165	
	(i) Unrelated organizations								3a(i)		
<b>h</b>	(ii) Related organizations								3a(ii)		<u> </u>
U A									3b		
Par	t VI Land, Buildings, and Equipme		wmenti	unus.							
	Complete if the organization answered		). Part I\	/. line 11a. S	See Form 990	. Part X. lir	ne 10.				
	Description of property	(a) Cost or c			t or other		cumulate	bd	(d) Boo	k valu	
	Description of property	basis (investr		. ,	(other)	• •	eciation		<b>(u)</b> B00	r vaiu	
19	Land		7		/	1001					
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must ec		X colun	nn (R) line 1	() ()						0.
		igari onn 330, i dil	<u>, coluli</u>	<u></u>	<u></u>			Schedule	D (Forn	n 990)	

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	Investments - Other Securities. Complete if the organization answered "Yes" of	n Form 990 Part IV line	11b See Form 990 Part X line 12	
	On of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	derivatives	(-)		
	leld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b)	) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes" o			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of	n 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)				
	nn (b) must equal Form 990, Part X, col. (B) line	15.)		
	Other Liabilities.			
	Complete if the organization answered "Yes" o (a) Description of liability	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
<u>1.</u>				(b) Book value
	ral income taxes			
(2)				
(3)				
(4)				
<u>(5)</u> (6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line	25)	•	
	or uncertain tax positions. In Part XIII, provide t			hat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

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(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)		

Sche	dule D (Form 990) 2021 IMPACT100 WESTCHESTER ,	INC.	46-1103703 Page 4
	t XI Reconciliation of Revenue per Audited Financial S	tatements With Reven	ue 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		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line	[2.]	
Pa	t XII Reconciliation of Expenses per Audited Financial S		nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,		
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line	<u>e 18.)</u>	
Pa	rt 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, LINE 2:

THE	Ξ (	DRGA	<u>ANI</u>	ZA	TIOI	I RI	ECO	GNI	ZES	TH	ΕE	FFE	<u>ст о</u>	FΤ	'AX	POS	ITI	ONS	S ON	LХ	WH	[EN	TH	EY A	ARE
MOF	RE	LIF	KEL	Y '	THAI	I NO	ЭТ	то	BE	SUS	TAI	NED	. МА	NAG	EME	NT	HAS	DE	TER	MI	NED	) TH	[AT	THE	2
ORG	JAN	JIZA	\TI	ON	HAI	) NO	ט כ	NCE	RTA	IN	ТАХ	PO	SITI	ONS	5 ТН	IAT	WOU	ILD	REÇ	UII	RE	FIN	IAN	CIAI	J
STA	\TE	EMEI	1T	RE	COGI	1IT]	ION	OR	DI	SCL	OSU	RE.	THE	OR	GAN	IZA	TIC	N I	IS N	IO ]	LON	IGER	S	UBJE	ECT
то	EΣ	(MAX	INA	TI	ONS	BY	AP	PLI	CAB	LE	TAX	ING	JUR	ISD	ICT	ION	IS F	'OR	THE	PI	ERI	ODS	P	RIOF	2
то	20	)19.																							

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)						2021	
Department of the Treasury	Comp		Attach to For				Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization IMPACT100	WESTCHES	TER, INC.					Employer identification number $46-1103703$
Part I General Information on Grants a							
<b>1</b> Does the organization maintain records							
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr Part II Grants and Other Assistance to					nization answard "V	(aall on Form 000, Dart	IV line 21 for any
recipient that received more than	-				anization answered f	es on ronn 990, ran	TV, III 2 T, IOF ally
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMMUNITY RESOURCE CENTER 134 CENTER AVENUE MAMARONECK, NY 10543	31-1678682	501(C)(3)	85,000.	0.			TRANSFORMATIONAL PROJECT GRANT
SPECTRUM DESIGNS FOUNDATION 366 MAIN STREET PORT WASHINGTON, NY 11050	27-5020830	501(C)(3)	85,000.	0.			TRANSFORMATIONAL PROJECT GRANT
ASSOCIATION MENTALLY ILL CHILDREN/ CLEARVIEW SCHOOL - 480 ALBANY PORT RD - BRIARCLIFF MANOR, NY 10510	13-2554243	501(C)(3)	30,000.	0.			CORE MISSION GRANT
HUMAN DEVELOPMENT SERVICES OF WESTCHESTER, INC - 930 MAMARONECK AVE - MAMARONECK, NY 10543	13-3008872	501(C)(3)	30,000.	0.			CORE MISSION GRANT
HUDSON VALLEY MOCA 1701 MAIN STREET PEEKSKILL, NY 10566	13-4182500	501(C)(3)	30,000.	0.			CORE MISSION GRANT
FAMILY SERVICES OF WESTCHESTER, INC. – 2975 WESTCHESTER AVE – PURCHASE, NY 10577	13-1773419		15,000.	0.			CORE MISSION GRANT
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>			e line 1 table				▶ <u>8.</u>

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Schedule I (Form 990)	IMPACT100	WESTCHESTER,	INC
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art II Continuation of Grants and Other					-uuie i (Fuilli 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE MENTAL HEALTH ASSOCIATION OF							
PLAINS RD - TARRYTOWN, NY 10591	13-1740002	501(C)(3)	6,000.	0.			CORE MISSION GRANT
NESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT – 20 PARK WEST –							
ALHALLA, NY 10595	20-0738248	501(C)(3)	6,000.	0.			CORE MISSION GRANT

Schedule I (Form 990)

Schedule I (Form 990) 2021

46-1103703

Page 2

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

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

PART I, LINE 2:

THE PROJECT AND OPERATING GRANTS ARE AWARDED BASED UPON A TALLY OF THE

MEMBERSHIP VOTES AT THE ANNUAL MEETING. A DETAILED LEGAL AGREEMENT IS DRAWN

UP FOR EACH PROJECT GRANT. THE PROJECT GRANT AGREEMENT INCLUDES SPECIFIC

TERMS FOR THE TIMING AND REPORTING REQUIREMENTS RELATED TO THE DISTRIBUTION

OF FUNDS. FUNDS MUST BE SPENT AS SPECIFIED IN THE APPROVED PROJECT GRANT

AGREEMENT. REGULAR REPORTING AND MONITORING OF THE PROJECT AND ALL RELATED

EXPENDITURES CONTINUES THROUGH THE GRANT PERIOD. THE GRANT RECIPIENTS HAD

AN OPTION TO USE THE GRANT FOR COVID RELATED CAUSES.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

IMPACT100 WESTCHESTER, INC.

Employer identification number 46 - 1103703

Inspection

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

THE PRIMARY SOURCE OF REVENUE IS CONTRIBUTIONS FROM MEMBERS, WHICH ARE

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

COLLECTED ANNUALLY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ENSURE THEIR NONPROFIT ACTIVITIES COMPLY WITH OUR MISSION.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED ITS BYLAWS DURING FISCAL YEAR 2022 TO REMOVE THE

AMENDMENT ALLOWING CO-PRESIDENTS TO EXTEND THEIR TERM TO A THIRD YEAR.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION SHALL HAVE NO LESS THAN THREE (3) PERMANENT MEMBERS AND NO MAXIMUM NUMBER OF MEMBERS.

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

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM

AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE

INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN

PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL

REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD FOR APPROVAL. ONCE

THE BOARD HAS APPROVED THE RETURN IT IS FILED WITH THE INTERNAL REVENUE

SERVICE.

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

 THE CORPORATION ADOPTED THE FOLLOWING CONFLICT OF INTEREST POLICY TO AVOID

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization IMPACT100 WESTCHESTER, INC.	Employer identification number 46-1103703
ANY CONFLICT OR APPEARANCE OF CONFLICT BETWEEN THE PERSONA	L INTERESTS OF
BOARD MEMBERS, EXECUTIVE BOARD OFFICERS OR KEY PERSON AND	THE INTERESTS OF
THE CORPORATION.	

PRIOR TO ELECTION OR APPOINTMENT TO THE BOARD, ALL BOARD MEMBERS SHALL COMPLETE, SIGN AND SUBMIT TO THE SECRETARY OF THE CORPORATION A WRITTEN STATEMENT, SUBSTANTIALLY IN THE FORM OF EXHIBIT A ATTACHED HERETO, IDENTIFYING, TO THE BEST OF THE DIRECTOR'S KNOWLEDGE, ANY ENTITY OF WHICH SUCH DIRECTOR IS AN OFFICER, DIRECTOR, TRUSTEE, MEMBER, OWNER, OR EMPLOYEE, AND WITH WHICH THE CORPORATION HAS A RELATIONSHIP, AND ANY TRANSACTION IN WHICH THE CORPORATION IS A PARTICIPANT AND IN WHICH THE DIRECTOR MIGHT HAVE A CONFLICTING INTEREST. A SIMILAR ANNUAL SUBMISSION SHALL BE MADE BY OFFICERS AND KEY PERSONS. THE SECRETARY OF THE CORPORATION SHALL PROVIDE A COPY OF ALL COMPLETED STATEMENTS TO THE CO-PRESIDENTS OF THE EXECUTIVE BOARD. SAID DISCLOSURE STATEMENTS SHALL BE UPDATED ANNUALLY.

#### PROCEDURES FOR ADDRESSING POTENTIAL CONFLICTS OF INTEREST

(A) EXECUTIVE BOARD SHALL INVESTIGATE ANY POTENTIAL CONFLICT OF INTEREST.
(B) THE DIRECTOR OR OFFICER TO WHOM THE POTENTIAL CONFLICT OF INTEREST
RELATES MAY OFFER FACTUAL INFORMATION TO THE EXECUTIVE BOARD, BUT NO SUCH
ASK ANY SUCH DIRECTOR OR OFFICER NOT TO PARTICIPATE IN ANY DISCUSSION
RELATING TO THE CONFLICT, OR TO LEAVE THE ROOM IN WHICH SUCH DISCUSSION IS
CARRIED ON; PROVIDED, HOWEVER, THAT THE INTERESTED DIRECTOR MAY PARTICIPATE
IN ANY DISCUSSION REGARDING HER EXCLUSION.

29

(C) DIRECTORS AND OFFICERS TO WHOM THE POTENTIAL CONFLICT OF INTEREST

RELATES SHALL NOT ATTEMPT TO INFLUENCE OTHER DIRECTORS AND OFFICERS

REGARDING SUCH MATTER.

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Schedule O (Form 990) 2021	Page <b>2</b>			
Name of the organization IMPACT100 WESTCHESTER, INC.	Employer identification number 46-1103703			
(D) AFTER CONDUCTING DUE DILIGENCE, THE EXECUTIVE BOARD SH	ALL DETERMINE, BY			
A MAJORITY VOTE, WHETHER THE TRANSACTION OR ARRANGEMENT IS	IN THE			
CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WH	ETHER THE			
TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION AND	SHALL MAKE ITS			
DECISION AS TO WHETHER TO ENTER INTO OR ALLOW THE TRANSACT	ION OR			
ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION. AS PART	OF ITS DUE			
DILIGENCE EFFORTS, THE EXECUTIVE BOARD SHALL DETERMINE WHE	THER THE			
CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR	ARRANGEMENT WITH			
REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT	GIVE RISE TO A			
CONFLICT OF INTEREST.				
(E) THE TRANSACTION OR ARRANGEMENT SHALL NOT CREATE AN APP	EARANCE OF			
CONFLICT OF INTEREST IN THE VIEW OF THE GENERAL PUBLIC.				
FORM 990, PART VI, SECTION C, LINE 19:				
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC I	NSPECTION AS			
REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS				
POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION,				
THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF				
INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN	REQUEST AT P.O.			
BOX 634, HARTSDALE, NY 10530-0634 OR BY CALLING THE ORGANI	ZATION DIRECTLY			
<u>AT (914) 262-4863.</u>				

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

### GRANT REFUND

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