Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2022** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [X] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
SECTION 403(B) RETIREMENT PLAN FOR FOOD BANK FOR NEW YORK CITY

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1992

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FOOD BANK FOR NEW YORK CITY

39 BROADWAY
NEW YORK, NY 10006

2b Employer Identification Number (EIN) 13-3179546

2c Plan Sponsor's telephone number 718-991-4300

2d Business code (see instructions) 624200

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	12/11/2023	VERONICA JARRETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	429
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	199
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	302
b	Retired or separated participants receiving benefits	**6b**	8
c	Other retired or separated participants entitled to future benefits	**6c**	212
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	522
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	522
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	515
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	17
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2G 2L 2S

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2022** **This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
SECTION 403(B) RETIREMENT PLAN FOR FOOD BANK FOR NEW YORK CITY	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
FOOD BANK FOR NEW YORK CITY	13-3179546

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

METROPOLITAN LIFE

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
13-5581829	65978	1005099-01	515	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	3722637
5	Current value of plan's interest under this contract in separate accounts at year end	5	5974880

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year		7b	3450769
c	Additions: (1) Contributions deposited during the year	7c(1)	426335	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	109675	
	(4) Transferred from separate account	7c(4)	40110	
	(5) Other (specify below)	7c(5)	25260	
	▶ LOAN PAYMENTS			
	(6)Total additions		7c(6)	601380
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	4052149
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	289090	
	(2) Administration charge made by carrier	7e(2)	8452	
	(3) Transferred to separate account	7e(3)	31970	
	(4) Other (specify below)	7e(4)		
	▶			
	(5) Total deductions		7e(5)	329512
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	3722637

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((**1**) + (**2**) - (**3**))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (**1**) and (**2**))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2022
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
SECTION 403(B) RETIREMENT PLAN FOR FOOD BANK FOR NEW YORK CITY

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FOOD BANK FOR NEW YORK CITY

D Employer Identification Number (EIN)
13-3179546

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

METLIFE LIFE INSURANCE COMPANY

11225 NORTH COMMUNITY HOUSE ROAD
CHARLOTTE, NC 28277

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	12972	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
SECTION 403(B) RETIREMENT PLAN FOR FOOD BANK FOR NEW YORK CITY

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FOOD BANK FOR NEW YORK CITY

D Employer Identification Number (EIN)
13-3179546

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	281821	494480
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	186
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	171133	190436
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3450770	3722637
(15) Other	1c(15)	6991539	5974880

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	10895263	10382619
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10895263	10382619

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	494016	
(B) Participants	2a(1)(B)	710589	
(C) Others (including rollovers)	2a(1)(C)	12522	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1217127
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	9716	
(F) Other	2b(1)(F)	109675	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		119391
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		-1435057
d Total income. Add all **income** amounts in column (b) and enter total	2d		-98539
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	379248	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		379248
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		23475
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	11382	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		11382
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		414105
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-512644
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CERINI & ASSOCIATES, LLP **(2)** EIN: 11-3066459

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		117355

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
SECTION 403(B) RETIREMENT PLAN FOR FOOD BANK FOR NEW YORK CITY

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FOOD BANK FOR NEW YORK CITY

D Employer Identification Number (EIN)
13-3179546

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-3691658 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | 6a |

b Enter the amount contributed by the employer to the plan for this plan year ..... | 6b |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | 6c |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

SECTION 403(B) RETIREMENT PLAN FOR FOOD BANK FOR NEW YORK CITY

PLAN SPONSOR EIN: 13-3179546

PLAN NUMBER: 002

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

FOR THE YEAR ENDED DECEMBER 31, 2022

SECTION 403(B) RETIREMENT PLAN FOR
FOOD BANK FOR NEW YORK CITY
PLAN SPONSOR EIN: 13-3179546
PLAN NUMBER: 002

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT
FOR THE YEAR ENDED DECEMBER 31, 2022
TABLE OF CONTENTS

Independent Auditors' Report 1

Audited Financial Statements

Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021 5

Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2022 6

Notes to Financial Statements..... 7

Supplemental Schedules

Schedule of Assets (Held at End of Year) as of December 31, 2022 18

Schedule of Delinquent Participant Contributions for the year ended December 31, 2022..... 20

CERINI & ASSOCIATES LLP
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Section 403(b) Retirement Plan for
Food Bank for New York City
Bronx, New York 10474

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the Section 403(b) Retirement Plan for Food Bank for New York City (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audits of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

Management is also responsible for maintaining a current plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such

procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Other Matter — Supplemental Schedules Required by ERISA

The supplemental Schedule H, line 4i – Schedule of Assets (Held At End of Year) as of December 31, 2022 and the supplemental Schedule H, line 4(a) – Schedule of Delinquent Participant Contributions for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information,

including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Cerini & Associates LLP

Bohemia, New York
November 21, 2023

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31,	***2022***	***2021***
ASSETS		
Investments, at fair value	$ 9,697,517	$ 10,442,309
Receivables:		
Employer contributions receivable	494,480	281,821
Notes receivable from participants	244,965	200,780
Lost earnings receivable	186	-
TOTAL RECEIVABLES	739,631	482,601
NET ASSETS AVAILABLE FOR BENEFITS	$ 10,437,148	$ 10,924,910

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022

ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	$	109,675
TOTAL INVESTMENT INCOME		109,675
Participant contributions		710,589
Employer contributions		494,016
Rollover contributions		12,522
Interest on notes receivable from participants		9,716
Reimbursement of lost earnings		186
TOTAL ADDITIONS		1,336,704
DEDUCTIONS:		
Deductions from net assets attributed to:		
Net depreciation in fair value of investments		1,435,242
Benefits paid to participants		374,903
Distributions of participant loans		2,939
Administrative expenses		11,382
TOTAL DEDUCTIONS		1,824,466
NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS		(487,762)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		10,924,910
End of year	$	10,437,148

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2022

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Section 403(b) Retirement Plan for Food Bank for New York City (the "Plan") is presented to assist in understanding the Plan's financial statements and supplemental information. These financial statements, supplemental information, and notes are representations of the Food Bank for New York City's (the "Employer" or "Plan Sponsor") management, who is responsible for the integrity and objectivity of the financial statements. These accounting policies have been consistently applied in the preparation of the financial statements and supplemental schedules.

Basis of Accounting: The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition: Investments in variable annuities and fixed interest accounts are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Notes 4 and 5 for fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income on investments is recorded when earned. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. During the year ended December 31, 2022, the Plan's net depreciation on investments was $1,435,242.

Notes Receivable From Participants: Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the Plan document.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Payment of Benefits: Benefits are recorded when paid to the Plan participants.

Events Occurring After the Report Date: The Plan Sponsor has evaluated events and transactions that occurred between January 1, 2023 and November 21, 2023, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements. See Note 10 for subsequent events.

NOTE 2 – DESCRIPTION OF THE PLAN

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document, which is available from the Plan administrator, for a more complete description of the Plan's provisions.

General: The Plan is a participant-directed defined contribution plan covering all eligible employees of the Plan Sponsor who will complete at least 1,000 hours of service within a Plan year (i.e. hired for more than twenty hours per week). Eligible employees are allowed to participate in the Plan as soon as they commence employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Metropolitan Life Insurance Company is the custodian of the Plan (the "Custodian") and Empower Retirement, LLC, is the record-keeper. The record-keeper invests all contributions and allocates to each participant account the proportionate share of investment income.

Contributions: Each year, participants may contribute to the Plan a percentage of eligible compensation, as defined in the Plan document, or in specific dollar amounts. Eligible compensation for the Plan is defined by the Plan document as W-2 wages plus elective deferrals. Such contributions are excluded from the participants' federal taxable income until received as withdrawals or distributions from the Plan. The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect to not participate. These newly eligible employees are enrolled to defer 1% of eligible compensation and their contributions are invested in the Fixed Interest Account until changed by the participant. In addition, the Plan allows participants to designate a portion of their contributions to be treated as "Roth" contributions. A contribution treated as a Roth contribution is subject to current federal income tax at the time it is contributed to the Plan. However, if certain requirements are satisfied prior to the distribution of such amounts from the Plan, distributions of amounts attributable to Roth contributions (including earnings thereon) will not be subject to federal income tax at the time of distribution. Participant contributions other than those treated as Roth contributions are excluded from the participants' federal taxable income until received as withdrawals or distributions from the Plan. Participants may also contribute amounts distributed from other qualified plans.

Employees may elect to defer a maximum amount not to exceed $20,500 (the annual threshold as established by the Internal Revenue Service ("IRS")) for the Plan year ended December 31, 2022. In addition, participants who attained age 50 by December 31, 2022 were eligible to make catch-up contributions of up to $6,500 for the Plan year ended December 31, 2022.

NOTE 2 – DESCRIPTION OF THE PLAN *(continued)*

Contributions *(continued):* The Plan provides for employer discretionary contributions. For the year ended December 31, 2022, all eligible employees received an employer base match on their deferrals up to 5%. In addition, eligible employees that are hourly and non-exempt also received a non-elective employer contribution of 3% of eligible compensation. Employer discretionary contributions are approved by the Board of the Employer. Match contributions are not calculated on a participant's age 50 catch-up contributions. In order to receive the employer discretionary contributions, an employee must have one year of service with at least 1,000 hours and be employed on the last day of the Plan year. Employees who normally work under 20 hours per week are not eligible to participate in the Plan. The total employer discretionary non-elective and discretionary match contributions for the year ended December 31, 2022 were $494,016.

Participant Accounts: The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited with each participant's contribution and earnings, and an allocation of any Employer discretionary contributions and administrative expenses. As a participant-directed plan, each participant's investment choices determine their share of earnings or losses.

Vesting: Prior to January 1, 2017, participants were immediately vested in all contributions (their share of employer contributions as well as their own contributions) plus actual earnings thereon. Starting January 1, 2017, employer contributions received by the participant will be vested in accordance with the following schedule:

Years of Credited Service	Percentage of Vested Interest
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Investment Options: Upon enrollment in the Plan, participants may direct the Custodian to invest contributions in various investment options managed by the Custodian, its affiliates, and other large investment management companies. If a participant fails to designate an investment selection, funds are automatically invested into the Fixed Interest Account as defined by the Custodian with the advice of the investment advisors. Participants may change their investment options, transfer part or all of past investments to other funds, and change their deferral rates at any time.

NOTE 2 – DESCRIPTION OF THE PLAN *(continued)*

Notes Receivable From Participants: Participants may borrow from their vested fund account balances a minimum of $1,000 and up to a maximum of one-half of the value of their vested fund account balances up to $50,000. The maximum payment term allowed for any loan is five years unless the loan qualifies as a residential mortgage loan, in which case the term may not exceed fifteen years. The loans are secured by the balance in the participant's account and bear interest at prevailing market rates at the time the loan is taken. Outstanding loans at December 31, 2022 and 2021 bore interest at rates ranging from 4.25% to 8.00%. Principal and interest are paid ratably through payroll deductions.

In accordance with the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), effective April 12, 2020, impacted participant loan payments due from March 27, 2020 through December 31, 2020, including those due following a severance from employment, may be delayed for one year. This period is disregarded in determining the loan term, including the 5-year maximum. Subsequent loan payments will be adjusted appropriately to reflect the payment delay, any interest accruing during that delay, and the revised loan term.

The CARES Act also permitted an increase in the maximum loan amount available for qualified individuals. For Plan loans made to a qualified individual from March 27, 2020 to September 22, 2020, the limit may be increased up to the lesser of: (1) $100,000 (minus outstanding Plan loans of the individual), or (2) the individual's vested benefit under the Plan.

Collateral Loans: In addition to the account reduction loans, the Custodian offers collateral loans to participants. Such loans do not reduce participants' account balances and amounted to $32,248 at both December 31, 2022 and 2021. The loans are secured by the balances in the participants' accounts, and bear interest at rates between 5.75% and 7.50%.

Deemed Distributions: When a participant fails to make loan repayments under the terms of the loan agreement, the loan is considered to be in default. A loan in default is considered a distribution from the Plan (deemed distribution) that would result in taxable income to the participant. However, until the participant either repays the loan or formally requests that the Custodian distribute it out, the balance will remain in notes receivable from participants. As of December 31, 2022 and 2021, outstanding loans of $54,529 and $29,647 respectively, represent deemed distributions for which the participants were taxed through an IRS Form 1099-R. Upon the occurrence of a qualifying event (as defined by the IRS and the Plan document), defaulted and outstanding loan balances will be offset against the participant's account balance at which time it will be removed from the participant loans receivables. There were no deemed distributions that were offset during both of the years ended December 31, 2022 and 2021.

In-Service Withdrawals: In-service or hardship withdrawals are permitted by the Plan.

NOTE 2 – DESCRIPTION OF THE PLAN *(continued)*

Payment of Benefits: On termination of service due to death, disability, or retirement, as defined in the Plan Document, participants are generally entitled to a payment of their full account balance in the form of a lump-sum or in installments. On termination of service due to other reasons, the participant will be entitled to receive the vested amount of their account balance. If the participant is married on the date the benefits are to begin, he/she will automatically receive a joint and 50% survivor annuity, unless the participant and the spouse elect an alternative form of payment. If the participant is not married on the day his/her benefits are to begin, he/she will automatically receive a life annuity which will provide payments over his/her life. Alternatively, the participants can waive the annuity benefit and elect to receive their distributions as a single lump-sum payment in cash or installment payments over a period selected by each participant which cannot be longer than his/her life expectancy or the combined life expectancies of his/her designated beneficiary. However, if the participant's vested account balance is $1,000 or less, the participant will receive a single-sum payment.

In accordance with the CARES Act, effective April 12, 2020, Coronavirus-related distributions were made available to eligible participants up to $100,000 in aggregate (for all plans maintained by the Plan Sponsor) for withdrawals before December 31, 2020. Withdrawals were available from the participant's entire vested account. Withdrawals will be included in the participant's taxable income over a three-year period, unless the participant elects to have it taxed in the year of distribution. There was no limit to the number of withdrawals that can be made before December 31, 2020.

Forfeitures: When certain terminations of participation in the Plan occur, the non-vested portion of the participant's account represents forfeitures. Forfeitures are used to reduce employer contributions to the Plan. At December 31, 2022 and 2021, the balance of forfeited accounts was $13,066 and $10,938, respectively. During the year ended December 31, 2022, there were $1,784 of new forfeitures.

Administrative Expenses: Certain administrative functions are performed by employees of the Plan Sponsor for which they are compensated by the Plan Sponsor. In addition, the Plan Sponsor pays certain other Plan-related expenditures. Certain investment-related Plan expenses, like fees paid to administer and manage the funds, are paid from the assets of the funds, and therefore reduce the overall return offered by the funds.

Plan Amendments: The Plan Sponsor has the right under the Plan to amend the Plan at any time.

In January 2020, Congress passed the Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE Act"). Many of the provisions of the SECURE Act are effective on January 1, 2020 and requires significant changes to plan administration and recordkeeping. The Plan Sponsor has amended the Plan as of May 5, 2022 to include any adopted SECURE Act provisions.

NOTE 2 – DESCRIPTION OF THE PLAN *(continued)*

Plan Restatement: On June 15, 2020, the Plan was restated with an effective date of January 1, 2010. Significant changes include excluding exempt/salaried employees from nonelective contributions, as well as permitting qualified reservist distributions from elective contributions and deemed severance distributions from all contributions as in-service distribution events.

Plan Termination: Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed pursuant to the Plan document.

NOTE 3 – INFORMATION CERTIFIED BY CUSTODIAN

Investments and notes receivable from participants disclosed in the accompanying financial statements, including investments and notes receivable held at December 31, 2022 and 2021, and ERISA-required supplemental schedules, net depreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by the Custodian.

NOTE 4 – FAIR VALUE MEASUREMENTS

Accounting standards establish a framework for measuring fair value, providing a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the value hierarchy are described below:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include:
    - Quoted prices for similar assets or liabilities in active markets;
    - Quoted prices for identical or similar assets or liabilities in inactive markets;
    - Inputs other than quoted prices that are observable for the asset or liability;
    - Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

  If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset and liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NOTE 4 – FAIR VALUE MEASUREMENTS *(continued)*

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Custodian invests contributions in variable annuity products. The Custodian hires money managers to create investment portfolios with specific performance objectives outlined by the Custodian. These annuities are not securities in which the general public can invest, but instead are limited to participants of a qualified retirement plan for which the Custodian serves in a fiduciary capacity. These annuities are not readily traded, and as such, their values and performance are not published. If the Plan cancels the annuity contract or withdraws funds in excess of allowable levels prior to maturity of the annuity, the Plan may be subject to surrender charges based upon the annuity's surrender schedule.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2022 and 2021.

Variable Annuities: Valued at the net asset value ("NAV") of shares held by the Plan at year-end as calculated by the annuity provider.

Fixed Interest Accounts: Valued based on the contract agreement with the provider.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

Assets at Fair Value as of December 31, 2022

	Level 1	Level 2	Level 3	Total
Variable annuities	$ -	$ 5,974,880	$ -	$ 5,974,880
Fixed interest account	-	3,722,637	-	3,722,637
Total investments at fair value	$ -	$ 9,697,517	$ -	$ 9,697,517

Assets at Fair Value as of December 31, 2021

	Level 1	Level 2	Level 3	Total
Variable annuities	$ -	$ 6,991,539	$ -	$ 6,991,539
Fixed interest account	-	3,450,770	-	3,450,770
Total investments at fair value	$ -	$10,442,309	$ -	$ 10,442,309

NOTE 4 – FAIR VALUE MEASUREMENTS *(continued)*

Pursuant to the annuity contract with the Custodian, any withdrawal of amounts from the fixed interest account in excess of 20% per year is subject to certain withdrawal charges.

NOTE 5 – FAIR VALUE OF VARIABLE ANNUITIES THAT CALCULATE NAV PER SHARE

As stated above, some of the Plan's assets are invested in variable annuities that are valued at the NAV of shares held by the Plan at year-end. The following provides descriptions of investments whose fair value is estimated using NAV per share (or its equivalent) as of December 31, 2022 and 2021:

	2022 Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Balanced funds (a)	$ 3,141,581	$ -	Immediate	None
Equity funds (b)	1,613,059	-	Immediate	None
Fixed income funds (c)	227,706	-	Immediate	None
International funds (d)	154,768	-	Immediate	None
Index funds (e)	837,766	-	Immediate	None
Total variable annuities	$ 5,974,880	$ -		

	2021 Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Balanced funds (a)	$ 3,588,304	$ -	Immediate	None
Equity funds (b)	2,004,507	-	Immediate	None
Fixed income funds (c)	232,229	-	Immediate	None
International funds (d)	180,435	-	Immediate	None
Index funds (e)	986,064	-	Immediate	None
Total variable annuities	$ 6,991,539	$ -		

(a) Balanced Funds: Balanced funds are generally hybrid funds that invest in a combination of stocks and bonds in a single portfolio. Such combination provides both income (bonds) and capital (stocks) appreciation while at the same time avoiding unnecessary risk. Further, balanced funds try to manage downturns in the stock market with lower levels of loss, but will conversely increase less than an all-stock fund during a rising market.

(b) Equity Funds: Equity funds invest principally in stocks, as opposed to bonds, notes, or other securities. The objective of an equity fund is long-term growth through capital gains, although historically dividends have also been an important source of total return. Stock funds typically have a specific style, for example, value or growth, and can invest in large, moderate, small, or micro companies that trade on one of the major markets or over the counter (e.g. pink sheets).

NOTE 5 – FAIR VALUE OF VARIABLE ANNUITIES THAT CALCULATE NAV PER SHARE *(continued)*

(c) Fixed Income Funds: A fund that invests solely in fixed income investments, such as bonds or certificates of deposit, as opposed to equity investments. The objective of fixed income funds is guaranteed income as opposed to capital growth. Fixed income funds typically invest in corporate debt or municipal debt. Debt rates of return are based upon economic conditions and credit worthiness of the debtor.

(d) International Funds: International funds are mutual funds that invest in the stocks and bonds of companies located outside of the investor's country of residence.

(e) Index Funds: Funds, usually mutual funds or exchange-traded funds, with a portfolio constructed to replicate the movements of an index of a particular financial market, such as Dow Jones Industrial Average.

Variable annuities contain surrender charges and redemption restrictions that may limit the amount a participant would receive when the funds are liquidated and withdrawn.

NOTE 6 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits.

NOTE 7 – TAX STATUS

The Plan Sponsor elected to adopt the Plan Custodian's prototype plan. The Plan administrator and Custodian believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2019.

For the year ended December 31, 2021, the Plan administrator did not timely file the Form 5500. During the 2022 Plan year, the Plan administrator filed the delinquent form in accordance with the Department of Labor's Delinquent Filer Voluntary Compliance Program.

NOTE 7 – TAX STATUS *(continued)*

For the year ended December 31, 2022, the Plan administrator did not timely file the Form 5500. During the 2023 Plan year, the Plan administrator filed the delinquent form in accordance with the Department of Labor's Delinquent Filer Voluntary Compliance Program.

For the 2022 Plan year, the required nondiscrimination testing was not complete. The Plan Sponsor is working with the Custodian to complete testing and any corrections to failed test results will be reflected in the Plan's financial statements for the 2023 Plan year.

NOTE 8 – TRANSACTIONS WITH PARTY-IN-INTEREST

At December 31, 2022 and 2021, certain Plan investments were managed by the Custodian and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in net depreciation in fair value of investments. Participant loans also qualify as party-in-interest transactions.

For the year ended December 31, 2022, there were ten instances where the employer did not timely remit employee contributions and loan repayments to the Custodian. Failure to timely remit employee contributions constitutes nonexempt transactions between the Plan and the Plan Sponsor. The Plan Sponsor estimated $186 in lost investment earnings on these contributions and loan repayments for the year ended December 31, 2022. These have been recorded as receivables on the accompanying statements of net assets available for benefits. The Plan Sponsor is expected to remit the lost earnings during the 2023 Plan year.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31,:

	2022	2021
Net assets available for benefits per the financial statements	$ 10,437,148	$ 10,924,910
Less: participant loans deemed distributed	(54,529)	(29,647)
Net assets available for benefits per Form 5500	$ 10,382,619	$ 10,895,263

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements for the year ended December 31, 2022 to Form 5500:

Net decrease in assets available for benefits per the financial statements	$ (487,762)
Less: participant loans and interest deemed distributed	(24,882)
Net decrease in assets available for benefits per Form 5500	$ (512,644)

NOTE 10 – SUBSEQUENT EVENTS

As of July 31, 2023, the Plan Sponsor elected to change the custodian from Metropolitan Life Insurance Company to Principal Trust Company. In addition, the record-keeper changed from Empower Retirement, LLC to Principal Life Insurance Company. Restatement of the Plan is in effect as of August 1, 2023.

SUPPLEMENTAL SCHEDULES

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN
Schedule H, Line 4(i)
Schedule of Assets (Held at End of Year) as of December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Metropolitan Life Insurance Company	AMERICAN FUNDS (R) INSURANCE SERIES	{+}	$ 5,619
*	Metropolitan Life Insurance Company	AMERICAN FUNDS (R) GROWTH FUND 2	{+}	145,388
*	Metropolitan Life Insurance Company	AMERICAN FUNDS (R) VIS GLOB SM CAP CL 2	{+}	70,438
*	Metropolitan Life Insurance Company	AMERICAN FUNDS GROWTH-INCOME FUND 2	{+}	127,408
*	Metropolitan Life Insurance Company	CALVERT VP SRI BALANCED PORTFOLIO CL I	{+}	20,504
*	Metropolitan Life Insurance Company	CALVERT VP SRI MID CAP PORTFOLIO X	{+}	32,811
*	Metropolitan Life Insurance Company	CLEARBRIDGE AGGRESSIVE GROWTH CL A	{+}	22,917
*	Metropolitan Life Insurance Company	BHFTII MFS VALUE E	{+}	2,115
*	Metropolitan Life Insurance Company	FIDELITY (R) INVESTMENT GRADE BOND	{+}	13,128
*	Metropolitan Life Insurance Company	FIDELITY (R) VIP EQUITY-INCOME	{+}	35,985
*	Metropolitan Life Insurance Company	FIDELITY (R) VIP GROWTH	{+}	223,236
*	Metropolitan Life Insurance Company	METLIFE MID CAP STOCK INDEX CLASS AMETMX	{+}	153,019
*	Metropolitan Life Insurance Company	MFS RESEARCH INTERNATIONAL CLASS A	{+}	30,327
*	Metropolitan Life Insurance Company	MFS VALUE CLASS A	{+}	64,830
*	Metropolitan Life Insurance Company	BHFT AMERICAN FUND BALANCED ALLOCATION CME	{+}	1,821
*	Metropolitan Life Insurance Company	BHFT AMERICAN FUNDS GROWTH ALLOCATION C	{+}	1,851
*	Metropolitan Life Insurance Company	AMERICAN FUND MODERATE ALLOCATION CMETMA	{+}	67,172
*	Metropolitan Life Insurance Company	CLARION GLOBAL REAL ESTATE CLASS B	{+}	2,863
*	Metropolitan Life Insurance Company	HARRIS OAKMARK INTERNATIONAL CL E	{+}	41,337
*	Metropolitan Life Insurance Company	INVESCO SMALL CAP GROWTH CLASS C	{+}	21,230
*	Metropolitan Life Insurance Company	LOOMIS SAYLES SMALL CAP GROWTH A	{+}	32,933
*	Metropolitan Life Insurance Company	INVESCO MID CAP VALUE CLASS A	{+}	58,027
*	Metropolitan Life Insurance Company	BHFT BH/FRANKLIN LOW DURATION TOT RET B	{+}	1,766
*	Metropolitan Life Insurance Company	MORGAN STANLEY MID CAP GROWTH CL A	{+}	38,970
*	Metropolitan Life Insurance Company	BHFTI OPPENHEIMER GLOBAL EQUITY CLASS A	{+}	34,071
*	Metropolitan Life Insurance Company	PIMCO INFLATION PROTECTED CLASS E	{+}	24,721
*	Metropolitan Life Insurance Company	PIMCO TOTAL RETURN CLASS A	{+}	5,460
*	Metropolitan Life Insurance Company	T. ROWE PRICE MID CAP GROWTH CL AMETMG	{+}	84,312
*	Metropolitan Life Insurance Company	BRIGHTHOUSE ASSET ALLOCATION 100 A	{+}	609,074
*	Metropolitan Life Insurance Company	BH/WELLINGTON CORE EQUITY OPP CL AMETVV	{+}	15,392
*	Metropolitan Life Insurance Company	JENNISON GROWTH CLASS A	{+}	57,172
*	Metropolitan Life Insurance Company	LOOMIS SAYLES SMALL CAP CORE A	{+}	34,782
*	Metropolitan Life Insurance Company	LOOMIS SAYLES GLOBAL MARKETS B	{+}	9,802
*	Metropolitan Life Insurance Company	BRIGHTHOUSE/ARTISAN MID CAP VALUE AMETHV	{+}	5,604
*	Metropolitan Life Insurance Company	METLIFE STOCK INDEX CLASS A	{+}	455,387
*	Metropolitan Life Insurance Company	BHFT MFS TOTAL RETURN CLASS A	{+}	1,933
*	Metropolitan Life Insurance Company	BHFT NEUBERGER BERMAN GENESIS CLASS A	{+}	1,931
*	Metropolitan Life Insurance Company	T ROWE PRICE LARGE CAP GROWTH A	{+}	52,526
*	Metropolitan Life Insurance Company	T ROWE PRICE SMALL CAP GROWTH A	{+}	55,822
*	Metropolitan Life Insurance Company	BHFT - WESTERN ASSET MGMT STRAT BOND OPPMETSB	{+}	1,950
*	Metropolitan Life Insurance Company	METLIFE AGGREGATE BOND INDEX A	{+}	45,042
*	Metropolitan Life Insurance Company	BHFT BLACKROCK CAPITAL APPRECIATION E	{+}	14,873
*	Metropolitan Life Insurance Company	FIDELITY FREEDOM 2035 PORTFOLIO CLASS 2	{+}	20,834
*	Metropolitan Life Insurance Company	FIDELITY FREEDOM 2045 PORTFOLIO CLASS 2	{+}	105,907
*	Metropolitan Life Insurance Company	FIDELITY VIP FREEDOM 2025 SERVICE CL 2	{+}	4,569
*	Metropolitan Life Insurance Company	FIDELITY VIP FREEDOM 2030 SERVICE CL 2	{+}	41,851
	Subtotal			$ 2,898,710

{+} Note: Cost information has been omitted, as such information was not available.
* Denotes party-in-interest.

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN
Schedule H, Line 4(i)
Schedule of Assets (Held at End of Year) as of December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Metropolitan Life Insurance Company	FIDELITY VIP FREEDOM 2040 SERVICE CL 2	{+}	$ 73,886
*	Metropolitan Life Insurance Company	FIDELITY VIP FREEDOM 2050 SERVICE CL 2	{+}	267,188
*	Metropolitan Life Insurance Company	BRIGHTHOUSE ASSET ALLOCATION 20 A	{+}	49,559
*	Metropolitan Life Insurance Company	BRIGHTHOUSE ASSET ALLOCATION 40 A	{+}	69,954
*	Metropolitan Life Insurance Company	BRIGHTHOUSE ASSET ALLOCATION 60 A	{+}	746,721
*	Metropolitan Life Insurance Company	BRIGHTHOUSE ASSET ALLOCATION 80 A	{+}	1,636,954
*	Metropolitan Life Insurance Company	METLIFE MSCI EAFE INDEX - CLASS A	{+}	113,866
*	Metropolitan Life Insurance Company	BHFT WESTERN ASSET MGMT US GOVERNMENT A	{+}	678
*	Metropolitan Life Insurance Company	METLIFE RUSSELL 2000 INDEX PORT A	{+}	115,494
*	Metropolitan Life Insurance Company	BHFT SSGA GROWTH EFT CLASS E	{+}	1,869
*	Metropolitan Life Insurance Company	FIXED INT ACCT (LOAN COLLATERAL)	{+}	43,684
*	Metropolitan Life Insurance Company	FIXED INTEREST ACCOUNT	{+}	3,678,954
*	Participants	NOTES RECEIVABLE FROM PARTICIPANTS (Interest rates ranging from 4.25% and 8.00% per annum)	N/A	244,965
	Subtotal from page 17			2,898,710
	Total			$ 9,942,482

{+} Note: Cost information has been omitted, as such information was not available.
* Denotes party-in-interest.

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN
Schedule H, Line 4(a)
Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2022

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 117,355	$ 117,355	-	-	-

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Section 403(b) Retirement Plan for Food Bank for New York City

01-JAN-22 to 31-DEC-22

18-JAN-23 19:59:47

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1METBF			6,093.44	5,619.18
1METGO			110,968.26	145,387.90
1METGS			63,609.12	70,438.44
1METTI			94,539.54	127,408.22
1METESR			14,907.34	20,503.82
1ARLAPP			20,132.77	32,811.37
1METJR			21,350.05	22,916.53
1METRR			1,838.19	2,115.12
1METF4			20,795.86	20,834.30
1METF6			117,028.80	105,906.56
1FIDIGB			12,574.32	13,128.27
1FIDEQI			12,265.90	35,985.19
1FIDGRW			156,123.59	223,235.80
1METRA			4,945.23	4,569.11
1METRB			46,303.10	41,851.29
1METRF			78,979.38	73,885.89
1METRH			293,935.90	267,187.53
1METMX			48,244.81	153,019.31
1METRL			23,531.72	30,327.31
1METLV			39,260.61	64,829.54
1METBA			1,838.33	1,820.78
1METGA			1,838.42	1,851.30
1METMA			45,147.89	67,172.49
1METRT			2,823.43	2,863.32
1METIC			36,294.70	41,337.26
1METAS			15,859.73	21,229.80
1METL2			6,880.81	9,801.84
1METLA			43,616.91	58,026.56
1METFT			1,838.28	1,766.49
1METSM			80,510.99	38,970.33
1METFV			27,152.55	34,071.18
1METPI			20,648.72	24,721.20
1METTR			5,072.01	5,459.73
1METMG			65,017.52	84,311.60
1METNA			367,249.63	609,074.02
1METVV			13,178.61	15,391.80
1METJE			43,201.28	57,171.94
1METLS			31,736.44	34,781.89
1METSG			23,500.55	32,933.05
1METHV			4,806.32	5,603.74
1METESI			167,191.14	455,386.53
1METMT			1,838.46	1,932.97
1METAU			1,838.45	1,931.30
1METLC			46,404.14	52,526.21
1METSC			30,078.90	55,822.46
1METSB			2,146.84	1,949.51
1METBI			41,735.49	45,042.04
1METAE			19,179.64	14,873.23
1METM1			45,314.79	49,559.03
1METM2			38,158.32	69,953.76
1METM3			562,457.85	746,720.62

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Section 403(b) Retirement Plan for Food Bank for New York City

01-JAN-22 to 31-DEC-22

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1METM4			1,022,091.41	1,636,953.54
1METII			78,038.02	113,866.30
1METGV			699.95	677.93
1METRI			57,858.17	115,494.23
1METCY			1,838.14	1,869.41
1FIALN		4.750	1.01	1.89
1FIALN		3.000	2,855.00	3,351.17
1FIALN		3.750	11,342.83	29,453.12
1FIALN		4.500	34.24	1,334.35
1FIALN		4.250	1,306.53	2,543.82
1FIALN		5.500	1,481.45	6,999.40
1FIA		3.000	3,023,923.51	3,665,887.93
			7,183,455.33	**9,684,451.75**
PARTICIPANT LOANS	VARIOUS	4.250-8.000	190,303.15	190,436.09
FORFEITURES			12,614.74	13,065.71

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 133179546