

Amelia County FY2024 Budget Workshop 2

Location: Amelia County Board Room

Date: 03/22/2022

Time: 1:00PM

Details

I. 1:00PM Commencement

II. 1:05PM Introductions and Opening Comments

III. 1:15PM Review of Workshop 1

1. 1:15 – 1:30PM Finance

a. Presenter: Director of Finance, Joshua Worrell

IV. 1:30PM Department Presentations

1. 1:30 – 2:00PM Court Services Unit

a. Presenter: Director of Court Services, Tracy King

2. 2:00 – 2:30PM Library

a. Presenter: Jennifer Harris and Carol Hix

3. 2:30 – 3:00PM STEPS Inc. (Tentative)

a. Presenter: CEO, Sharon Harrup and VP of Housing, Shawn Rozier

4. 3:00 - 3:30PM Emergency Squad

a. Presenter: Kimberly Smith

5. 3:30-4:00PM Emergency Management

a. Presenter: Director of Emergency Management, Kent Emerson

V. 4:00 – 4:30PM Amelia County Public Schools

1. Presenter: Division Superintendent, Lori Harper and Director of Finance, Daniel Trump

VI. 4:30PM Open Discussion by Board of Supervisors

VII. Conclude: At Board's Pleasure



Amelia County FY2024 Budget Workshop 2

Location: Amelia County Board Room

Date: 03/22/2022

Time: 1:00PM

Details

I. 1:00PM Commencement

II. 1:05PM Introductions and Opening Comments

III. 1:15PM Review of Workshop 1

1. 1:15 – 1:30PM Finance

a. Presenter: Director of Finance, Joshua Worrell

IV. 1:30PM Department Presentations

1. 1:30 – 2:00PM Court Services Unit

a. Presenter: Director of Court Services, Tracy King

2. 2:00 – 2:30PM Library

a. Presenter: Jennifer Harris and Carol Hix

3. 2:30 – 3:00PM STEPS Inc. (Tentative)

a. Presenter: CEO, Sharon Harrup and VP of Housing, Shawn Rozier

4. 3:00 - 3:30PM Emergency Squad

a. Presenter: Kimberly Smith

5. 3:30-4:00PM Emergency Management

a. Presenter: Director of Emergency Management, Kent Emerson

V. 4:00 – 4:30PM Amelia County Public Schools

1. Presenter: Division Superintendent, Lori Harper and Director of Finance, Daniel Trump

VI. 4:30PM Open Discussion by Board of Supervisors

VII. Conclude: At Board's Pleasure

1. Salaries

	FY2022 Salary	FY2023 Local Salary	FY2023 State Salary	9.3% certification increase	5% increase	2% additional increase (State employee s only)	Total	Requested	Difference
Chief Deputy	\$49,895.00	\$19,519.75	\$32,870.00	\$3,056.91	\$2,772.33	\$1,164.40	\$59,383.39	\$63,383.93	\$4,000.00
Deputy Treasurer II	\$34,391.00	\$36291.15	\$0.00	\$0.00	\$1,814.56	\$0.00	\$38,105.71	\$42,275.89	\$4,170.18
Deputy Treasurer I	\$30,502.00	\$32027.10	\$0.00	\$0.00	\$1,601.36	\$0.00	\$33,628.46	\$38,432.63	\$4,804.17
Treasurer	\$75,180.00	\$0.00	\$78,939.00	\$7,341.33	\$4,314.02	\$1,811.89	\$92,406.24	\$0.00	
								Total local funds requested	\$12,974.35

Page 3 of 347



COUNTY OF AMELIA TREASURER'S OFFICE

Post Office Box 730 16360 Dunn Street, Suite 103 Amelia Court House, Virginia 23002 (804) 561-2145 • Fax (804) 561-3390 www.ameliacova.com

WANDA H. FLEMING
CHIEF DEPUTY TREASURER
APRIL M. WILLIAMS
DEPUTY TREASURER II

Brandi R. WatsonDeputy Treasurer I

Date: February 15, 2023

To: David Felts, Chairman Board of Supervisors

Shaun Weyant, Vice Chairman Dexter Jones, District 2 Supervisor Joseph Easter, District 4 Supervisor Todd Robinson, District 5 Supervisor

From: Stephanie Coleman, Treasurer

RE: Budget FY2024

Greetings to you all. Treasurer asked in FY2022 and FY2023 Budget Process for salary increases/step increases. The request was not fulfilled. I respectfully request following for FY2024:

- 1. Salaries See attached
- 2. Annual Leave due to potential retirement \$11,578.60

I ask for this increase in salary for the Treasurer offices positions for the following reasons:

- 1. The Treasurer's Office is acquiring a new county duty due to the county providing operational assistance to Fire and EMS. This will add to the day-to-day process of the Office, as well as an additional duty to each position.
- 2. Two positions' salaries, Deputy Treasurer I and Deputy Treasurer II, are significantly low for the day to day and monthly duties that are required of their position. Fulfilling this request will boost morale and lessen the likelihood of employee turnover.

Please feel free to contact me with any questions or concerns you may have. Thank you all very much.

Cc: Josh Worrell, Director of Finance



Feed More, Inc.

Consolidated Statement

Budget FY 2022-2023

INCOME	
COMMUNITY SUPPORT	
Direct Mail	2,154,397
Civic Organization Contributions	772,000
Corporate Contributions & Grants	1,466,992
Foundation Contributions & Grants	1,477,500
United Way/CVC	325,000
Government Grants	183,800
Individual & Major Contributions	6,620, 311
Total Community Support	13,000,000
OPERATING FEES	
Membership Fees	21,000
Shared Maintenance	319,000
Purchase Program	224,000
Area Agencies on Aging	1,900,768
Client Pay	60,000
TEFAP/USDA Fees	800,680
Third Party Meals- CK	140,250
USDA Meals & Snacks	501,300
Virginia TANF	556,698
Miscellaneous	354,653
Total Operating Support	4,878,349
Total Revenues	17,878,349

FEED MORS

EXPENSES	
Salaries	6,857,930
Overtime	50,145
Taxes - Payroll	503,977
Insurance - Worker's Comp.	41,530
Insurance - Health	934,848
Retirement	289,008
Temporary Labor	76,700
Total Wage/Tax/Benefits	8,484,138
Advertising & Promotions	128,335
Bad Debts	4,000
Storage - Off-Site	360,000
Lease Expense	49,596
Computer Expense	327,120
Food Purchase	3,903,744
Staff Training	43,650
Staff Meetings	50,200
Dues/Subscriptions	77,731
Direct Mail	387,000
Equipment Rental	59,598
Rental – Vehicles	53,700
Gas & Oil – Vehicles	185,113
Insurance – Business	57,219
Insurance – Vehicles	42,339
Cultivation	124,600
Mileage	67,116
Community Training	400

FEED MORS

Bank Fees	209,846	
Office Supplies	60,190	
Pest Control	12,333	
Postage	53,651	
Professional Fees	317,650	
Printing & Publications	105,720	
Security	17,566	
Non-Food Supplies	487,409	
Taxes & Licenses	18,594	
Telephone	53,604	
Trash Disposal	46,680	
Travel Expense	61,200	
Utilities	271,670	
Repairs & Maintenance - Building	214,690	
Repairs & Maintenance – Equipment	62,800	
Repairs & Maintenance – Vehicles	134,900	
Depreciation	1,330,204	
Agency Grants	150,000	
Total Other Expenses	9,565,540	
Total Expenses	18,049,678	
Net Operating Surplus (Deficit)	171,329	

Feed More Board of Directors, 2022-23

Officers

Thomas "Tom" P. Rohman, Chair Partner | McGuireWoods

Brian S. Davis, Vice Chair Partner | KPMG

Keith Sheehan, Treasurer Partner | EY - Assurance

Crystal Butler, Secretary

Vice President- Corporate Audit | Altria

Directors

Ken Aspinall, Retired | Founder of Manchester Industries

Timothy "Tim" P. Beane, Retired | Altria

Brian Bortell, President & CEO | Timmons Group

Tamara Charity-Brown, Pediatric Physician & Owner | Associates in Pediatrics

Christian "Chris" Kantner, Executive Vice President | Ukrop's Homestyle Foods

Pinkaj Klokkenga, Senior Vice President of Information Technology | Old Point National Bank

John Martin, CEO & Managing Partner | SIR

Gautam Puranik, Chief Data Officer & Head of Business Strategy & Analytics | Carmax/ Carmax Auto Finance

Kamran Raika, Managing Principal & Managing Partner | River Hills Wealth Management Group

Lori Raya, Division President Mid-Atlantic | Kroger

Colin Ruh, Senior Vice President | Capital One

William K. "Keith" Windle, Vice President of Business Development & Merchant Operations | Dominion Energy



January 18, 2023

Mr. Joshua Worrell Director of Finance **Amelia County** 16360 Dunn Street, Suite 101 P.O. Box A Amelia, VA 2300

Dear Mr. Worrell,

1415 Rhoadmiller Street Richmond, VA 23220 804.521.2500 FeedMore.org

Thank you for the continued investment in our community made by Amelia County staff, residents, and community leaders. It is through these strong partnerships and support that we are able to provide healthy food for our neighbors in need. Over the last year, we distributed nearly 100,000 meals (prepared meals and the food equivalent to meals) to residents of Amelia County. Thank you very much for your support of and partnership with Feed More and for the opportunity to request future funding on behalf of Amelia County citizens.

According to the most recent Feeding America Map the Meal Gap, 8.6% of residents and 12.8% of children in Amelia County are food insecure, meaning that they cannot be certain where they will get their next meal. These families sometimes must choose between paying for rent, utilities, medical bills, and food. Food is often considered to be the most flexible expense, the expense most likely to be cut. As a result, families may purchase inexpensive, unhealthy food that can lead to longterm health consequences. Therefore, delivering increasingly healthful food is central to Feed More's strategic plan.

Our services to food insecure Amelia County residents are described in the enclosed narrative. It is on behalf of these Amelia families that we respectfully request funding in the amount of \$5,000.00 for Feed More's hunger relief programs in Amelia County. Please accept our sincere appreciation, once again, for your continued support of Feed More's mission to fight hunger in Central Virginia with the vision that none shall go hungry. We look forward to our continued collaboration as we work to fight hunger in Amelia County. Thanks st. meders Lorgen considers

Sincerely,

Douglas H. Pick President and CEO



Comprehensive Hunger Relief in Amelia County Fiscal Year 2023-2024

Through our comprehensive programs, Feed More distributed nearly 100,000 meals (prepared meals and the food equivalent to meals) to Amelia County residents in our last completed fiscal year, FY2021-2022.

According to the most recent Feeding America *Map the Meal Gap* study, **8.6% of residents and 12.8% of children in Amelia County are food insecure; these percentages represent 1,120 residents – including nearly 400 children – in Amelia County who may not know where their next meal is coming from. Among these residents experiencing food insecurity, there are also many neighbors whose needs are episodic- 70% of Feed More's clients report visiting a food pantry eight times or less a year. Clients may be faced with unexpected costs or the choice between paying for medical bills, transportation, housing, or buying healthy food. For families making these choices, food is often the most "flexible" expense and therefore the most likely to be cut.**

Though we have seen many of the effects of the COVID-19 pandemic subside, our neighbors are faced with new challenges. Inflation and supply chain issue have caused prices to rise, with food and groceries seeing some of the sharpest impacts. As of November 2022, the USDA reported that food is nearly 11% more expensive than in November 2021. The following percentages illustrate the most impacted categories inflation compared to November 2021: meat 20%, eggs 31.5%, dairy products 13%, and fresh produce 8%.

When meals are skipped, nutritional quality is compromised, and health may deteriorate. The healthy-meal gap looms even larger, as do the consequences. Most of those seeking emergency food from Feed More report purchasing inexpensive, unhealthy food because they did not have access to a grocery store or could not afford healthier options, leading to long term consequences.

For the children in these households, lack of access to healthful food contributes to poor health, behavioral problems, and academic failure. Likewise, food insecure seniors are at increased risk for chronic health conditions, such as depression, diabetes, high cholesterol, and coronary heart disease. According to the most recent Feeding America health statistics in Amelia County, the following percentages represent the diagnoses of chronic health conditions related to food insecurity within the county: 20.1% depression, 13.6% diabetes, 38.1% high cholesterol, and 7.6% heart disease. Feed More seeks not only to provide more meals to reduce the region's meal gap, but also to provide a balanced, healthy diet of fresh food to our neighbors through its hunger-relief programs and through Feed More's partner agencies operating throughout Amelia County.

Feed More continues to support the families and individuals who are turning to our member agencies for food assistance. Feed More cannot sustain its hunger-relief programs without the generous financial support of our community partners. It is our hope that we can count on the

continued support of the Amelia County government, an active participant in our organization, to help us fight hunger in Amelia County.

Feed More helps to address these issues by distributing healthy food to those in need with high efficiency. Last fiscal year, the value of these services to Amelia County Residents was over \$220,000. Feed More is able to maximize the use of funds through a combination of its large purchasing power and the millions of pounds of food that are donated every year. Taking into account the value of services provided, Amelia County residents received a return of \$44 for every dollar of the \$5,000 allocation for fiscal year 2022. In addition to this positive investment of taxpayer dollars, Feed More's healthy food distribution focus reduces the costs of health and long-term care.

Feed More Hunger-Relief Programs

Feeding Families: To provide hunger relief for food-insecure families and individuals in need with Feed More's food collection and distribution through partner agencies.

During our 2021-2022 fiscal year, we distributed more than 40 million pounds of food and grocery products to food insecure individuals in Central Virginia through Feed More's Distribution Center, Partner Agencies and Mobile Pantry Program. Through the Distribution Center and Amelia County partner agency, Feed More distributed a total of 95,635 meal equivalents to Amelia County residents in need during our 2021-2022 fiscal year.

Feed More's Distribution Center/Partner Agencies
 Our Distribution Center collects and distributes food and grocery products across 29
 counties and 5 cities in Central Virginia. Our more than 250 partner agencies include
 emergency shelters, rehab and senior centers, soup kitchens, and food pantries. During our
 2021-2022 fiscal year, Feed More's Distribution Center distributed more than 95,000
 meals and meal equivalents to Amelia County residents in need through the Feed
 More partner agency, the Amelia County Food Pantry.

In addition to food distribution, Feed More partnered with Food Lion Feeds Charitable Foundation to provide a Pantry Makeover for Amelia County Food Pantry. Food Lion volunteers painted, installed rubber flooring, and assembled and stocked shelving units at the pantry to improve upon client experience. Additionally, funds were used to professionally install new window air conditioning units, install new outdoor lighting, and lay new gravel for the driveway. The Pantry Makeover helps to ensure clients have the easiest and safest experience at the pantry while improving upon overall aesthetic.

<u>Goal:</u> To sustain current food distribution levels through Feed More's Distribution Center in Amelia County during our 2022-2023 fiscal year and in our 2023-2024 fiscal year. Also, Feed More is continuing to shift our focus to distributing more fresh, nutritious food with greater health benefits for the Amelia County community.

Use of Previous Funding

We are greatly appreciative of Amelia County's allocation of \$5,000.00 given to Feed More for our 2022-2023 fiscal year. This money was used to help provide as many as 20,000 of the more than 95,000 meal equivalents distributed through our Distribution Center and Amelia County Partner Agencies.

Funding Request

At this time, we respectfully request a fiscal year 2023-2024 budget appropriation of \$5,000.00 from Amelia County to be used to collect and distribute as many as 20,000 meal and grocery equivalents through our Distribution Center and Amelia County Partner Agencies.

Feed More's ongoing partnership with Amelia County is critical to the success of our fight against hunger in Amelia County. The importance of this generous support and the strong relationship with County officials, residents, and community leaders cannot be overstated. The support we continue to receive from all these individuals and organizations helps us to provide healthy food to residents of Amelia County in an efficient manner. We look forward to and welcome the opportunity to work with you to best leverage your support within our generous community.

Internal Revenue Service P.O. Box 2508 Cincinnati, Ohio 45201

Date: SEP 12 2008

FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 23220 Department of the Treasury

Person to Contact - ID#:

JOE KENNEDY - ID# 31-08655

Contact Telephone Numbers:

877-829-5500 Phone

Federal Identification Number:

54-1150923

Dear Sir or Madam:

By our determination dated May 1981, you were held to be exempt from Federal Income Tax under the provisions of section 501(c)(3) of the Internal Revenue Code.

You recently furnished us information that Meals on Wheels Serving Central Virginia, Inc. (EIN: 54-1126021) merged with Central Virginia Foodbank, Inc. (EIN: 54-1150923) on July 1, 2008. Central Virginia Foodbank, Inc. has since changed its name to Feed More, Inc. Based on the information submitted, we have determined that the merger and name change do not affect your exempt status. The organization, Feed More, Inc., will continue using Employer Identification Number 54-1150923.

Please let us know about any further changes in your character, purposes, method of operation, name or address.

If you have any questions regarding this matter, please contact the person whose name and telephone number appear in the heading of this letter.

Sincerely,

Robert Choi Director, Exempt Organizations Rulings and Agreements

EXTENDED TO MAY 15, 2023

orm **990**

Return of Organization Exempt From Income Tax

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

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

2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the 2	021 calendar year, or tax year beginning $\mathrm{JUL}1,2021$	JUN 30, 20	022										
Во	heck if	C Name of organization	D Employer id	entific	cation number									
	Address	HEED WORK TWO												
누	_change ¬Name	FEED MORE, INC.		F4 1150022										
<u> </u>	_ change ⊤Initial	ge Doing business as 54-1150925												
-	_return ∏Final	Number and street (or P.O. box if mail is not delivered to street address) Room/s 1415 RHOADMILLER ST		2500										
	⊥return/ termin-	City or town, state or province, country, and ZIP or foreign postal code		83,224,269.										
	ated Amended return		G Gross receipts \$ H(a) Is this a gr											
	Applica- tion	F Name and address of principal officer: KIM KUGELMAN		for subordinates? Yes X No										
	pending	SAME AS C ABOVE	H(b) Are all subordi											
1 7	ax-exem	ppt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or			list. See instructions									
		▶ WWW.FEEDMORE.ORG	H(c) Group exe											
			ear of formation: 19	80 N	State of legal domicile: VA									
Pa		Summary	10 1/200703	T.0	mo nacim									
ø		iefly describe the organization's mission or most significant activities: FEEDMORE			TO FIGHT									
Governance	_	UNGER IN CENTRAL VIRGINIA. WE ARE THE CORE H			-1-									
ern		neck this box if the organization discontinued its operations or disposed of m imber of voting members of the governing body (Part VI, line 1a)		3	15									
9		umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b)			15									
ಿ ರ ″		otal number of individuals employed in calendar year 2021 (Part V, line 2a)		5	132									
iţie		otal number of volunteers (estimate if necessary)		6	3634									
Activities &	7a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.									
٧		et unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.									
			Prior Year		Current Year									
ø	8 C	ontributions and grants (Part VIII, line 1h)	99,696,93		78,013,263.									
eun		ogram service revenue (Part VIII, line 2g)	5,051,63		4,624,710.									
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	262,22		469,044. 117,252.									
_		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	82,80 105,093,5		83,224,269.									
-		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3)	77,857,23		67,560,478.									
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.										
	45 0.	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	39.											
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.										
ber	b То	otal fundraising expenses (Part IX, column (D), line 25) 1,367,762.		Try.										
ũ	17 01	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,259,33		7,006,466.									
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	93,842,49		82,480,639.									
- 112		evenue less expenses. Subtract line 18 from line 12	11,251,08		743,630.									
S OF			Beginning of Current		End of Year 45,221,610.									
Assets d Balanc	20 To	otal assets (Part X, line 16)	47,805,7° 2,009,16		1,369,218.									
let A		otal liabilities (Part X, line 26) et assets or fund balances. Subtract line 21 from line 20	45,796,63		43,852,392.									
Pa		Signature Block	13,730,0.		10,000,000									
Unde		es of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best	of my	knowledge and belief, it is									
	•	and complete, Declaration of preparer (other than officer) is based on all information of which prep												
		MITTON	1.17	<u> </u>	22									
Sigr	1 /	Signature of officer	Date		•									
Her	e	KEITH SHEEHAN, TREASURER												
	,	Type or print name and title	I Data		PTIN									
		rint/Type preparer's name Preparer's synature	11/14/2022 ii	eck										
Paid Prop	_	AYME MIKA Lagran L. Municipal Stephens, HURST, GARY & SHRE	Se	f-employe	P00852731 54-1631262									
		irm's name KEITER, STEPHENS, HYRST, GARY & SHRE	TANTO FILM.2 FI	IV 🔛	3- TO3T707									
-35	Jy	GLEN ALLEN, VA 23060	Phone no	0.(8	04) 747-0000									
May	the IRS	discuss this return with the preparer shown above? See instructions	13 110110		. X Yes No									
-														

	1930 (2021) 1 FEED MOKE, INC. 54 1130723 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	FEEDMORE'S MISSION IS TO FIGHT HUNGER IN CENTRAL VIRGINIA. WE ARE THE
	CORE HUNGER RELIEF ORGANIZATION SERVING CHILDREN, FAMILIES, AND
	SENIORS WITHIN OUR 34 CITY AND COUNTY SERVICE AREA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	70 000 007
	FEEDMORE'S FOOD BANK SERVES APPROXIMATELY ONE-THIRD OF THE COMMONWEALTH
	OF VIRGINIA'S AREA ACROSS 34 CENTRAL VIRGINIA CITIES AND COUNTIES. IN
	PARTNERSHIP WITH OVER 262 FOOD PANTRIES AND SOUP KITCHENS, WE
	DISTRIBUTED OVER 35 MILLION POUNDS OF PRODUCE, PROTEIN, AND
	NON-PERISHABLE FOODS IN FY 2022, OR APPROXIMATELY 95,000 POUNDS EACH
	DAY. IN ADDITION TO THE FOOD DISTRIBUTION CENTER, THE FOOD BANK'S OTHER
	CENTRAL PROGRAMS INCLUDE MOBILE PANTRY, WHICH DELIVERS GROCERIES EACH
	MONTH TO APPROXIMATELY 3,300 HOUSEHOLDS IN 32 LOCATIONS THAT DO NOT
	HAVE ADEQUATE ACCESS TO A GROCERY STORE; AND CHILDHOOD NUTRITION
	PROGRAMS KIDS' CAFE (OVER 161,000 MEALS AND SNACKS ARE SERVED ANNUALLY
	TO 1,600 CHILDREN), BACKPACKS (ANNUALLY NEARLY 48,400 ARE SENT HOME
	WITH APPROXIMATELY 3,600 CHILDREN REPRESENTING 55 SCHOOLS), WHICH HELP
41-	2 620 055 2 600 052 2 0 001 570
4b	(Code:) (Expenses \$3,639,255. including grants of \$2,689,053.) (Revenue \$2,021,572.] FEEDMORE'S CENTRAL SENIOR NUTRITION PROGRAM, MEALS ON WHEELS, PROVIDES
	UP TO TWO MEALS EACH DAY TO OVER 3,000 HOMEBOUND SENIORS WHO ARE UNABLE
	TO COOK FOR THEMSELVES LIVING IN 21 CITIES AND COUNTIES. VOLUNTEERS
	HELP PREPARE, PACK, AND DELIVER MEALS THAT REFLECT THE MEDICALLY NECESSARY RESTRICTIONS OF 14 THERAPEUTIC DIETS TO INDIVIDUALS LIVING ON
	ONE OF 107 DIFFERENT DELIVERY ROUTES. MEALS ON WHEELS STAFF AND
	VOLUNTEERS ALSO PROVIDE A DAILY SAFETY CHECK TO THESE SENIORS HELPING
	ENSURE THEY ARE ABLE TO CONTINUE TO LIVE INDEPENDENTLY IN A SAFE
	ENVIRONMENT BRINGING COMFORT AND CONFIDENCE TO BOTH THE CLIENT AND HIS
	OR HER FAMILY.
	2 400 000
4c	(Code:) (Expenses \$3, 490, 022. including grants of \$) (Revenue \$711, 067.
	THE COMMUNITY KITCHEN IS FEEDMORE'S PRODUCTION QUALITY FACILITY THAT
	PREPARES THE MEALS AND SNACKS PROVIDED THROUGH FEEDMORE'S CENTRAL
	HUNGER RELIEF PROGRAMS. EACH DAY, WELL-TRAINED AND CERTIFIED STAFF AND
	DEDICATED VOLUNTEERS CREATE MEALS THAT ARE NUTRITIOUS, APPEALING, AND
	REFLECT THE INDIVIDUAL NEEDS OF CLIENTS WHO HAVE SPECIFIC DIETARY
	NEEDS.
	FOR MORE DETAIL ON ANY OF THESE GENERALLY OUTLINE PROGRAMS, PLEASE
	VISIT OUR WEBSITE AT FEEDMORE.ORG OR CONTACT THE FEEDMORE DEVELOPMENT
	OFFICE AT 804-716-3249.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 80,039,234.

12421114 759400 030917.C

Form 990 (2021) FEED MORE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Λ	

Form	990 (2021) FEED MORE, INC. 54-	-1150923	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		,	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's currently	nt		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of the organization have a tax-exempt below the organization of the organization have a tax-exempt below the organization of the organization	:he		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete	l l		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contr	· I		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II			x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	,		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u>20</u>		
00		30		X
31	contributions? If "Yes," complete Schedule M			X
32				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			 ^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	• • • • • • • • • • • • • • • • • • • •			<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	l		₩
	If "Yes," complete Schedule R, Part V, line 2	<u>36</u>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\ v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa	Observation of the state of the			
	Check if Schedule O contains a response or note to any line in this Part V		T.,	
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	65	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	031		

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 132004 12-09-21

0

	990 (2021) FEED MORE, INC.	54-1150	923	Р	age 5							
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
20	Enter the number of employees reported an Earm W.2. Transmittel of Wage and Tay Statements	1		Yes	No							
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 132										
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х								
b			20	25								
22	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		х							
		·······	3b		122							
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule. At any time during the calendar year, did the organization have an interest in, or a signature or other a		30									
4 a			4a		x							
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
b	o If "Yes," enter the name of the foreign country ►											
50			5a		Х							
	 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 											
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5b 5c		X							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30									
oa			6a		x							
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		<u> </u>									
	and the second s		6b									
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х							
			7b									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required										
·	to file Form 8282?		7c		x							
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f									
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g									
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained											
			8									
9	Sponsoring organizations maintaining donor advised funds.		_									
а	Pid the agree of a green in the green in the green to be distributions and a green to a 10000		9a									
			9b									
10	Section 501(c)(7) organizations. Enter:											
	Initiation fees and capital contributions included on Part VIII, line 12	10a										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:	100										
	Gross income from members or shareholders	11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•										
	Is the organization licensed to issue qualified health plans in more than one state?		13a									
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans	13b										
С	Enter the amount of reserves on hand	13c										
14a			14a		Х							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner											
	excess parachute payment(s) during the year?		15		x							
	If "Yes," see the instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х							
	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17									
	If "Ves " complete Form 6069											

Form 990 (2021) FEED MORE, INC. 54-1150923 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response 54-1150923

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	710 7	СОРОП	50								
	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
	<u> </u>		Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year											
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent 15											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?	2		Х								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision											
	of officers, directors, trustees, or key employees to a management company or other person?	3		X								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х								
5												
6	Did the organization have members or stockholders?	6		X								
7a												
	more members of the governing body?	7a		Х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
	persons other than the governing body?	7b		Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	Х									
b	Each committee with authority to act on behalf of the governing body?	8b	Х									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		X								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х									
b												
12a	1 ,, go to	12a	Х									
b	, , , , , , , , , , , , , , , , , , , ,	12b	Х									
С	, , , , , , , , , , , , , , , , , , , ,											
	on Schedule O how this was done	12c	<u> </u>									
13	Did the organization have a written whistleblower policy?	13	X									
14	Did the organization have a written document retention and destruction policy?	14	Х									
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		7.7									
а	, , , , , , , , , , , , , , , , , , , ,	15a	X	37								
b	, , , , , , , , , , , , , , , , , , , ,	15b		Х								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37								
	taxable entity during the year?	16a		X								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401										
800	exempt status with respect to such arrangements? tion C. Disclosure	16b										
17	List the states with which a copy of this Form 990 is required to be filed VA	on LA	a. (=! -	ale.								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	avallal	ле								
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Apother's website X Upon request Other (- 4 i - 2 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i - 4 i											
40	X Own website X Another's website X Upon request Other (explain on Schedule O)		اماد									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıınano	ılal									
00	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's books and records DOUG PICK - 804-521-2500											
	1415 RHOADMILLER STREET RICHMOND VA 23220											

Form **990** (2021)

Form 990 (2021) FEED MORE, INC. 54-1150923 Page 7

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

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

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

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

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

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

Compensation Comp	(A) Name and title	(B) Average hours per week	box	Position (do not check more that box, unless person is bo officer and a director/tru				n an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
CHIEF EXECUTIVE OFFICER		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	compensation from the organization and related
C1 RICHARD GLIOT		40.00			x				324.165.	0.	25.029.
CHIEF OPERATIONS OFFICER		40.00							321,2001	0.1	20,0231
(3) SARAH GRAVITT-BAESE		2000	1		x				218.730.	0.	17.058.
A		40.00									
CHIEF DEVELOPMENT OFFICER		40 00							103,100.	0.	23,400.
STANDON THORNE		40.00	1		x				189 006.	0.	14 415.
CHIEF FINANCIAL OFFICER		40.00			25				103,000.	•	14,413.
GO DORA ELLIS		1000	1		x				175.661.	0.	11.152.
FINANCIAL CONTROLLER	(6) DORA ELLIS	40.00								•	
O	FINANCIAL CONTROLLER						x		129,960.	0.	8,410.
DIR OF SUPPLY CHAIN OPERATIONS X 101,247. 0. 23,443.	(7) BRUCE THOMAS	40.00							·		•
AMORY JAMES	DIR OF SUPPLY CHAIN OPERATIONS						Х		101,247.	0.	23,443.
TIM BEANE 2.00 X	(8) AMORY JAMES	40.00									
DIRECTOR X	DIR OF CK AND MOW						Х		101,146.	0.	15,479.
Color	(9) TIM BEANE	2.00									
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
Cole	(10) BRIAN BORTELL	2.00								_	_
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
TREASURER		2.00	l								
TREASURER			Х						0.	0.	0.
Column		2.00								•	•
DIRECTOR X 0. 0. 0. (14) CHRIS KANTNER 2.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (15) KAMRAN RAIKA 2.00 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (16) JOHN MARTIN 2.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (17) CRYSTAL BUTLER 2.00 0. 0. 0. 0. 0. 0.		2 00	Х		X				0.	0.	0.
Column	, ,	<u>∠.00</u>	3,7							<u> </u>	•
DIRECTOR X 0. 0. 0.		2 00	Y	_			_	_	0.	U •	0.
Comparison of		4.00	v							0	0
DIRECTOR X 0. 0. 0. (16) JOHN MARTIN 2.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (17) CRYSTAL BUTLER 2.00 0. 0. 0. 0. 0.		2 00	Λ						"	0.	0.
(16) JOHN MARTIN 2.00 DIRECTOR X (17) CRYSTAL BUTLER 2.00		2.00	x							n	0
DIRECTOR X 0. 0. 0. (17) CRYSTAL BUTLER 2.00		2.00	21	\vdash						0.	0.
(17) CRYSTAL BUTLER 2.00		2.00	x						0.	0.	0.
		2,00		\vdash						•	J •
			х		х				0.	0.	0.

132007 12-09-21 Form **990** (2021)

54-1150923 Page **8**

Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	d Hi	ghes	st C	ompensated Employee	s (continued)	—			
(A)	(B)				(C)			(D)	(E)			(F)	
Name and title	Average		not c		more	on ore than one		Reportable	Reportable			timate	
	hours per week					is botl or/trus		compensation	compensation			nount	of
	(list any	to					Ĺ	from the	from related organizations			other pensa	tion
	hours for	direc				 		organization	(W-2/1099-MISC	;/		om th	
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		orga	anizat	ion
	organizations below	altrus	onal tr		loyee	comp		1099-NEC)				d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				orga	ınizati	ons
(18) KEITH WINDLE	2.00	드	트	0	<u> </u>	王吉	굔			\dashv			
DIRECTOR	2.00	Х						0.		٥.			0.
(19) DANNY ROBINSON	2.00	25				\vdash			'	"			
VICE CHAIR		х		x				0.		0.			0.
(20) THOMAS P. ROHMAN	2.00												
CHAIRPERSON		Х		х				0.	(0.			0.
(21) COLIN RUH	2.00									\exists			
DIRECTOR		Х						0.	(0.			0.
(22) GAUTAM PURANIK	2.00									\Box			
DIRECTOR		Х						0.		0.			0.
(23) PINKAJ KLOKKENGA	2.00												
DIRECTOR		Х						0.	-	0.			0.
(24) KEN ASPINALL	2.00												
DIRECTOR		Х				_		0.	-	0.			0.
						_				\dashv			
							<u> </u>	1 405 101		\rightarrow	120	0 2	0.2
1b Subtotal								1,425,101.		0.	тэ	8,3	0.
c Total from continuation sheets to Part VII								1,425,101.		0.	139	8,3	
d Total (add lines 1b and 1c)							o ro	•		<u>, , , , , , , , , , , , , , , , , , , </u>		J, J.	74.
compensation from the organization	or illilited to th	036	IISLE	u al	JOVE	<i>5)</i> WI	10 16	eceived more triair \$100,	000 of reportable				8
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee. k	cev e	lame	ove	e. or	hia	hest compensated emp	lovee on	ſ			
line 1a? If "Yes," complete Schedule J for si	•		•	•	•		_		•		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual		[4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch ı	oers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor										nsat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.			_	
(A) Name and business	address	NT/	\\TT	7				(B) Description of s	envices	C	(C omper		n
Traine and basiness		TAC	INC	<u>. </u>			\dashv	Bosonphorior	CI VIOCO		Ompor	ioatioi	-
2 Total number of independent contractors (in	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received me	ore than				
\$100,000 of compensation from the organiz	ation >				()						200	
										1	Form 9	990 (2021)

12421114 759400 030917.C

		Chack if Schodula O contains a reappnea	or note to any line	o in this Dort VIII			
		Check if Schedule O contains a response	or note to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
			424 000				sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a	434,800.				
ira Ou	b	Membership dues1b					
s, (Am	С	Fundraising events 1c					
Sift ar	d	Related organizations 1d					
s, (mil	е	Government grants (contributions) 1e	192,300.				
Sign	f	All other contributions, gifts, grants, and					
out		similar amounts not included above 1f	77,386,163.				
를	g	4 0	64,692,504.				
Soci	_	Total. Add lines 1a-1f		78,013,263.			
<u> </u>			Business Code	, ,			
•	2 a	SENIOR CONNECTION FEES	900099	1,924,476.	1,924,476.		
ķ	2 u b		900099	1,107,353.	1,107,353.		
er ue		DDOGDAN EFFE	900099	788,318.	788,318.		
m S	C	TEFAP FEES	900099		785,709.		
yrai Re	d			785,709.			
Program Service Revenue	е	MEMBERSHIPS	900099	18,854.	18,854.		
а		All other program service revenue		4 604 710			
\rightarrow		Total. Add lines 2a-2f		4,624,710.			
	3	Investment income (including dividends, inter		444 245			444 245
		other similar amounts)		441,347.			441,347.
	4	Income from investment of tax-exempt bond	' ' I				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 27,697					
	h	Less: cost or other basis					
ø	-	and sales expenses 7b 0	.				
ığ	_	Gain or (loss) 7c 27,697					
Revenue		() ,	_	27,697.			27,697.
er B		Net gain or (loss)	>	27,037.			21,051.
Othe	оа	, ,					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8	<u> </u>				
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	1				
		Less: direct expenses 9					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10	а				
	b	Less: cost of goods sold10	b				
	С	Net income or (loss) from sales of inventory	>				
,			Business Code				
ous	11 a	MISCELLANEOUS INCOME	900099	117,252.			117,252.
Miscellaneous Revenue	b						
elk eve	С						
lisc	d	All other revenue					
2	е	Total. Add lines 11a-11d		117,252.			
	12	Total revenue. See instructions	•	83,224,269.	4,624,710.	0.	586,296.

Form 990 (2021) FEED MORE, INC. Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in (A)	this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 \dots	63,996,332.	63,996,332.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,564,146.	3,564,146.		
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,170,423.	523,720.	271,340.	375,363.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,189,353.	4,627,573.	385,560.	176,220.
8	Pension plan accruals and contributions (include	-,, , , , , , , , ,	=, == , , , , , , ,	200,000	,
3	section 401(k) and 403(b) employer contributions)	197,011.	176,054.	14,450.	6,507.
9	Other employee benefits	859,003.	781,485.	42,190.	35,328.
10	Payroll taxes	497,905.	409,382.	47,293.	41,230.
11	Fees for services (nonemployees):		202,0020	,	,
·· a	Management				
b					
	Accounting				
e					
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	837,581.	582,499.	159,734.	95,348.
12	Advertising and promotion	222,415.	116,485.	706.	105,224.
13	Office expenses	376,426.	295,710.	44,444.	36,272.
14	Information technology	,	,	,	,
15	Royalties				
16	Occupancy	479,669.	450,319.	13,252.	16,098.
17	Travel	478,607.	474,780.	1,863.	1,964.
18	Payments of travel or entertainment expenses	-	-		-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,318,246.	1,245,583.	31,106.	41,557.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	000 001	000 001		
а	DISCARDED FOOD	838,931.	838,931.	E2 422	111 150
b	OTHER ADMINISTRATIVE	531,613.	367,022.	53,132.	111,459.
С	SUPPLIES NATIONAL SERVICES	484,940.	479,472.	3,751.	1,717.
d	REPAIRS AND MAINTENANCE	469,680.	458,361.	2,502.	8,817.
	All other expenses	968,358.	651,380.	2,320.	314,658.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	82,480,639.	80,039,234.	1,073,643.	1,367,762.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form **990** (2021)

12421114 759400 030917.C

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,042,711.	1	7,386,032.
	2	Savings and temporary cash investments	265,515.	2	266,919.
	3	Pledges and grants receivable, net	1,912,758.	3	1,279,877.
	4	Accounts receivable, net	182,591.	4	238,583.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
છ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2,966,883.	8	2,440,446. 102,531.
¥	9	Prepaid expenses and deferred charges	74,095.	9	102,531.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 23,721,995. 10b 10,674,991.			
	b	Less: accumulated depreciation 10b 10,674,991.	12,787,832.	10c	13,047,004.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	22,546,241.	12	20,434,008.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	27,145. 47,805,771.	15	26,210.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	47,805,771.	16	45,221,610.
	17	Accounts payable and accrued expenses	1,721,069.	17	1,155,141.
	18	Grants payable	150 055	18	120 140
	19	Deferred revenue	159,857.	19	130,148.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ja;		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	128,235.	0.5	83,929.
	26	of Schedule D Total liabilities. Add lines 17 through 25	2,009,161.	25 26	1,369,218.
	20	Organizations that follow FASB ASC 958, check here	2,000,101.	20	1,303,210.
S		and complete lines 27, 28, 32, and 33.			
Š	27	Net assets without donor restrictions	37,580,575.	27	37,320,023.
3ala	28	Net assets with donor restrictions	8,216,035.	28	6,532,369.
펄		Organizations that do not follow FASB ASC 958, check here	0,==0,0001		0,002,000
Ē		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	45,796,610.	32	43,852,392.
Z	33	Total liabilities and net assets/fund balances	47,805,771.	33	45,221,610.
	,		, , = .		Form 990 (2021)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4,20	
2	Total expenses (must equal Part IX, column (A), line 25)	2	82		0,63	
3	Revenue less expenses. Subtract line 2 from line 1	3			3,63	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45	,79	5,62	<u> 10.</u>
5	Net unrealized gains (losses) on investments	5	-2	,68	7,84	<u> 48.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	43	, 85	2,39	<u>92.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-				ı
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				ı
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				ı
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	
				Form	990 ((2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization FEED MORE 54-1150923 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

Schedule A (Form 990) 2021 FEED MORE, INC. 54-1150
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4		. ,	, ,		, ,	
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
	First 5 years. If the Form 990 is for the	•					
	organization, check this box and stop			ŕ	•	. , . ,	
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te				•		▶ □
b	10% -facts-and-circumstances test	· ·	•			17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the facts-and-circu						▶ □
18	Private foundation. If the organization		-	• •	•		s
	<u> </u>		•				(Form 990) 2021

Schedule A (Form 990) 2021 FEED MORE, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	54470967.					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4707771.	3903720.	4727883.			23015697.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	E0170720	60022060	74272425	104749540	00627072	381761664
	Total. Add lines 1 through 5	591/8/38.	00022909.	/43/3433.	104/48549	0203/9/3.	381/61664
	Amounts included on lines 1, 2, and 3 received from disqualified persons	132,172.	118,650.	49,610.	98,806.	94,456.	493,694.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1406592.		912,288.		04.456	3312221.
	Add lines 7a and 7b	1538764.	860,029.	961,898.	350,768.	94,456.	3805915. 377955749
Sec	Public support. (Subtract line 7c from line 6.)						<u>577955749</u>
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	59178738.	60822969	74373435		82637973	381761664
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	157,270.			262,222.		
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	157,270.	218,760.	328,984.	262,222.	441,347.	1408583.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,625. 59340633.	6,618.	7,549.		117,251.	
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the			•	•	•	•
14		· ·		•		. , . ,	on, ▶□
Sec	ction C. Computation of Publi	ic Support Per					
	Public support percentage for 2021 (I			column (f))		15	98.58 %
16	Public support percentage from 2020		•			16	98.21 %
Sec	ction D. Computation of Inves						
17	Investment income percentage for 20	021 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	.37 %
18	Investment income percentage from					18	.30 %
19a	33 1/3% support tests - 2021. If the						
t	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	-	-	•			▶ <u>X</u>
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
- 50		
O.L.		
3b		
3c		
4a		
4b		
76		
4c		
40		
5a		
5b		
5c		
6		
7		
1		
8		
9a		
9b		
9с		
90		
100		
10a		
,		
10b		L
ıla Δ (Forn	n aan)	2021

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

2021.05000 FEED MORE, INC.

	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	1 1100510 rage
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ıst complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		d Type III supporting orga	nization (see
	instructions)	, 5	,, ,, ,,,	•

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization	Employer identification number					
FE	ED MORE, INC.	54-1150923				
Organization type (check or	ne):					
Filers of:	Section:					
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 501(c)(General Rule	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule 1 filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling					
	one contributor. Complete Parts I and II. See instructions for determining a contributor's	s total contributions.				
Special Rules						
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that described in the section of the section of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 1. Complete Parts I and II.	d that received from any one				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter h purpose. Don't con	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number FEED MORE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 72,457.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll

54-1150923

Schedule B (Form 990) (2021)

Name of organization Employer identification number FEED MORE, INC. 54-1150923

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	* \$ 23,075.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 16	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	* 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$7,500 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$7,625 .	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$65,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ 65,440.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$\$50,781.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 40	Name, address, and ZIP + 4	* 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$ 7,076.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$5,000.	Person X Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	1	Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	Training additional to 1	\$ <u>125,000.</u>	Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$\$.	Person X Payroll
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	* 185,904.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a)	(b)	(c) Total contributions	(d)
No. 55	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	Hame, address, and Zii. 4-4	\$\$	Person X Payroll Noncash Complete Part II for encash contributions.)
(a)	(b)	(c)	(d)
No. 58	Name, address, and ZIP + 4		Person X Payroll Noncash Complete Part II for concash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$\$	Person X Payroll Noncash Complete Part II for loncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$50,000.	Person X Payroll Noncash (Complete Part II for

54-1150923

FEED MORE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
67		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
68		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
69		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
70		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
71		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
72		\$ 15,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
76	Name, address, and ZIP + 4	* 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No. 79	Name, address, and ZIP + 4	* \$ 5 , 000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	Name, address, and ZIF + 4	\$\$, 5,141.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	Trainity additions, and Early 1	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
91		Person X Payroll Noncash (Complete Part II for noncash contributions	s.)
(a)	(b)	(c) (d)	
No.	Name, address, and ZIP + 4	Total contributions Type of contribution	on
92		Person X Payroll Noncash (Complete Part II for noncash contributions	s.)
(a)	(b)	(c) (d)	
No.	Name, address, and ZIP + 4	Total contributions Type of contribution	on
93		Person X Payroll Noncash (Complete Part II for noncash contributions	s.)
(a)	(b)	(c) (d)	
94	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions	
(a)	(b)	(c) (d) Total contributions Type of contribution	
95	Name, address, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions	
(a)	(b)	(c) (d)	
96	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions	

Schedule B (Form 990) (2021)	Page 2
Name of organization	Employer identification number
FEED MORE, INC.	54-1150923

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$5,000•	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 100	Name, address, and ZIP + 4	* 610,375.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 106	Name, address, and ZIP + 4	Total contributions \$\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$5,000•	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$\$, 5,200.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$7,423	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	* \$ 5 , 000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$7,371.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$5,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 118	Name, address, and ZIP + 4	* 8 , 500 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	Name, address, and 2n + 4	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123	Name, address, and 2n + 4	\$(C	Person X Payroll
(a)	(b)	(c)	(d)
No. 124	Name, address, and ZIP + 4	\$\$(C	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$\$_(C	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$32,685.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 130	Name, address, and ZIP + 4	* 10,000 • 10,000 •	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131		s5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
133		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
134		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
135		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 136	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
137		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
138		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 142	Name, address, and ZIP + 4	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		\$5,200 .	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
145		\$ 5,000. Person X Payroll I Noncash (Complete Part II for noncash contributions)	s.)
(a)	(b)	(c) (d)	
No. 146	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions	
(a)	(b)	(c) (d) Total contributions Type of contribution	
No. 147	Name, address, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions	
(a)	(b)	(c) (d)	
No. 148	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions	
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	.
No. 149	ivalite, audi ess, aliu ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
150	ivalile, audi ess, aliu ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions	

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153		\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 154	Name, address, and ZIP + 4	* 12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 160	Name, address, and ZIP + 4	* \$ 5 , 000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
161		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
162		\$10,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165		\$5,180.	Person X Payroll
(a)	(b)	(c)	(d)
No. 166	Name, address, and ZIP + 4	* \$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
168		\$5,000 .	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		\$5,550.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
170		\$10,570.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>171</u>		\$5,687.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
172		\$15,000 . _	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
173		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
174		\$ 20,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 178	Name, address, and ZIP + 4	* \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
179		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
180		\$\$8,342.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		\$\$,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
182		\$\$8.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
183		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 184	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
185		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
186		\$5,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	tribution
187		\$ 5,000. Person Payroll Noncash (Complete Part noncash contril	X —
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	tribution
188		\$ 5,841. Person Payroll Noncash (Complete Part noncash contril	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	tribution
189		Person Payroll Noncash (Complete Part noncash contril	X Il for
(a)	(b)	(c) (d)	
No. 190	Name, address, and ZIP + 4	Total contributions Type of contributions Person Payroll Noncash (Complete Part noncash contrib	X Il for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	tribution
191		Person Payroll Noncash (Complete Part noncash contril	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	tribution
192		Person Payroll Noncash (Complete Part noncash contril	X —

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
193		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
194		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
195		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 196	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
197		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
198		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) be of contribution
199	Trainis, address, and En 1 1	Pe Pa No (Com	erson X eyroll encash plete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) be of contribution
200		\$ 12,000. Pa	erson X eyroll ey
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) be of contribution
201	- Hamo, address, und En 1 1	Pe Pa No (Com	erson X eyroll eyrols eyr
(a)	(b)	(c)	(d)
No. 202	Name, address, and ZIP + 4	Pe Pa No (Com	erson X eyroll poncash plete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) be of contribution
203		\$ 25,000. Pa	erson X lyroll concash plete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) be of contribution
204		Pe Pa No (Com	erson X eyroll encash encash

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
205		\$ 50,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
206		\$ 9,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
207		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 208	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
209		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
210		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
212		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
213		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 214	Name, address, and ZIP + 4	* 7 , 500 • * * * * * * * * * * * * * * * * * *	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
215		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
216		\$\$6,233.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
218		\$5,438.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
219		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 220	Name, address, and ZIP + 4	* 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
221		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
223		\$17,679.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
224		\$\$8,434.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
225		\$ 	Person X Payroll
(a)	(b)	(c)	(d)
No. 226	Name, address, and ZIP + 4	* 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
227		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
228	Humo, addition, und En TT	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No. 229	Name, address, and ZIP + 4	* 50,590.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
230		\$6,056.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
231	- Hame, dad ees, and zin T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 232	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
233		\$60,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
234		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
235		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
236		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
237		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
238		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
239		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
240	Nume, and 535, and £ir T T	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization Employer identification number 54-1150923

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
242		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
243			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 244	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
245		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
246		\$11,448.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
247		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
248		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
249		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 250	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
251		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
252		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
254		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
255		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 256	Name, address, and ZIP + 4	* \$ 5 , 470 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
257		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
258		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
259		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
260		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
261		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 262	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
263		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
264		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) /pe of contribution
265	Name, address, and 2n + 4	\$\$ 60,000.	erson X ayroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) /pe of contribution
266		\$ 35,000. P	erson X ayroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) /pe of contribution
267		\$ 15,000.	erson X eavroll loncash nplete Part II for eash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) /pe of contribution
268	Name, address, and Zir + +	\$ 10,000.	erson X ayroll loncash nplete Part II for eash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) /pe of contribution
269		\$ \$ 30,000.	erson X ayroll loncash nplete Part II for cash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) /pe of contribution
270		\$ 12,200. P	erson X ayroll loncash nplete Part II for cash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
272		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
273		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 274	Name, address, and ZIP + 4	* 20,000 •	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
275		\$\$ <u>17,835.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
276		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a)	(b)	(c)	(d)
No. 277	Name, address, and ZIP + 4	* \$ 5 , 000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
278		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
279	Hame, address, and Zir + 4	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 280	Name, address, and ZIP + 4	* \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
281		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
282		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
283		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
284		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
285		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 286	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
287		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
288		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
290		\$\$ 5,490.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
291		\$\$.	Person X Payroll
(a)	(b)	(c)	(d)
No. 292	Name, address, and ZIP + 4	* \$ 5 , 000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
293		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
294		\$ 5,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
296		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
297		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 298	Name, address, and ZIP + 4	* 8,748.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
299		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
300		\$\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional actions and the copies of Part I if additional actions are copies	tional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
301		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
302	- Humo, dudi coo, and En 1 1	\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
303		\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
304		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
305		\$5,161.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
306	ivalile, audi ess, aliu ZIP + 4	\$\$, 230.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307	rume, address, and En 1 1	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
308		\$5,388.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
309		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 310	Name, address, and ZIP + 4	* \$ 5 , 587 •	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
311		\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
312		\$5,670.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313		\$5,737.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
314		\$5,787.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
315		\$5,910.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
316		\$5,919.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
317		\$6,248.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
318		\$6,359.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319		\$6,376.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
320		\$6,420.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
321		\$6,764.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 322	Name, address, and ZIP + 4	* \$ 7 , 021.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
324		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325		\$7,811.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
326		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
327		\$8,108.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 328	Name, address, and ZIP + 4	* \$ 8 , 110 .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
329		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
330		\$8,352.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	Iditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
331		\$ 8,527. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
332		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
333		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 334	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No. 335	Name, address, and ZIP + 4	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
336	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337			Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
338		\$10,798	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
339		\$11,009.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 340	Name, address, and ZIP + 4	Total contributions - \$ 11,132.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
341		\$11,789.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
342		\$11,939.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
344		\$12,303.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
345		\$12,332 .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
346		\$12,538.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
347		\$12,639.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
348		\$12,948.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
349		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
350		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
351		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 352	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
353		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
354		Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
355		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
356		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
357		\$ <u>15,631.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
358		\$ <u>15,859.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
359		\$16,074.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
360		\$16,516.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
361		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
362		\$17,652.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
363		\$18,380.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 364	Name, address, and ZIP + 4	* \$ 18,431.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
365		\$\$. \$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
366		\$19,636.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
367		\$ 19,638. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
368	- Nume, addition, and En 1 1	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
369		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
370		\$ 21,258. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
371		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 372	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a)	(b)	(c) (d)	
No.	Name, address, and ZIP + 4	Total contributions Type of contribution	<u> </u>
373		Person Payroll Noncash X (Complete Part II for noncash contributions.)	ı
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
374		Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a)	(b)	(c) (d)	_
No.	Name, address, and ZIP + 4	Total contributions Type of contribution	<u> </u>
375		\$ 23,520. Person Payroll Noncash X (Complete Part II for noncash contributions.)	ļ
(a)	(b)	(c) (d)	_
No.	Name, address, and ZIP + 4	Total contributions Type of contribution	<u> </u>
376		Person Payroll Noncash X (Complete Part II for noncash contributions.)	ı
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	 I
377		Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
378	Name, auu ess, anu ZIP + 4	Person Payroll Noncash X (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
379			Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
380			Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
381		\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 382	Name, address, and ZIP + 4		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
383			Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
384			Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
385		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
386		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
387		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 388	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
389		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
390		Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
391		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
392		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
393		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
394	Name, address, and ZIF + 4	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
395		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
396		Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
397		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
398		\$ 35,599.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
399		- - \$ <u>36,384.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
400		- - \$\$36,419.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
401		\$ 36,649.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
402		- - \$\$ <u>38,492.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
403		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
404		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
405		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 406	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
No. 407	Nallie, audi ess, aliu ZIF + 4	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 408	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
409		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
410		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
411		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 412	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No. 413	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 414	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
415			Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
416			Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
417		\$\$ <u>53,151.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 418	Name, address, and ZIP + 4		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
419		\$56,316.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
420		\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
421		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
422		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
423	Hame, addition, and En 11	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 424	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
425	Haine, audi 655, and £if + 4	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
426	TUITO, GUII EII T T	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
427		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
428		\$65,942.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
429		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 430	Name, address, and ZIP + 4	* \$ 67,711.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
431		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
432		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
433	Nume, address, and Zii + +	Person Payroll Noncash X (Complete Part II for noncash contributions.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n
434		Person Payroll Noncash X (Complete Part II for noncash contributions.	.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
435	Nume, address, and Zii + +	Person Payroll Noncash X (Complete Part II for noncash contributions.	
(a)	(b)	(c) (d)	
No. 436	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
437		Person Payroll Noncash X (Complete Part II for noncash contributions.	.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n
438		Person Payroll Noncash X (Complete Part II for noncash contributions.	

Name of organization

Employer identification number

54-1150923

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
439		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
440		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
441		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 442	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No. 443	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 444	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
445		\$ 84,161. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 446	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll
		\$ 84,588. Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
447		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 448	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
449	Name, aud 655, and 21F + 4	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
450	Name, audress, and ZIP + 4	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
451		\$\$ <u>93,723.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
452		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
453		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 454	Name, address, and ZIP + 4	* 95,265.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
455		\$ 96,232.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
456		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	Iditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
457		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
458		\$ 97,619. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
459		\$ 98,130. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 460	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 461	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 462	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
463		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
464		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
465		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 466	Name, address, and ZIP + 4	* 105,316.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
467		\$\$ <u>105,894.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
468		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
469		\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
470		\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
471		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
472		\$111,886.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
473		\$112,053.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
474		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
475			Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
476		\$113,052.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
477	Name, address, and 2n + 4	\$\$113,952.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 478	Name, address, and ZIP + 4	\$\$ 114,161.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
479		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
480		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
481		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
482		\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
483		\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 484	Name, address, and ZIP + 4	* 119,614.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
485		\$ 119,722.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
486		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
487		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
488		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
489		\$ 122,139.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 490	Name, address, and ZIP + 4	* 122,385.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
491		\$ 122,488.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
492		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
493		\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
494		\$124,355.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
495		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 496	Name, address, and ZIP + 4	* 127,605.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
497		\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
498		\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
499		\$128,258.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
500		\$ 129,337.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
501		\$ <u>129,379</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
502		\$ <u>129,454.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
503		\$129,924.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
504		\$\$30,366.	Person Payroll Noncash (Complete Part II for noncash contributions.)

FEED 1	MORE, INC.		54-1150923
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
505		\$130,781	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
506		\$131,011	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
507		\$132,977	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
508		\$134,746	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
509		\$136,616	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
510		\$137,556	Person Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
511		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
512		\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
513		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
514		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
515		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
516		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No. 517	Name, address, and ZIP + 4	* 144,000 • * * * * * * * * * * * * * * * * *	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
518		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 519	Name, address, and ZIP + 4	\$ 145,490.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 520	Name, address, and ZIP + 4	* 147,212.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
521		\$\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
522		\$\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523	Trainis, address, and En 1 1	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
524		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
525	Hame, address, and Zir + 4	\$\$_149,518.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 526	Name, address, and ZIP + 4	* \$ 151,826.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
527		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
528		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No. 529	Name, address, and ZIP + 4	* 156,240.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
530		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
531		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 532	Name, address, and ZIP + 4	* 157,640.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
533		\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
534		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
535		\$163,891.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
536		\$166,145.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
537		\$166,197.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
538		\$ 167,432.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
539		\$ <u>167,470.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
540		\$167,858.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

54-1150923

FEED MORE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
541		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
542		\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
543	Nume, dad eest, and zin T T	\$ 178,618.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 544	Name, address, and ZIP + 4	* 180,455.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
545		\$\$ <u>181,943.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
546		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
547		\$ <u>186,236.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
548		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
549		\$ 188,830.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
550		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
551		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
552		\$191,234.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
553	Name, address, and ZIF + 4	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
554		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
555		\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
556	Name, address, and ZIP + 4	\$ 194,609.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
557		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
558		\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	Iditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
559		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
560		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
561		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
562		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 563	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 564	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)

FEED 1	MORE, INC.		54-1150923
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
565		\$\$14,764	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
566		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
567		\$220,610	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
568		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
569		\$ 245,93	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
570		\$8	Person Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
571		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
572		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
573		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
574		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
575		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 576	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>577</u>		\$374,753.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
578		\$\$74,794.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
579		\$ 375,057.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
580		\$ 381,437.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
581		\$ 394,652.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
582		\$527,758.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
583		\$\$558,491.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
584		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
585		\$ 736,863.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
586		\$ 755,654.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
587		\$ 848,173.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
588		\$854,966.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
589		\$ 978,359.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 590	Name, address, and ZIP + 4	\$ 1,481,365.	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
591		\$ <u>1,552,500</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
592		\$ 1,557,157.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 593	Name, address, and ZIP + 4	Total contributions \$ 2,340,422.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 594	Name, address, and ZIP + 4	* 2,753,073.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
595		\$\$, 3,790,447.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
596		\$\$ <u>7,832,268.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
597		\$ 10,258,384.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	17 SHARES OF MARKEL CORP HOLDING CO. (MKL) COMMON STOCK		
4	· ———		
		\$ 20,588.	12/06/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	500 SHARES OF ALTRIA GROUP INC. STOCK		
<u>10</u>			
		\$\$	10/15/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	215 SHARES OF NIKE INC. STOCK		
11			
		\$36,724.	12/15/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	30 SHARES OF INVESCO QQQ ETF STOCK		
13			
		\$	04/20/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	260 SHARES OF HOLOGIC INC.		
23			
		\$ 20,413.	09/03/21
(a)	<i>(</i> 1.)	(c)	7-10
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
81	182 SHARES OF MONDELEZ INTERNATIONAL INC. STOCK		
400/	<u> </u>	\$11,015.	09/24/21
123453 11-11	I-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
0.0	84 SHARES OF MONDELEZ INTERNATIONAL INC.STOCK	_	
82	-	-	
		5,141.	12/13/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	70 SHARES OF ELI LILLY & CO. STOCK	_	
94		_	
		\$18,270.	11/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	74 SHARES OF BOEING	_	
<u>115</u>		_	
		\$15,191.	01/04/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	32 SHARES OF APPLE INC. STOCK	_	
<u>139</u>		_	
		\$5,547.	12/15/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	762 SHARES OF DAVENPORT EQUITY OPPORTUNITIES FUND	_	
140		_	
		\$20,117.	08/27/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4=-	22 SHARES OF PALO ALTO NETWORKS INC. STOCK	_	
<u>170</u>		_	
		_ \$10,570.	10/15/21
123453 11-11	I-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	2 SHARES OF ALPHABET INC.		
<u> 171</u>			
		\$5,687.	_01/04/22_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	75 SHARES OF NEWMARKET CORP.		
<u> 177</u>			
		\$\$	01/04/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	49 SHARES OF BLACKSTONE, INC.		
188			
		\$5,841.	09/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	14 SHARES OF INVESCO QQQ TRUST STOCK		
<u> 191</u>			
		\$5,099.	08/24/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	75 SHARE OF ISHARES CORE MSCI EAFE ETF		
218			
		\$5,438.	12/20/21
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
219	72 SHARES OF ALBEMARLE CORP. STOCK		
		\$12,146.	07/07/21
123453 11-11	I-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	42 SHARES OF APPLE, INC. STOCK	_	
<u>230</u>		-	
		\$6,056.	10/21/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	191 SHARES OF IJH S@P MIDCAP ETF	_	
239		_	
		\$\$	07/27/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	1,000 SHARES OF WELLS FARGO & CO. STOCK	_	
240		_	
		\$\$1,220.	11/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	2688 POUNDS OF FOOD	_	
305		_	
		\$\$,161.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	2724 POUNDS OF FOOD	_	
306		_	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
207	2754 POUNDS OF FOOD	_	
307		-	
		- s 5,288 .	
123453 11-1		<u> </u>	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
308	2806 POUNDS OF FOOD		
		\$5,388.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
309	2870 POUNDS OF FOOD		
		\$5,510.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
310	2910 POUNDS OF FOOD		
		\$5,587.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
311	2913 POUNDS OF FOOD		
		\$5,593.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
312	2953 POUNDS OF FOOD		
		\$5,670.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
313	2988 POUNDS OF FOOD		
		5,737.	
123453 11-1	I-21	· . · · · · · · · · · · · · · · · · · ·	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
314	3013.96 POUNDS OF FOOD	\$ 5,787.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
315	3078 POUNDS OF FOOD	\$5,910.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
316	3083 POUNDS OF FOOD	\$5,919.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
317	3254 POUNDS OF FOOD	\$6,248.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
318	3312 POUNDS OF FOOD	\$6,359.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
319	3321 POUNDS OF FOOD	\$6,376.	Oh. 14. F. (7)
123453 11-11	1-21		Schedule B (Form 990) (2021)

Name of organization **Employer identification number**

FEED MORE, INC. 54-1150923 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I 3344 POUNDS OF FOOD 320 6,420. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I 3523 POUNDS OF FOOD 321 6,764. (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I 3657 POUNDS OF FOOD 322 7,021. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I 3764 POUNDS OF FOOD 323 7,227. (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I 3829 POUNDS OF FOOD 324 7,352. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I 4068 POUNDS OF FOOD 325 7,811.

123453 11-11-21

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

<u> </u>		31	1130323
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
206	4205 POUNDS OF FOOD		
326			
		\$ 8,074 .	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
227	4223 POUNDS OF FOOD		
327		\$8,108.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	4224 POUNDS OF FOOD		
328	-		
		\$8,110.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
200	4309 POUNDS OF FOOD		
329			
		\$8,273.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
330	4350 POUNDS OF FOOD		
		\$8,352 .	
(a) No.	<i>n</i> . \	(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	4441 POUNDS OF FOOD	(See instructions.)	
331	###I FOUNDS OF FOOD		
123453 11-1	1-21	\$8,527.	Schedule B (Form 990) (2021)

Name of organization Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	4726 POUNDS OF FOOD		
332			
		\$\$,074.	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See mendenens)	
333	5161 POUNDS OF FOOD		
			
		\$\$.	
(a)		(6)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	F330 POINING OF TOOP		
334	5220 POUNDS OF FOOD		
		\$\$10,022 .	
(a)		()	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		,	
225	5420 POUNDS OF FOOD		
<u>335</u>			
		_{\$} 10,406.	
		\$ 10,1000	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(See mendenens)	
226	5544 POUNDS OF FOOD		
<u>336</u>			
	·		
	[\$10,644.	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	5593 POUNDS OF FOOD		
337			
		\$10,739.	
123453 11-1	1-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
338	5624 POUNDS OF FOOD		
		\$10,798.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
339	5734 POUNDS OF FOOD		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
340	5798 POUNDS OF FOOD		
		\$11,132.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
341	6140 POUNDS OF FOOD		
		\$11,789.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
342	6218 POUNDS OF FOOD		
		\$11,939.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
343	6365 POUNDS OF FOOD		
		\$12,221.	
123453 11-1	1-21		Schedule B (Form 990) (2021)

Name of organization Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	6408 POUNDS OF FOOD	_	
344		_	
		\$12,303.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-aiti	6423 POUNDS OF FOOD		
345	<u></u>	-	
		\$\$12,332 .	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	6530 POUNDS OF FOOD	_	
346		_	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	6583 POUNDS OF FOOD	_	
347		_	
		\$12,639.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	6744 POUNDS OF FOOD	_	
348		_	
		\$12,948.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
349	7020 POUNDS OF FOOD	_	
	[- 	_ _{\$} 13,478.	
123453 11-11	<u> </u>	_ Ψ	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	7073 POUNDS OF FOOD		
<u>350</u>			
		\$13,580.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	7601 POUNDS OF FOOD		
<u>351</u>			
		\$14,594.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	7767 POUNDS OF FOOD		
<u>352</u>			
		\$14,913.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	7887 POUNDS OF FOOD		
353			
		\$15,143.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	7958 POUNDS OF FOOD		
354			
		\$15,279.	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	,	(See instructions.)	
255	7972 POUNDS OF FOOD		
<u>355</u>			
		\$ 15,306.	
123453 11-11		25,5001	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

<u> </u>	HORE, INC.		1130323
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	7995 POUNDS OF FOOD		
<u>356</u>			
		\$\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I	8141 POUNDS OF FOOD	(eee mediaetione.)	
357	0141 FOUNDS OF FOOD		
		_	
		\$ 15,631.	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	8260 POUNDS OF FOOD		
<u>358</u>			
		_{\$15,859.}	
(a)	a .	(c)	4.00
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
250	8372 POUNDS OF FOOD		
359			
		\$16,074.	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Decempation of Honoracin property given	(See instructions.)	
260	8602 POUNDS OF FOOD	_	
360		—	
		<u> </u>	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noticasti property given	(See instructions.)	Date received
255	9020 POUNDS OF FOOD	_	
<u> 361</u>		<u> </u>	
	-	\$ 17,318.	
123453 11-1	- <u>-</u> 		Schedule B (Form 990) (2021)

Name of organization Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	9194 POUNDS OF FOOD		
362			
		\$\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
363	9573 POUNDS OF FOOD		
_303	-		
		\$18,380 .	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
261	9599.5 POUNDS OF FOOD		
364	-		
		\$ 18,431.	
(a) No.	(1-)	(c)	(41)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
265	10133 POUNDS OF FOOD		
<u>365</u>	-		
		\$19,455 <u>.</u>	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
Parti	10227 POUNDS OF FOOD		_
366			
		\$ 19,636.	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
-aiti	10228 POUNDS OF FOOD		
367			
123/153 11-11		\$ 19,638.	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	10238 POUNDS OF FOOD		
<u> 368</u>			
		\$ 19,657.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	10830 POUNDS OF FOOD		
369			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	11072 POUNDS OF FOOD		
<u>370</u>			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	11891 POUNDS OF FOOD		
<u>371</u>			
		\\$\\$22,831.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	11938 POUNDS OF FOOD		
<u>372</u>			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	12166 POUNDS OF FOOD		
<u>373</u>			
123/153 11-11			Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
374	12242 POUNDS OF FOOD	_	
		\$ 23,505.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
375	12250 POUNDS OF FOOD	_	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
376	12474 POUNDS OF FOOD	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
377	12636 POUNDS OF FOOD	-	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
378	12701 POUNDS OF FOOD	_	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
379	13014 POUNDS OF FOOD		
		\$\$24,987.	
123453 11-1	1-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
200	13248 POUNDS OF FOOD	_	
380		_	
		\$25,436.	·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	13310 POUNDS OF FOOD	_	
381		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
200	14535 POUNDS OF FOOD	_	
382		_	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
202	14627 POUNDS OF FOOD	_	
383		_	
		\$28,084.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	14680 POUNDS OF FOOD	_	
384		_	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
385	14824 POUNDS OF FOOD	_	
303		_	
400455		\$ 28,462.	Och and D (Fr. 1999) (955.)
123453 11-11	1-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

	D MORE, INC. 34 1130925			
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	15360 POUNDS OF FOOD	_		
<u> 386</u>	-	_		
		\$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
207	15433 POUNDS OF FOOD			
387				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	15456 POUNDS OF FOOD	_		
388				
		\$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
200	15819 POUNDS OF FOOD	_		
389	-			
		\$30,372.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
390	15859 POUNDS OF FOOD			
330		—		
		\$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
201	16132 POUNDS OF FOOD	_		
391		-		
		\\$30,973.		
123453 11-1	1-21		Schedule B (Form 990) (2021)	

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	16175 POUNDS OF FOOD		
<u>392</u>			
		\$31,056 .	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
202	17094.88 POUNDS OF FOOD		
393			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	17630.2 POUNDS OF FOOD		
394			
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	17916 POUNDS OF FOOD		
<u>395</u>			
		\\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
206	17980 POUNDS OF FOOD		
<u>396</u>	-		
		\$34,522 .	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	18345 POUNDS OF FOOD		
<u>397</u>		_	
	·	_{\$} 35,222.	
123/53 11-11	101		Schedule B (Form 990) (2021)

Name of organization Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	18541 POUNDS OF FOOD		
398			
		\$ 35,599.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	18950 POUNDS OF FOOD		
399			
		\$\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
400	18968 POUNDS OF FOOD		
400			
		\$ 36,419.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	19088 POUNDS OF FOOD		
401			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	20048 POUNDS OF FOOD		
402			
		\$\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	20146 POUNDS OF FOOD	· ·	
403	20110 1000000 01 1000	—	
123/53 11-11		\$38,680.	Schedule R (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II is	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
404	20603 POUNDS OF FOOD	-	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
405	20704 POUNDS OF FOOD	_	
		\$ 39,752.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
406	21444 POUNDS OF FOOD	_	
		- \$ \$1,172.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
407	22859 POUNDS OF FOOD	_	
		43,889.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
408	23035 POUNDS OF FOOD	-	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
409	23309 POUNDS OF FOOD	-	
,		\$44,753.	
123453 11-1	1-21		Schedule B (Form 990) (2021)

Name of organization Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	24145 POUNDS OF FOOD		
410			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	25057 POUNDS OF FOOD		
411			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	25975 POUNDS OF FOOD		
412			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	26052 POUNDS OF FOOD		
413			
		\$50,020 .	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	26183 POUNDS OF FOOD		
414			
		\$50,271 .	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	26517 POUNDS OF FOOD		
415			
		_{\$} 50,913.	
123/153 11-11			Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

. עעעיי	HORE, INC.		1130323
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	27238 POUNDS OF FOOD		
<u>416</u>			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	27683 POUNDS OF FOOD		
417			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	27942 POUNDS OF FOOD		
418			
		\$53,649 .	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	29331 POUNDS OF FOOD		
419			
		\$56,316 .	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
400	30580 POUNDS OF FOOD		
420		—	
		\$\$ 58,714.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
401	31081 POUNDS OF FOOD		
421			
		_{\$} 59,676.	
123453 11-1	I		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
422	31600 POUNDS OF FOOD	_	
422			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
423	31819 POUNDS OF FOOD	_	
		 \$61,092.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
424	31825 POUNDS OF FOOD	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
425	31987 POUNDS OF FOOD	_	
423			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
426	33984 POUNDS OF FOOD	_	
		\$65,249 .	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
427	34269 POUNDS OF FOOD	_	
<u> </u>		_ _	
123453 11-1		<u>\$</u> 65,796.	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
428	34345 POUNDS OF FOOD	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
429	35231 POUNDS OF FOOD	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
430	35266 POUNDS OF FOOD	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
431	35737 POUNDS OF FOOD	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
432	37651 POUNDS OF FOOD	_	
<u> </u>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
433	38156 POUNDS OF FOOD	_	
		 _	
123453 11-1	l <u> </u>	\ \	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

1 1111 .	HORE, INC.		1130323
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	38592 POUNDS OF FOOD		
<u>434</u>			
		\$ 74,097.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	38685 POUNDS OF FOOD		
<u>435</u>			
		\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	39047.62 POUNDS OF FOOD		
436			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	39818 POUNDS OF FOOD		
<u>437</u>			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
420	40014 POUNDS OF FOOD		
438	-	—	
		\$ 76,827.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
422	40665 POUNDS OF FOOD		
439			
		\$ 78,077 .	
123453 11-1	1-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

1000	HORE, INC.		1130323
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	40814 POUNDS OF FOOD		
440			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	41021 POUNDS OF FOOD		
441			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	41822 POUNDS OF FOOD		
442			
		\$80,298.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	42256 POUNDS OF FOOD		
<u>443</u>			
		\$81,132.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4.4.4	43120 POUNDS OF FOOD		
444	-	—	
		\$ 82,790.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4.4-	43834 POUNDS OF FOOD		
445		<u> </u>	
		_{\$} 84,161.	
123453 11-1	L		Schedule B (Form 990) (2021)

Name of organization Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	44056 POUNDS OF FOOD	_	
446		_	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	45182 POUNDS OF FOOD		
447			
		<u> </u>	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	46835 POUNDS OF FOOD		
448		_	
		\$\$89,923 .	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-	47624 POUNDS OF FOOD	_	
449			
		\\$91,438.	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of Honorast property given	(See instructions.)	
450	47991 POUNDS OF FOOD		
450	-	_	
		\$\$\$92,143.	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	2000. Paoli oi nonodon property given	(See instructions.)	
454	48814 POUNDS OF FOOD	_	
451		_	
		\$ 93,723 .	
123/153 11-11		,	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

<u> </u>	HORE, INC.		1130323
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	48823 POUNDS OF FOOD		
452			
		\$ 93,740.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
452	49019 POUNDS OF FOOD		
<u>453</u>	-		
		\$\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Bossi plant of Honorasi property given	(See instructions.)	
4 = 4	49617 POUNDS OF FOOD		
454	-		
		\$ 95,265.	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See Instructions.)	
455	50121 POUNDS OF FOOD		
		96,232.	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noneastriproperty given	(See instructions.)	
456	50139 POUNDS OF FOOD		
<u>456</u>			
		\$\$6,267.	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	50457 POUNDS OF FOOD		
457			
123453 11-1	1-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	50843 POUNDS OF FOOD	-	
<u>458</u>		-	
		\$ 97,619.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	51109.5 POUNDS OF FOOD		
<u>459</u>		-	
		\$ 98,130.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	52108 POUNDS OF FOOD	_	
460		_	
		\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	52265 POUNDS OF FOOD	_	
461		_	
		\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	52638 POUNDS OF FOOD		
462		-	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	52711 POUNDS OF FOOD	-	
<u>463</u>		-	
		101,205.	
123453 11-11	! - <u></u>	_ ΨΣΣΣΙΖΟΣΙ	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
464	52761 POUNDS OF FOOD	-	
		\$ 101,301.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
465	54408 POUNDS OF FOOD	-	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
466	54852 POUNDS OF FOOD	-	
		\$\$105,316.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
467	55153 POUNDS OF FOOD	-	
		\$\$105,894 .	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
468	56333 POUNDS OF FOOD	-	
		\$ 108,159.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
469	57163 POUNDS OF FOOD	-	
		\$\$	
123453 11-1	1-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
470	57197 POUNDS OF FOOD	-	
<u>470</u>		-	
		\$\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	57749 POUNDS OF FOOD		
<u>471</u>		- -	
		110,878.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	58274 POUNDS OF FOOD	-	
472		-	
		\$\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4.7.0	58361 POUNDS OF FOOD	-	
<u>473</u>		-	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-	58555 POUNDS OF FOOD	-	
474		-	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
475	58748 POUNDS OF FOOD	-	
<u>475</u>		-	
		\$112,796.	
123453 11-11	1-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

<u> </u>	HORH, INC.		1130323	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	58881 POUNDS OF FOOD			
<u>476</u>				
		\$\$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
4	59350 POUNDS OF FOOD			
<u>477</u>				
		<u> </u>		
(a)		(c)		
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received	
Part I		(See instructions.)		
470	59459 POUNDS OF FOOD			
<u>478</u>				
		\$\$114,161.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	59884 POUNDS OF FOOD			
479				
		<u> </u>		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
400	60400 POUNDS OF FOOD			
480				
		\$ 115,968.		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received	
Part I	Description of noncasti property given	(See instructions.)	Date received	
101	60614 POUNDS OF FOOD			
481				
		_{\$} 116,379.		
123453 11-1	1-21		Schedule B (Form 990) (2021)	

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
482	60739 POUNDS OF FOOD	-	
		\$ 116,619.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
483	61763 POUNDS OF FOOD	-	
		\$\$118,585.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
484	62299 POUNDS OF FOOD	-	
		\$\$119,614.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
485	62355 POUNDS OF FOOD	-	
		\$\$119,722 .	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
486	62670 POUNDS OF FOOD	-	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
487	62757 POUNDS OF FOOD	-	
		\$\$20,493.	
123453 11-1	1-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	63259 POUNDS OF FOOD	_	
488			
		\$121,457.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	63614 POUNDS OF FOOD		
489		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	63742 POUNDS OF FOOD		
<u>490</u>			
		\$122,385.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	63796 POUNDS OF FOOD		
<u>491</u>			
		\$122,488.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	63821 POUNDS OF FOOD		
492		_	
		\$122,536.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	64118 POUNDS OF FOOD		
<u>493</u>	-	_	
		_{\$123,107.}	
123453 11-11	l 		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
494	64768 POUNDS OF FOOD	-	
		\$\$124,355.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
495	65228 POUNDS OF FOOD	-	
		\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
496	66461 POUNDS OF FOOD	-	
		127,605.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
497	66748 POUNDS OF FOOD	-	
		128,156.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
498	66756 POUNDS OF FOOD	-	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
499	66801 POUNDS OF FOOD	-	
		\$\$ <u>128,258.</u>	
123453 11-1	1-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	67363 POUNDS OF FOOD	_	
500		_	
		\$129,337.	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	67385 POUNDS OF FOOD	(=========,	
501	67363 FOUNDS OF FOOD	-	
		\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	67424 POUNDS OF FOOD	_	
502		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	67669 POUNDS OF FOOD	_	
503		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-	67899 POUNDS OF FOOD	_	
<u>504</u>		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
F 0 F	68115 POUNDS OF FOOD	_	
505		-	
		_ _{\$130,781.}	
123453 11-11	1-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	68235 POUNDS OF FOOD	_	
<u>506</u>		_	
		\$ 131,011.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	69259 POUNDS OF FOOD		
507			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	70180 POUNDS OF FOOD	_	
508		-	
		\$\$134,746.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	71154 POUNDS OF FOOD		
<u>509</u>		_	
		\$\$136,616.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	71644 POUNDS OF FOOD		
<u>510</u>		- -	
		\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	72823 POUNDS OF FOOD	_	
511		-	
		139,820.	
123453 11-1	I	_ Ψ135,020*	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
540	73102.2 POUNDS OF FOOD		
512			
		\$140,356.	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	73164 POUNDS OF FOOD	(======================================	
513	73104 FOUNDS OF FOOD		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	73419.7 POUNDS OF FOOD		
514			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	74173 POUNDS OF FOOD		
515			
		\$142,412.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	74654 POUNDS OF FOOD		-
<u>516</u>			
		\$143,336.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
E17	75000 POUNDS OF FOOD		
517			
		\$144,000.	
123453 11-11	-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
518	75563.22 POUNDS OF FOOD		
		\$\$145,081.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
519	75776 POUNDS OF FOOD	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
520	76673 POUNDS OF FOOD	_	
		\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
521	77097 POUNDS OF FOOD	_	
		\$\$148,026.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
522	77344 POUNDS OF FOOD	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
523	77485 POUNDS OF FOOD	_	
123453 11-1	1-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	77573 POUNDS OF FOOD	_	
524		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	77874 POUNDS OF FOOD		
525		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	79076 POUNDS OF FOOD	_	
<u>526</u>		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	79199 POUNDS OF FOOD	_	
527		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	81218 POUNDS OF FOOD	_	
528		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	81375 POUNDS OF FOOD	_	
<u>529</u>		_	
	-	_ _{\$} 156,240.	
123453 11-11	- <u>-</u> I-21	Ψ130,2±0•	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	82033 POUNDS OF FOOD	_	
<u>530</u>		-	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	82085 POUNDS OF FOOD		
<u>531</u>		- -	
		\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	82104 POUNDS OF FOOD	_	
532		-	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	82954 POUNDS OF FOOD	_	
<u>533</u>		-	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	83578 POUNDS OF FOOD	_	
<u>534</u>		-	
		<u>160,470.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
F 2 F	85360 POUNDS OF FOOD	-	
<u>535</u>		-	
		- s 163,891.	
123453 11-11	I-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
F26	86534 POUNDS OF FOOD	_	
536		-	
		\$\$66,145.	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I	OCECA POSINES OF FOOD	(See Instructions.)	
537	86561 POUNDS OF FOOD	-	
		_ _	
		_ \$166,197.	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
	87204 POUNDS OF FOOD	_	
<u>538</u>		_	
		_ _{\$} 167,432.	
(a) No.	(1-)	(c)	(-1)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
539	87224 POUNDS OF FOOD	_	
		-	
		\$167,470.	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
	87426 POUNDS OF FOOD	_	
<u>540</u>		_	
		_ _{\$167,858.}	
(a) No.	16.1	(c)	(41)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
541	88680 POUNDS OF FOOD	_	
7#1		-	
		\$170,266.	
123453 11-11	1-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	89043 POUNDS OF FOOD		
<u>542</u>			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	93030 POUNDS OF FOOD		_
543			
		\$178,618.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	93987 POUNDS OF FOOD		
<u>544</u>			
		\$180,455.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	94762 POUNDS OF FOOD		
<u>545</u>			
		\$181,943.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	96404 POUNDS OF FOOD		
<u>546</u>		_	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	96998 POUNDS OF FOOD		
<u>547</u>		_	
		_{\$} 186,236.	
123453 11-11		\$ 186,236.	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	97737 POUNDS OF FOOD	_	
548		-	
		\$ 187,655.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	98349 POUNDS OF FOOD	_	
<u>549</u>		-	
		\$ 188,830.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	98702 POUNDS OF FOOD	_	
<u>550</u>		-	
		\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	98806 POUNDS OF FOOD	_	
<u>551</u>		-	
		\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	99601 POUNDS OF FOOD	_	
<u>552</u>		_	
		\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	99769 POUNDS OF FOOD	_	
<u>553</u>		-	
		- s 191,556.	
123453 11-1	I	_ Ψ	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
554	100401 POUNDS OF FOOD	_	
		\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
555	100815 POUNDS OF FOOD	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
556	101359 POUNDS OF FOOD	_	
		 \$194,609.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
557	101705 POUNDS OF FOOD	_	
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
558	103846 POUNDS OF FOOD	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
559	107996 POUNDS OF FOOD	_	
		 _ \$ 207,352.	
123453 11-1	I-21	<u> </u>	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	109864 POUNDS OF FOOD	_	
<u>560</u>		_	
		\$\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	110418 POUNDS OF FOOD		
561		-	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	110470 POUNDS OF FOOD	_	
<u> 562</u>		_	
		\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	110475 POUNDS OF FOOD	_	
<u> 563</u>		_	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	110940 POUNDS OF FOOD	_	
<u> 564</u>		_	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	111856 POUNDS OF FOOD	_	
<u>565</u>		-	
		_ \$214,764.	
123453 11-11	1-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	1130925
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u> 566</u>	114624 POUNDS OF FOOD	\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
567	114904 POUNDS OF FOOD	\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
568	123815 POUNDS OF FOOD	\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u> 569</u>	128092 POUNDS OF FOOD	\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
570	135771 POUNDS OF FOOD	\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
571	140310 POUNDS OF FOOD	 \$ 269,395.	

Name of organization Employer identification number

FEED MORE, INC.

Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	140856.8 POUNDS OF FOOD	_				
<u>572</u>		_				
		\$270, 445 .				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	147793 POUNDS OF FOOD					
573		_				
		\$\$ <u>283,763.</u>				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	148672 POUNDS OF FOOD	_				
<u>574</u>		_				
		\$\$ <u>285,450.</u>				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	191122 POUNDS OF FOOD	_				
<u>575</u>		_				
		\$366,954.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	192366 POUNDS OF FOOD		_			
<u>576</u>		_				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	195184 POUNDS OF FOOD	_				
<u>577</u>		_				
		- s 374,753.				
123453 11-1	I	_ *	Schedule B (Form 990) (2021)			

Name of organization Employer identification number

FEED MORE, INC.

Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	195205 POUNDS OF FOOD	-				
<u>578</u>						
		\$ 374,794.				
(a)		(c)				
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received			
Part I	Description of noncestrating given	(See instructions.)	Date received			
	195342 POUNDS OF FOOD					
<u>579</u>						
		\$ 375,057.				
(a) No.	(b)	(c)	(d)			
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received			
	198665 POUNDS OF FOOD	-				
<u> 580</u>						
		\$ 381,437.				
(a)		(0)				
No.	(b)	(c) FMV (or estimate)	(d)			
from Part I	Description of noncash property given	(See instructions.)	Date received			
	205548 POUNDS OF FOOD					
581						
		\$ 394,652.				
(a)		(c)				
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received			
Part I	Description of noncash property given	(See instructions.)	Date received			
	274874 POUNDS OF FOOD					
<u> 582</u>		.				
		\$\$27,758.				
(a)		1-3				
No.	(b)	(c) FMV (or estimate)	(d)			
from Part I	Description of noncash property given	(See instructions.)	Date received			
	290880.7 POUNDS OF FOOD					
583		•				
		\$ 558,491.				
123453 11-11	1-21		Schedule B (Form 990) (2021)			

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	365300 POUNDS OF FOOD		
<u> 584</u>			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	383783 POUNDS OF FOOD		
<u> 585</u>			
		\$\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	393570 POUNDS OF FOOD		
<u> 586</u>			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	441757 POUNDS OF FOOD		_
<u>587</u>			
		\$\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	445295 POUNDS OF FOOD		
<u> 588</u>			
		\$\$ <u>854,966.</u>	
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	509562.220717344 POUNDS OF FOOD	_	
<u> 589</u>		_	
		_{\$978,359.}	
123/153 11-11	101		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
590	771544.11 POUNDS OF FOOD	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
591	808593.5 POUNDS OF FOOD	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
592	811019.5 POUNDS OF FOOD	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
593	1218970 POUNDS OF FOOD	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
594	1433892 POUNDS OF FOOD	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
595	1974191 POUNDS OF FOOD	_	
123453 11-1	1-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FEED MORE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	1130723
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
596	4079306.5 POUNDS OF FOOD	\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
597	5342908.35 POUNDS OF FOOD	\$\$ <u></u> \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
123453 11-1 ⁻	1-21		Schedule B (Form 990) (2021)

Name of organization **Employer identification number** FEED MORE, 54-1150923 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

FEED MORE, INC.

Employer identification number 54-1150923

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	ts. Complete if the
		(a) Donor adv	vised	I funds	(b) Fun	ds and other accounts
1	Total number at end of year					-	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		s hel	d in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?				Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	r any	other purpose c	onferri	ng	
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered '	"Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	•					2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				е		
_	listed in the National Register					_2d_	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year	oment is leasted					
4	Number of states where property subject to conservation eas			an handling of			
5	Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing conse			
Ū	b	riariding of violations	, and	a critorolling corisc	oi vatio	ii casc	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcina conservati	on eas	sement	ts during the year
-	▶ \$			g	J., Jul		is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(h)(4)(B)((i)	
	and section 170(h)(4)(B)(ii)?	•		· ·			Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	ner S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement an	nd bala	ınce sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fur	theran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	desc	ribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furthe	erance	of pub	olic service,
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical treatments	asures, or other simila	ar as	sets for financial	gain, p	provide	•
	the following amounts required to be reported under FASB AS	~					
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

Schedule D (Form 990) 2021

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

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

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

	· · · · · · · · · · · · · · · · · · ·	·	· · · · · · · · · · · · · · · · · · ·	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		604,820.		604,820.
b Buildings		14,641,410.	5,152,021.	9,489,389.
c Leasehold improvements		132,714.	78,126.	54,588.
d Equipment		5,545,524.	3,767,800.	1,777,724.
e Other		2,797,527.	1,677,044.	1,120,483.
Total, Add lines 1a through 1e. (Column (d) must equ	•	13,047,004.		

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 FEED MORE,	INC.	54	-1150923 Page 3
Part VII Investments - Other Securities.			<u>v</u>
Complete if the organization answered "Yes	" on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENTS - ENDOWMENT			
(B) FUND	9,129,057.	END-OF-YEAR MARKET	VALUE
(C) OTHER INVESTMENTS	11,221,021.	END-OF-YEAR MARKET	VALUE
(D) RIGHT OF USE LEASE	83,930.	END-OF-YEAR MARKET	VALUE
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	20,434,008.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE OBLIGATIONS			83,929.
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(7) (8) (9)

83,929.

MANAGEMENT HAS EVALUATED THE EFFECT OF GUIDANCE SURROUNDING UNCERTAIN

INCOME TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS NO

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
FEED MORE	•						54-1150923
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t							
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro						/ " F 000 D I	
Part II Grants and Other Assistance to I recipient that received more than \$	_					es" on Form 990, Part	. IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BAY AGING							
PO BOX 610							
URBANNA, VA 23175	54-1085032	501(C)(3)	25,000.	0.			FUNDS FOR NEW FREEZER
CARITAS 10386 SUMMER HILL ROAD			,				FUNDS FOR TILT SKILLET, SINGLE DOOR FREEZER, SHELVING, MECHANICAL
MECHANICSVILLE, VA 23116	54-1441917	501(C)(3)	30,000.	0.			REPAIRS, EQUIPMENT
COLONIAL HEIGHTS FOOD PANTRY INC. 530 SOUTHPARK BLVD. COLONIAL HEIGHTS, VA 23834	20-8932952	501(C)(3)	10,000.	0.			FUNDS FOR INT'L NAT'L COLD STORAGE WAK-IN REFRIGERATOR
CUMBERLAND COMMUNITY CARES 1550 ANDERSON HIGHWAY CUMBERLAND, VA 23040	82-2984450	501(C)(3)	30,000.	0.			FUNDS FOR AGENCY CAPACITY GRANT TO SUPPORT AGENCY CAPACITY AND SVCS GROWTH FOR INTL COLD STORAGE,
DOWNTOWN CHURCHES UNITED P. O. BOX 1202 PETERSBURG, VA 23804	54-1931020	501(C)(3)	6,000.	0.			FUNDS FOR AGENCY CAPACITY GRANT- TURBO AIR FREEZER UNIT
FARMVILLE AREA COMM EMERG SVC P. O. BOX 644 FARMVILLE, VA 23901	54-1401031	501(C)(3)	26,208.	0.			FUNDS FOR ADDITIONAL COOLER CAPACITY 15X15X10 COOLER 54" DOOR
2 Enter total number of section 501(c)(3) an	-						' '
3 Enter total number of other organizations	s listed in the line 1	I table					•

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

Schedule I (Form 990) FEED MORE, INC. 54-1150923

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY HARVEST FOOD BANK							FUNDS FOR FUTURE
P. O. BOX 735							EXPANSION, CONSTRUCTION
WARSAW, VA 22572	27-3080400	501(C)(3)	200,000.	0.			FOR AQUAPONICS CENTER
HOPE POINT CHURCH- CHESTERFIELD							
10500 NEWBYS BRIDGE ROAD							FUNDS FOR FOOD LION GREAT
CHESTERFIELD, VA 23832	54-1020381	501(C)(3)	7,500.	0.			PANTRY MAKE OVER
							FUNDS FOR 3 DOOR FREEZER,
NEWNESS OF LIFE MINISTRIES							NSF TABLES, FLATBED
8233 HULL STREET							ROLLERS, CARTS, STOR
N CHESTERFIELD, VA 23235	27-4615008	501(C)(3)	5,753.	0.			RACKS, ROLLING RACKS,
POWHATAN FOOD PANTRY							
2500 BATTERSON ROAD							PASS THROUGH FUNDS MORGAN
POWHATAN, VA 23139	54-1824165	501(C)(3)	10,000.	0.			STANLEY DON TO PR109
RESTORATION FELL. CHRISTIAN CTR.							
4908 CREEDMORE STREET							FUNDS FOR USED VEHICLE
RICHMOND, VA 23223	31-1514310	501(C)(3)	17,000.	0.			PURCHASE
SAINT FRANCIS HOME							
65 W. CLOPTON STREET				_			PURCHASE AND INSTALL NEW
RICHMOND, VA 23225	54-0917181	501(C)(3)	8,468.	0.			INDUSTRIAL ICE MACHINE
WAYMAKERS FOUNDATIONS							FUNDS FOR AGENCY CAPACITY
7106 HULL STREET ROAD							GRANT- APPLE DOOR SYSTEM
N. CHESTERFIELD, VA 23235	85-0763659	501(C)(3)	13,811.	0.			AND ULINE CART
WAYMAKERS FOUNDATIONS							FUNDS FOR OPERATION
7106 HULL STREET ROAD							EXPENSES, REGROUPING
N. CHESTERFIELD, VA 23235	85-0763659	501(C)(3)	20,000.	0.			EFFORTS
WAYMAKERS FOUNDATIONS							FUNDS FOR OPERATION
7106 HULL STREET ROAD							EXPANSION, REGROUP
N. CHESTERFIELD, VA 23235	85-0763659	501(C)(3)	20,000.	0.			EFFORTS

Schedule I (Form 990)

Page 1

Schedule I (Form 990) FEED MORE, INC. 54-1150923 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
	501(C)(3)	0.				FEEDMORE, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 262 FEEDING PARTNERS.			
	(b) EIN	(b) EIN (c) IRC section	(b) EIN (c) IRC section if applicable (d) Amount of cash grant	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (b) EIN (f) Method of valuation (book, FMV, appraisal, other)	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance			

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. APPRAISAL AND R APPRAISAL AN	ASED FOOD DELIVERED. RETAIL CONGREGATE MEALS PREPARED AND
MEALS DELIVERED TO HOMEBOUND CLIENTS 545758 0. 2,689,053. VALUE OF PURCHA APPRAISAL AND R CHILDREN IN NEED 128645 0. 609,767. VALUE OF PURCHA APPRAISAL AND R APPRAISAL AND R APPRAISAL AND R APPRAISAL AND R 289980 0. 265,326. VALUE OF PURCHA APPRAISAL OF PURCHA APPRAISAL OF PURCHA APPRAISAL AND R APPRAISAL AND R APPRAISAL OF PURCHA APPRAISAL AND R APPRAISAL AN	RETAIL INDIVIDUAL MEALS PREPARED AND ASED FOOD DELIVERED. RETAIL CONGREGATE MEALS PREPARED AND
MEALS DELIVERED TO HOMEBOUND CLIENTS 545758 0. 2,689,053. VALUE OF PURCHA APPRAISAL AND R CHILDREN IN NEED 128645 0. 609,767. VALUE OF PURCHA APPRAISAL AND R APPRAISAL AND R APPRAISAL AND R APPRAISAL AND R 289980 0. 265,326. VALUE OF PURCHA APPRAISAL OF PURCHA APPRAISAL OF PURCHA APPRAISAL AND R APPRAISAL AND R APPRAISAL OF PURCHA APPRAISAL AND R APPRAISAL AN	ASED FOOD DELIVERED. RETAIL CONGREGATE MEALS PREPARED AND
CHILDREN IN NEED 128645 0. 609,767. VALUE OF PURCHA APPRAISAL AND R APPRAISAL OF PURCHA APPRAISAL OF PUR	RETAIL CONGREGATE MEALS PREPARED AND
CHILDREN IN NEED 128645 0. 609,767. VALUE OF PURCHA APPRAISAL AND R WEEKEND CHILDREN IN NEED 289980 0. 265,326. VALUE OF PURCHA Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
WEEKEND CHILDREN IN NEED 289980 0. 265,326. VALUE OF PURCHA Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	SED FOOD DELIVERED
WEEKEND CHILDREN IN NEED 289980 0. 265,326. VALUE OF PURCHA Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	TOUD LOOP MENTARINED.
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	RETAIL BACKPACK MEALS PURCHASED AND
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
PART I, LINE 2:	·
THE AGENCY GRANTS HELP STRENGTHEN PARTNER AGENCY NETWORK BY PROVIDING FOO	D
FOR DISTRIBUTION TO PEOPLE IN NEED. THE DISTRIBUTION OF THIS FOOD IS	
CLOSELY MONITORED BY OUR EMPLOYEES TO INSURE THEY MEET OUR CRITERIA TO BE	A
PARTNER.	

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: CUMBERLAND COMMUNITY CARES

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FOR AGENCY CAPACITY GRANT TO

Schedule I (Form 990) 2021

NAME OF ORGANIZATION OR GOVERNMENT: HOPE POINT CHURCH- CHESTERFIELD (G) DESCRIPTION OF NON-CASH ASSISTANCE: FOOD LION GIFT CARD SPENT- PR106 GREAT PANTRY MAKEOVER

NAME OF ORGANIZATION OR GOVERNMENT: NEWNESS OF LIFE MINISTRIES (H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FOR 3 DOOR FREEZER, NSF TABLES, FLATBED ROLLERS, CARTS, STOR RACKS, ROLLING RACKS, INFARED THERM

NAME OF ORGANIZATION OR GOVERNMENT:

Schedule I (Form 990)

COMPRESSOR

RESTORATION FELLOWSHIP CHRISTIAN CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FOR AGENCY CAPACITY GRANT-PALLET JACK, STORAGE OPTIMIZAION/SHELVING & OTHER EQUIPMENT

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

► Attach to Form 990.

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

ZUZOpen to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FEED MORE, INC.

Part I Questions Regarding Compensation

 $Employer\ identification\ number \\ 54-1150923$

	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х Х Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		_X_
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

132111 11-02-21

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 FEED MORE, INC. 54-1150923 Page 2

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

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

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

	((B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DOUGLAS PICK	(i)	324,165.	0.	0.	15,847.	9,182.	349,194.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD GLIOT	i)	218,730.	0.	0.	6,390.	10,668.	235,788.	0.
CHIEF OPERATIONS OFFICER	ii)	0.	0.	0.	0.	0.	0.	0.
(3) SARAH GRAVITT-BAESE	i) _	185,186.	0.	0.	2,857.	20,549.	208,592.	0.
CMO (i	ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFFREY WILKLOW	i) _	189,006.	0.	0.	1,538.	12,877.	203,421.	0.
CHIEF DEVELOPMENT OFFICER	ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRANDON THORNE	i) _	175,661.	0.	0.	2,580.	8,572.	186,813.	0.
CHIEF FINANCIAL OFFICER	ii)	0.	0.	0.	0.	0.	0.	0.
(i) _							
(i	ii)							
(i) _							
(i	ii)							
(i) _							
(i	ii)							
(i) _							
	ii)							
	i) _							
(i	ii)							
	i) _							
	ii)							
	(i)							
	ii)							
	i) _							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
((i	ii)							

Schedule J (Form 990) 2021	FEED MORE,	INC.				54-1150923	Page 3
Part III Supplemental Information	n						
Provide the information, explanation,	, or descriptions requir	red for Part I, lines 1a,	1b, 3, 4a, 4b, 4c, 5a,	5b, 6a, 6b, 7, and 8, ar	nd for Part II. Also complet	te this part for any additional informatio	n.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

Employer identification number FEED MORE, INC. 54-1150923

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det noncash contribut			_
		applicable		Form 990, Part VIII, line 1g	noncash contribut	lon an	lourits	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	51	442,556.	NYSE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	477	64,032,417.	AVG VALUE/#	OF	FOO)D
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶ (GIFT CARDS)	Х	1,054	217,531.	FMV			
26	Other							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance pe	olicy that re	equires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties o	r related or	ganizations to solid	cit, process, or sell noncash				ı
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M (Form 990) 2021 132142 11-17-21

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FEED MORE, INC. **Employer identification number** 54-1150923

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ORGANIZATION SERVING CHILDREN, FAMILIES, AND SENIORS WITHIN OUR 34 CITY AND COUNTY SERVICE AREA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ENSURE FOOD-INSECURE CHILDREN OUR NOURISHED AT THE END OF THE SCHOOL DAY AND OVER WEEKENDS DURING THE SCHOOL YEAR AND AT COMMUNITY SITES DURING THE SUMMER.

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

THE 990 IS REVIEWED IN DETAIL BY THE FINANCE COMMITTEE PRIOR TO FILING. THE FULL BOARD IS SENT AN ELECTRONIC COPY OF THE 990 BEFORE IT IS FILED SOLICITING ANY COMMENTS OR CONCERNS. ONCE ALL OF THIS HAS BEEN DONE AND THE 990 IS COMPLETED TO THE TREASURER'S (A CPA WHO IS A VOTING, SATISFACTION, UNPAID BOARD MEMBER) HE SIGNS THE RETURN. INDEPENDENT,

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

- ALL OFFICERS AND BOARD MEMBERS ARE REQUIRED TO FILE A DISCLOSURE FORM UPON JOINING THE BOARD LISTING ALL POTENTIAL CONFLICTS OF INTEREST. FORM IS ALSO REQUIRED TO BE UPDATED IF THERE ARE ANY CHANGES.
- THE BOARD MUST TAKE ANY ACTIONS, ANY MEMBER HAVING A POTENTIAL CONFLICT OF INTEREST IS REQUIRED TO RECUSE THEMSELVES FROM THE DISCUSSION AND VOTE ON THE ACTION.

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

THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS APPROVED BY THE BOARD OF LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** 54-1150923 FEED MORE, INC. DIRECTORS, WHO ARE ALL INDEPENDENT. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC. ANYONE WISHING TO EXAMINE SUCH DOCUMENTS CAN TELEPHONE OR VISIT OUR OFFICES DURING NORMAL WORKING HOURS (8:00AM -4:30PM) MONDAY THROUGH FRIDAY AND COPIES OF THESE DOCUMENTS WILL BE GIVEN TO THEM FREE OF CHARGE. THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON OUR WEBSITE.



Crossroads Community Service Board

P.O. Drawer 248 Farmville, VA. 23901-0248 PHONE: 434-392-7049 – FAX: 434-392-1439

March 1, 2023

County Administrator Taylor Harvie Cumberland County Board Supervisors Post Office Box A Amelia, Virginia 23002

Administrator Harvie and Honorable members of the Board of Supervisors,

Since 1973, Crossroads has proudly served the citizens of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward. Crossroads focuses on preventing and treating the occurrence of mental illness, intellectual disabilities, substance use and co-occurring disorders and to enhancing the functioning of individuals and families who experience these conditions.

Funding comes from a variety of sources: state, local and federal governments, and fees for service (over 75% of revenue). Contributions to the agency, which is organized as a public non-profit organization, directly benefits individuals receiving services. Local funding is critical to ensure Crossroads remains eligible for all state and federal distributions.

State regulations require the budget of Community Service Boards include funds from localities of at least 10% of the state funding. For the upcoming fiscal year, based on state funding projections, Crossroads expects the required local funding to be \$382,000. To assist counties in planning for their contributions, we examined each county's usage of Crossroads over the past 3 fiscal years. During that period, Amelia residents averaged 8% of client visits (8,522 visits per year). The corresponding percentage of the required local funding for Amelia is \$29,965 and this is the amount we request for fiscal year 2024.

We hope this methodology is useful to you as we believe it is important that your contributions are directly related to the services received by your citizens. If you have any questions or would like to discuss further, please let me know.

Sincerely,

Joseph Easter

Chair, Crossroads Community Services Board

804-357-9452

joseph.easter@ameliacova.com



Piedmont Area Veterans Council, Farmville, VA 23901 2024 Budget Request Documentation February 6, 2023

<u>DEPARTMENT DESCRIPTION:</u> Please provide an overview of the agency's responsibilities. This description should include functions and responsibilities of the agency.

We are a local Community Veteran Engagement Board listed on the Department of Veterans Affairs website (Community Veterans Engagement Boards (CVEBs) State Listing – Veterans Experience Office (VEO) (va.gov). We are a one-stop site that any veteran, family member or caregiver may come to for assistance with the following services: Transition, Employment, Medical Healthcare Enrollment, VA Claims/Benefits, Resources, Mental Health Counseling, Homelessness, Educational Benefits, etc.

We have several MOU's in place with various State and Federal agencies. We have staff from the Virginia Employment Commission, specifically their DVOP (Disabled Veteran Outreach Program) and LVER (Local Veterans Employment Representative) who assist with employment services and businesses for veteran/spouse employment. We have a MOU with the Richmond VET Center. Their staff are present in our office every week. They provide mental health counseling, transitional counseling, military sexual trauma, individual/group counseling services at no charge. They also have group meetings for our Vietnam Veterans and Gulf War Veterans.

We provide office space and all needed services for several Veteran Service Organizations (phone, internet, office space, etc.) at no charge allowing their trained Veterans Service Officers to assist our veterans, their family members and caregivers with VBA Benefits and information on VAMC healthcare.

As a Community Veteran Engagement Board, we bring community partners together to identify and resolve any gaps in services for our coverage area: Amelia, Appomattox, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, Prince Edward, and the Town of Farmville. Meetings are held monthly. We work with the Directors for the VA Medical Facilities, National Cemeteries and VA Regional Benefits Office to coordinate services in our area. We serve as a community partner with all local, civic and community partners.

SERVICE LEVELS: While veterans, their families, and caregivers can avail themselves of other local and federal programs, the PAVC connects veterans, their families, and caregivers to programs designed and generally enacted by Congress that are unique to the needs of veterans. We focus on those programs with an eye toward incorporating the veterans' programs with other programs. We keep ourselves abreast of new legislation, such as the PACT Act, which provides benefits for those veterans exposed to the harmful effects of burn pits. Workloads that consume a major portion of time are those that surround obtaining benefits for veterans or pointing them in the right direction and helping them obtain

documentation needed to qualify for other benefits. Most everything we do provide the veterans and their families with services that include medical care, housing loans, monthly benefits, prescriptions, education, transitioning benefits, and others. While Ms. Maddox is our CEO, she spends a minimum of 75% of her time helping veterans. Her work is supplemented by the work of the various volunteers who also assist veterans. We do not have statistics of the number of people who are helped because the help spans a broad range of services. One person may be qualified for many aspects of assistance.

GOALS AND OBJECTIVES: Piedmont Area Veterans Council provides multiple events every year to celebrate and honor our veterans and their families. A list of events is shown below for your review. Some of the most significant projects we have been able to create and maintain are:

Fellowship of Veterans' Wives: An event is held once a month. This serves as an avenue to educate our spouses and caregivers about benefits that may benefit them and that they may not otherwise know about. Events are heavily attended and have been on-going since 2016.

Homeless Veteran Program: We do have homeless Veterans who seek assistance in our area. We have developed a comprehensive relationship with the VA Homeless Coordinator, local resources and Community Veteran Engagement Board partners to address those needs.

Burial Resources: We have several families who have not been able to pay funeral services for a loved one or they may need additional financial assistance. We will work with the family and national nonprofits to seek assistance. During the pandemic we have worked with FEMA-COVID Assistance for Funerals. We also coordinate with the local funeral homes, state and national cemeteries for any burial assistance and presidential awards, headstones/markers/etc.

One of our largest projects this year is continuing to develop a core group of trained volunteer Veteran Resource Advocates who can work in each county educating veterans, their family members and caregivers about resources and points of contact for assistance with any needed that may be identified. This training program will consist of 12 weeks with one-hour modules both online and in person training. We fill this need for each county we serve and provide immediate assistance to those in need.

We also have trained Resource Advocates that provide comprehensive assessments for every veteran and their family. The connect our military families to many national resources to fill gaps in services in our rural coverage area.

<u>JUSITIFCATION (Increases)</u>: None-increase is not requested.

ALL BUDGET REQUESTS MUST INCLUDE: We emailed our 2021 IRS Form 990 to Ms. Baker on February 6, 2023.

DETAILS OF NEW PROGRAMS:

East Coast Federal Meetings: PAVC participates in all East Coast Community Veteran Engagement Board-CVEB (Federal) meetings with committees for VDVS and other government officials.

PACT Act Participation: The PACT Act is a new law that expands VA health care benefits for veterans exposed to burn pits and other toxic substances. This law helps us provide generations of veterans—and their survivors—with the care and benefits they've earned and deserve.

Financial Assistance: We have developed a core group of partners for immediate financial assistance for utilities, food, rent, medical bills, prescriptions, and home repairs.

Semper Fi Fund: We serve as a referral service for the Semper Fi Fund with welcome home assistance for Vietnam veterans.

Other Partnerships: We develop partner for direct contact with Veterans Engagement Board (VEB), VA Medical Care (VAMC), National Cemeteries, as well as Debt Management and others.

Education: We participate in weekly Zoom calls covering various topics that impact our military families, veterans, and caregivers. We recruit subject matter experts to provide the most up to date information.

Transition: We are developing a program to assist those transitioning out of the military with military transcripts to equate their skills and experience to college credit. We connect veterans with VEC DVOPs/LVERs for employment.

Veterans Treatment Court Program: A committee is being developed to identify veterans who may benefit from this program.

Wall of Honor Program: The Wall of Honor pays tribute to our Emergency Medical, First Responders and Veterans who reside in our eight (8) county coverage area. A permanent wall be erected in the offices of the Piedmont Area Veterans Council in the near future. More information to follow.

EVENTS:

Annual Baby Shower: We collect items for spouses of National Guard and Reserve Units that are activated and deployed.

Annual Adopt a Sr. Veteran: We work with Centra Hospital and PAC to provide gifts for our veterans in their care during holidays and at other times. We also honor those who have birthdays when requested.

Annual Celebrations of Veterans Holidays: We create and facilitate events specific to recognized National Holidays. We partner with community associates to host a variety of events throughout the year. Examples of events in 2022 include: Valentine's Day Dinner/Dance, partnering with the Boy Scouts on Memorial Day, Veterans Day Dinner/Dance.

Annual 9/11 Event: This is a community project that honors all civil servants and veterans.

Annual Voices of our Veterans Project: We work with the Kickin' Country radio station and the lower schools. The schools coordinate an activity where students write a brief essay about any family member who is a veteran and what their service means to the student. Veteran Service Organizations and community partners have a drawing to award three contestants. Letters are read every day on the radio for a period of two weeks preceding Veteran's Day.

Annual Sock Drive: We collect socks for veterans that are filled with toiletry items to be distributed in our VA Medical Centers and Homeless Shelter/Domestic Violence Centers.

Writing Project: We coordinate with Dr. Michael Lund, Vietnam Veteran, to offer writing materials/journaling supplies to veterans. This is often a therapy for those dealing with the emotional scars from war and trauma.

Hometown Heroes Banners: Coordinated the service history description and purchase of banners for those veterans and families who chose to participate with the Town of Farmville. The banners are displayed by the Town of Farmville on special occasions as defined by the Town.

Fund Raising Activities: To help defray our costs, we sponsored the following activities in 2022: Fish Fry Dinner, Gun Raffle, Valentine's Day Raffle, sold Christmas stockings, sold purses and wheel chair bags. We also participated in a yard sale sponsored by the John Randolph Volunteer Fire Department.

Community Service Activities: The PAVC sponsored a community baby shower, participated in an event at Milnwood Apartments (bingo), Voices of Veterans (previously mentioned), and collected/donated clothing items to churches.

Thank you for your consideration of our budget request.

PIEDMONT AREA VETERANS COUNCIL

AMENDED--FINANCIAL OPERATING REPORT - BUDGET - JANUARY 2023

${\bf FISCAL~YEAR~IS~01\text{-}01\text{-}23~THROUGH~12\text{-}31\text{-}23}$

3/15/2023 11:32

	Budgeted	Rec YTD	Balance
Amelia County	\$10,000.00		\$10,000.00
Appomattox County	\$5,000.00		\$5,000.00
Buckingham County	\$5,000.00		\$5,000.00
Charlotte County	\$5,000.00		\$5,000.00
Cumberland County	\$5,000.00		\$5,000.00
Lunenburg County	\$2,000.00		\$2,000.00
Nottoway County	\$5,000.00		\$5,000.00
Prince Edward County	\$10,000.00		\$10,000.00
Town of Farmville	\$10,000.00		\$10,000.00
Grants	\$0.00		\$0.00
Donations-Cash	\$9,000.00		\$9,000.00
American Legion	\$2,000.00		\$2,000.00
Fund-Raising	\$20,000.00		\$20,000.00
Community Service Events	\$2,000.00		\$2,000.00
Investments/Savings	\$15.00		\$15.00
Miscellaneous Income			\$0.00
Unrealized Gain/Loss	\$0.00		\$0.00
SUB-TOTAL	\$90,015.00	\$0.00	\$90,015.00
TOTAL BUDGET	\$90,015.00	\$0.00	\$90,015.00

OPERATING EXPENSES

	Buc	dgeted	Spent	Balance		
	by line item	by category	YTD	by line item	by category	
STAFF						
FT CEO; prior to about June 2020-this						
was volunteer position	\$60,316.00			\$60,316.00		
Part-time Other-NONE-ALL VOLUNTEERS	\$0.00			\$0.00		
Other staff expensesFICA,Unemp.	\$4,500.00			\$4,500.00		
\$ depends on Kevin's info from Jack						
		\$64,816.00			\$64,816.00	
EQUIPMENT	\$750.00	\$750.00		\$750.00	\$750.00	
CONTRACTUAL EXPStorage rent; lawn care; dues; subscrip; PO Bx rent	\$1,500.00	\$1,500.00		\$1,500.00	\$1,500.00	
OTHER EXPENSES	ψ1,000.00	ψ1,000.00		ψ1,000.00	ψ1,000.00	
Dues and Subscriptions	\$500.00			\$500.00		
Supplies, Office	\$3,000.00			\$3,000.00		
Supplies, Program/Fundraisers	\$1,500.00			\$1,500.00		
Supplies, Community Service	\$500.00			\$500.00		
Postage	\$600.00			\$600.00		
Rent or Bldg. Mortgage	\$0.00			\$0.00		
Utilities	\$2,100.00			\$2,100.00		
Telephone/Internet	\$1,380.00			\$1,380.00		
Insurance-total est. John Hardy-FIRM	\$2,000.00			\$2,000.00		
Repairs - Bldg.	\$500.00			\$500.00		
Taxes-Lot 1101 E 3 StFIRM	\$2,300.00			\$2,300.00		
Misc Expenses	\$8,569.00			\$8,569.00		
TOTAL OTHER EXP		\$22,949.00			\$22,949.00	
TOTAL	\$90,015.00	\$90,015.00	\$0.00	\$90,015.00	\$90,015.00	

OPERATING ACCOUNT BALANCE AS OF 1/31/22 BAL CKBOOK EACH MONTH (LAST RECONCILIATION--BANK STMT--BP and Kevin 1/31/22)



Piedmont Soil & Water Conservation District

100-B Dominion Drive, Farmville, VA 23901 (434) 392-3782 • www.piedmontswcd.org

Serving Amelia, Nottoway and Prince Edward Counties

February 10, 2023

Mr. Taylor Harvie County of Amelia PO Box A Amelia Court House, VA 23002

re: 2024 Budget Request

Dear Mr. Harvie:

The Piedmont Soil & Water Conservation District (PSWCD) is requesting a budget allocation from Amelia County in the amount of \$12,900 for Fiscal Year 2023-2024, the same amount received during the past several budget cycles. The \$12,900 budget request will be allocated in our line-item budget for the following:

- > Support for Conservation Specialist and Technician positions
- Administrative operations, education programming and outreach

Soil & Water Conservation Districts are defined in Code of Virginia Title § 10.1. Relationships with the localities served are established through a Memorandum of Understanding. The PSWCD was formed in September 1939 to promote the wise use and conservation of our natural resources and is governed by an elected Board of Directors.

The PSWCD manages the following programs:

- Administers the Commonwealth's Agriculture Cost Share program, which provides conservation planning along with technical and financial assistance to agricultural producers in addressing water quality improvement projects. Last year we provided \$657,896 of cost share funds to Amelia agriculture producers a record!!
- ➤ Provides funding assistance for residential septic pump outs and repairs. PSWCD has allocated almost 100% of the \$171,979 in funding to continue the residential septic grant for eligible residents in the Flat, Nibbs, Deep & West Creek watersheds. Due to the success of the grant, PSWCD will receive an additional \$200,000 through 2025. In FY22, we assisted 6 homeowners in Amelia County with \$7,593 in assistance for septic pump outs, repairs and alternative systems. Thanks to the Amelia County Health Department for their continued support of the grant.
- Conducts natural resource and environmental education programming to citizens, youth and community groups which is funded entirely through localities, grants and sponsorships. Last year we provided \$500 to Amelia County High School to install an outdoor learning space on campus. The District also provided \$3,000 in higher education scholarships. Ms. Margaret Jones, Amelia County High School Agriculture teacher was recognized at our state wide conference as "Conservation Teacher of the Year".
- Provides conservation technical assistance to individuals and education to homeowners and citizens where it concerns wise use and development of the land and water within the District. PSWCD assists USDA-

Natural Resources Conservation Service (NRCS) in the implementation of selected federal conservation programs.

Our programs are an investment in your community. In FY22, with a \$12,900 investment, PSWCD provided an economic benefit to Amelia County of more than \$748,503 through salaries, administrative costs, promotional materials, education and cost share payments for voluntary conservation practices to Amelia County's agricultural producers and homeowners. (\$58.00 return for every dollar received from Amelia County). PSWCD provides data on installed agricultural best management practices to the Chesapeake Bay TMDL watershed model, which helps Amelia County meet its water quality goals mandated by EPA. With our trained and certified staff, PSWCD is the resource that continues to assist Amelia County.

The PSWCD is expected to receive \$169,880 operational funding (level funding for over the past 10 years) through the Department of Conservation and Recreation (DCR). PSWCD splits the amount of funding for operations, salary support and education programming among the three localities it serves - Amelia, Nottoway, and Prince Edward. PSWCD requires funding from our localities in order to meet our budget needs for three items: salary position support for technical & administrative positions, operations, and education programs/outreach. DCR provides funding for agriculture cost share practices that cannot be utilized for operations.

Funding from Amelia County will be allocated as follows:

Position Support: Continued employment for a Conservation Specialist who is certified in nutrient management and conservation planning and employment of a second conservation technician. These positions are responsible for delivering cost share funds, conservation planning, and technical assistance to Amelia County agricultural producers. Amelia County agriculture producers constitute almost 60% of our conservation workload. It is important and economical for PSWCD to retain certified and qualified staff to assist agricultural landowners in conservation planning and implementation.

Administrative/Operations: Continued support of our administrative position and operation costs so that PSWCD can better serve Amelia County citizens.

Education & Outreach Programming: Ninety-five (95%) of our funds are allocated to mandated programs. There is no dedicated source of funding for environmental education programs, public or private, in the state of Virginia. Funding will help provide resources for teachers, Envirothon, Youth Conservation Camp, Scholarship and other educational programs including our residential septic outreach program.

The PSWCD cannot deliver programs like Agricultural Best Management Practices, Conservation Education, and Residential Conservation programs to Amelia County and its residents without adequate funding levels to maintain staff, operational and outreach costs. We thank you for your support in the past and ask you to please consider fully funding our budget request for FY 2024. Enclosed you will find a year-to-date activity report and our 2021-2022 Annual Report. Our strategic plan and annual plan of work can be found on our website www.piedmontswcd.org. If we can provide any additional information about our request, please contact our District Manager, Deanna Fehrer (434) 392-3782 ext 108.

Sincerely,

Piedmont SWCD Board of Directors Representing Amelia County

Larkin Moyer, Chairman, Elected Director Allison Crews, Elected Director Juan Whittington, Appointed Director Gary Dillard, Associate Director Mackenzie Gunn, Associate Director

Piedmont Soil & Water Conservation District July 2022 – January 2023 Activities & Support to Amelia County

The Piedmont Soil & Water Conservation District (PSWCD) fiscal year began in July and continues to provide top quality service to our clients and citizens of Amelia County. Below are some highlights from **July 2022– January 2023** of Piedmont SWCD's contribution to Amelia County.

Agriculture Conservation

Piedmont SWCD continues to promote and facilitate the installation of conservation practices that benefit water quality including the following:

Allocated over \$1,024,179 in seven months to producers in Amelia County to help fund conservation practices!!

> Currently implementing a \$2,590,092 agricultural cost share and technical assistance program – the

largest in PSWCD history and a \$1M increase from last year.

In FY2022 reduced runoff from agricultural fields by assisting Amelia County farmers who planted 8,158 acres in cover crops, enrolled 2,001 acres in precision nutrient application and implemented 13,483 acres in nutrient management. In addition, 32 acres of buffer and 25,550 feet of streambanks have been excluded from livestock. These practices have been reported to the Department of Conservation and Recreation as reductions in nitrogen and sediment which will be counted towards the reductions that have been assigned to Amelia County.

> 4 no-till drills for rent including one with a warm season grass seeding capacity

An 11.55-mile section of Deep Creek has been removed from the State's impaired waters list, due to implementation of water quality practices by agriculture producers and repairs to residential septic systems.

Outreach & Education

PSWCD's website <u>www.piedmont.org</u> contains program information, upcoming events, plus links to many conservation organizations and topics. Become a 'friend' of PSWCD thru Facebook!

> Awarded four \$1,000 college scholarships.

➤ Distributed over 400 copies of the 2021-2022 Piedmont SWCD Annual Report.

> Continued support to Amelia educators by providing conservation resources, including classroom programs.

Residential Septic Education and Repair Funding

- Continue to process applications for septic repairs and pump outs in the Flat, Deep and West Creek Watersheds.
- > Received new grant funding of \$200,000 to continue the residential septic repair and pump out program through 2025. Provided \$9,912 for septic pump outs and repairs.

Virginia Conservation Assistance Program (VCAP)

Piedmont SWCD has been a steering committee member for the Virginia Conservation Assistance Program that was developed to provide technical and educational assistance to non-agricultural landowners. This year the program received funding from the General Assembly which will provide financial assistance to landowners in the Commonwealth who install conservation practices such as rain gardens, rain water harvesting systems and other non-agricultural practices to help improve water quality. This program will help localities in meeting their Chesapeake Bay TMDL reduction goals. PSWCD has conducted several site visits in Amelia County helping residents with stormwater runoff and erosion issues on their property.

Elected Director Representatives

Amelia County citizens elected 2 directors, Larkin Moyer and Allison Crews, to serve on the Piedmont SWCD Board for 4 years. Larkin Moyer brings over 25 years of experience to the PSWCD Board. Allison Crews is an elected director who brings to PSWCD a wealth of experience with the local food sector, soil health and education. Juan Whittington (appointed) brings 15 years of service and Gary Dillard (associate director with 21 years of service) both represent Amelia County's agricultural and natural resource issues. District directors are very active with natural resource issues not only locally, but also at the state level. District directors work with the agriculture industries promoting VA agriculture. Larkin Moyer represents the Southeast Dairy Farmers of America, serves on the Amelia Planning Commission and also on many statewide Farm Bureau committees; Juan Whittington serves on the Amelia County Planning Commission; Allison Crews serves on the VA Food Works Board; and Gary Dillard serves as the Secretary/Treasurer for the Amelia Cattlemen's Association.

Community and Statewide

Piedmont SWCD directors and staff serve on many statewide organizations including the Virginia Association of Soil & Water Conservation Districts (VASWCD), Virginia Soil and Water Conservation Board, VASWCD Education Foundation, VA Forage and Grasslands Council, VA Association of District Employees, Middle James Roundtable, and Albemarle-Chowan Roundtable. The Piedmont SWCD is at work in your community addressing local problems with local direction, while keeping state officials informed of local issues.

2022-2026 Strategic Planning

The PSWCD updated its strategic plan which will guide the District over the next four years as we continue to assist Amelia County citizens and natural resource concerns. Thank you for providing feedback in order to improve our services and programs. A copy of the plan can be found on our website.

Fiscal Responsibility

Piedmont SWCD received an "Outstanding" financial and program audit for 2020-2022. Audits are conducted every 2 years by an independent audit firm.

Your investment in Piedmont SWCD is taken very seriously and we work hard to provide services to the community. We appreciate the support we receive from Amelia County and will continue to utilize our current year funding with the same financial discretion and commitment to conservation that we have in the past. If you have any questions or concerns, please contact one of the Amelia Directors or our District Manager, Deanna Fehrer.

Thank you for your support!

Virginia Cooperative Extension Budget Request

Virginia Polytechnic Institute and State Univeristy Virginia State University

BUDGET FY 2023-24

July 1, 2023-June 30, 2024

Budget Request To:	Amelia County Board of Supervisors	Unit:	VCE-Amelia County

STATE EMPLOYEE SALARIES:

(Agents)

	VCE Contribution			Local Request	Local Appropriation
Salary Requirements:	\$	118,928	\$	62,197	
State Benefit Requirements:	\$	44,003	\$	23,013	
Total Salary and Benefits:	\$	162,931	\$	85,210	\$ -

COUNTY/CITY EMPLOYEE SALARIES:

(Agents, Support Staff, etc)

	VCE CONTINULION	Local Request	Local Appropriation
Salary Requirements:		\$ -	
State Benefit Requirements:		\$ -	
Total Salary and Benefits:	\$ -	\$ -	\$ -

PROGRAMMATIC SUPPORT SALARIES:

(UAA, FNP Program Assistants, etc.)

	VCE Contribution			Local Request	Local Appropriation	
Salary Requirements:	\$	46,888	\$	1		
State Benefit Requirements:	\$	25,085	\$	1		
Total Salary and Benefits:	\$	71,973	\$	-	\$ -	1

OFFICE RENT SECTION:

			VCE Contribution	Local Request	Local Appropriation
Rental Value of Non-Leased Space:					
	\$	16,000			
Actual Rent of Leased Sp	oace:				

OFFICE SUPPORT SERVICES:

	VCE Contrib	oution	Local Request	Local Appropriation
Total Office Support Services:	\$	15,400	\$ 3,000	

GRAND TOTALS:

VCE Contribution			Local Request	Local Appropriation	
	\$	250,304	\$ 88,210	\$ -	

Total investment in Program*:	\$	338,514
Total investment in Frogram .	۱ ۲	330,317

COUNTY/BILLING ADDRESS:

5.11 .	A 11 G . A I			
	Amelia County Ad	minstrator		
Address 1:				
Address 2:				
City/State/Zip:	Amelia Court Hous	se VA 23002		
COUNTY/CITY BILLING	S INSTRUCTIONS:	<u>.</u>		
SIGNATURES:				
SIGNATORES.				
		has approved an a	annropriation of	\$ _
as shown in	the local appropria	ation column for Virginia (
during the		fiscal year.	sooperative Exterioron	
admig the	2020 21	insear year.		
	Unit Coordinator:	Jane Henderson		
	Date:			
	Telephone:	804-561-2481	1	
	Signature:			
County/Ci	ty Representative:			
	Date:			
	Telephone:]	
	Signature:			
			-	
	District Director:	Sonya Furgurson		
	Date:			
	Telephone:	434-766-6761		
	Signature:			

^{*}Total investment in program does not reflect VCE investment in professional development, VCE operational support for IT and mobile phones, value of volunteer hours, waived indirect overhead, and pro-rated value of Extension specialists.



Virginia Cooperative Extension Central District Office

150B Slayton Avenue Danville, VA 24540 434-766-6761 Fax: 434-766-6763 email: sonyaf@vt.edu http://www.ext.vt.edu/district/central/

February 3, 2023

Taylor Harvie, III Amelia County Administrator P.O. Box A Amelia Court House, VA 23002

Dear Mr. Harvie,

Please find the enclosed Virginia Cooperative Extension (VCE) budget request. It is our normal practice to include a potential 4-5% increase in Extension Agents salaries that are contingent upon a Virginia General Assembly or University approved salary increase.

This year we are fortunate to have had the Virginia General Assembly approve additional funding to specifically address Extension Agent salary competitiveness within the job market and improve the retention of our valued employees. In addition, the Virginia General Assembly has approved a raise for all State Employees for FY 24. VCE Extension Agents are eligible for both of these future salary adjustments.

Therefore, we are requesting a potential 12% increase in Extension Agents salary for FY 24. VCE appreciates the generous local support that we receive from your locality and look forward to our continued partnership.

Should you have any questions regarding this special request please reach out to Sonya Furgurson, Central District Director at sonyaf@vt.edu or call (434) 766-6761.

Sincerely,

Sonya Furgurson Central District Director

MEMORANDUM

TO: Constitutional Officers and Regional Jail Superintendents

City Managers and County Administrators

FROM: Robyn M. de Socio

Executive Secretary

SUBJECT: FY24 BUDGET ESTIMATES

As required by §15.2-1636.8, <u>Code of Virginia</u>, I am providing you with **a tentative** Compensation Board estimate of expenses to be fixed for FY24 in your respective offices. These estimates are based upon total funding approved by the **2022 Special Session I** and the **2023 regular Session of the General Assembly as of February 25, 2023**, and Constitutional Officer base budgets approved by the Compensation Board as of July 1, 2022 for FY23. In reviewing these estimates, please consider the following change to the typical budget estimate process:

The 2023 regular session of the General Assembly adjourned on Saturday, February 25, 2023 having approved a substitute budget bill containing minimal amendments to the existing budget for FY24 that was approved in June, 2022 by the 2022 Special Session I. This budget estimate is based upon the budget approved by the 2023 General Assembly on February 25, 2023. Budget Conference Committee members of the 2023 General Assembly have indicated they will continue to work toward an agreement on amendments to the budget for FY24, however a targeted completion date for that work is currently unknown. Budget amendments proposed for FY24 in the Governor's introduced budget bill in December, 2022, and amendments recommended by the House and Senate during the 2023 regular session, are not included in the current Budget Estimate. Should agreement on any of these amendments be reached and a different Budget Bill approved for FY24 at a later date, the Compensation Board will make any amendments necessary to its FY24 Budget Estimates and notify you of such revisions as quickly as possible.

In reviewing these estimates, also please consider the following:

- The figures provided below do NOT represent your final approved Compensation Board Budget for FY24. Instead, they represent an ESTIMATE of the amount of revenue that you may expect from the Compensation Board for the upcoming fiscal year, based upon General Assembly actions in the 2022 Special Session I and 2023 Regular Session and anticipated appropriations to the Compensation Board. Because this is a REVENUE ESTIMATE and NOT an approved budget, it DOES NOT include any additional positions or other position classification or funding changes that you may have requested. Compensation Board action on these requests will be taken prior to setting your budget for FY24. The estimate is based upon a starting point of the same level of base funding for FY24 as was budgeted to you on July 1, 2022 for FY23. Any exceptions are noted in the attached additional information. Please read the attached additional information carefully for details of what is and is not included in the estimates at this time.
 - Although Compensation Board appropriations cover a June through May period, revenue estimates are provided based on the budget year of July through June; this

more closely aligns with how local governments account for the fiscal year's revenue in accruing the June payment received each year in July back to the prior year. Unanticipated changes to Compensation Board appropriations for FY25 could impact the accuracy of this estimate for June, 2024 reimbursements.

- Salary amounts for FY24 are based upon current salaries and include a 5% across-the-board salary increase approved by the 2022 General Assembly for all constitutional officers and their Compensation Board funded full-time permanent employees effective July 1, 2023, provided that the governing authority of such employees uses the across-the-board increase funds for salary increases. Proposals that contemplate changing this increase to 7% have not been approved at this time.
- Since 2017, language has been included in the budget by the General Assembly requiring that governing authorities use the salary increase funds from across-the-board salary increases to support salary increases for constitutional officers and their employees and not simply absorb those funds to offset local salary supplement funds.
- The Compensation Board will recover from payroll reimbursements 100% of the cost of premiums paid on behalf of all constitutional officers and their employees to the Division of Risk Management (DRM) for the VARISK general liability coverage and surety bond coverage, and 100% of the unfunded portion of the premium paid to the Virginia Retirement System for the retiree health care credit (representing an estimated 45% of the total retiree health care credit premium). The amounts provided in the estimate are subject to change prior to final approval by the Compensation Board. Regarding general liability coverage, budget language requires that DRM identify annual premium amounts by office, incorporating factors such as claims history, staffing, and average daily jail inmate populations. In FY24, the total VARISK general liability premium will not increase. However, some offices will see relatively minor changes in their proportion of the group total in FY24 based upon these factors.
- Estimated Technology Trust Fund revenue has been included for informational purposes for Circuit Court Clerks; Estimated Jail Per Diem revenue has been included for informational purposes for local and regional jails based upon current inmate per diem rates.
- Final budget approval for each Constitutional Officer is subject to action by the 2023 General Assembly when it returns to act on amendments and other budget matters presented by the Governor for the enrolled budget bill, and then Compensation Board final action. The return of the legislative Session (reconvened "veto" session) is scheduled to occur on Wednesday, April 12, 2023, and the Compensation Board meeting tentatively planned to approve final budgets for FY24 is scheduled for April 27, 2023. Should approval by the legislature of a revised budget agreement for FY24 occur in the coming weeks or months prior to the start of the new fiscal year, the Compensation Board will work as swiftly as possible to take final approval action and provide FY24 budgets to constitutional officers and localities once all required gubernatorial and legislative actions are complete.

Additional information following this letter includes a specific description for each office of what is included in the estimate figures.

Please review the following estimates and more detailed explanations carefully, or notify the appropriate member of your staff of the availability of this information for review. If you have any questions, please contact us.

Officer:	Contact (click for email):	Telephone:
Sheriffs and Regional Jails	Brian Bennett, Senior Fiscal Technician	804-225-3443
	<u>Donna Foster, Senior Fiscal</u> <u>Technician</u>	804-225-3435
Commissioners of the Revenue, Treasurers and Finance Directors	<u>Joan Bailey, Senior Fiscal</u> <u>Technician</u>	804-225-3351
Circuit Court Clerks and Commonwealth's Attorneys	Paige Christy, Senior Fiscal Technician	804-225-3442
All Officers or Gov Bodies	Bill Fussell, Senior Fiscal Technician	804-225-3321
	<u>Charlotte Lee, Budget Manager</u>	804-225-3366
	Robyn de Socio, Executive Secretary	804-225-3439

FY24 BUDGET ESTIMATES FOR SHERIFFS/JAIL SUPERINTENDENTS

CURRENT POSITIONS

The estimate is based upon funding all permanent and "emergency" positions approved as of March 1, 2023. Emergency positions are, however, subject to reallocation and may be reduced or deleted from the final approved budget. This is particularly true of "emergency" corrections officers in Jails that have experienced a decrease in inmate population.

SALARY ADJUSTMENTS/ PAY FOR PERFORMANCE

A base salary increase of 5% effective July 1, 2023 has been included in the estimates for Sheriffs and full-time Compensation Board funded employees in sheriffs' offices and regional jails.

Based on 2023 population estimates provided by the Weldon Cooper Center for Public Service, no Sheriff's office has met a locality population-based threshold for a salary increase in FY24.

Funds for upcoming monthly deputy/officer regrades from grade 7 to grade 8 upon the one-year anniversary of the date of hire into the position, occurring after March 1, 2023, are not included in the estimate.

CAREER DEVELOPMENT PROGRAM FOR SHERIFFS

Funding and budget language provide for the participation of Sheriffs in a Career Development Program. Career Development consists of two programs, an Accreditation Program including accreditation from one of three accrediting

entities, and a Certification Program including certification from a program administered by The Virginia Sheriffs' Institute and Virginia Commonwealth University.

Original certifications and re-certifications of Career Development Program eligibility for Sheriffs are a part of each year's February 1 budget request process, and associated 9.3% salary increases become effective the following July 1 for a full fiscal year.

Estimates for FY24 include the cost of career development salary increases only for those officers that are currently funded for participation in FY23 and have maintained the criteria of the program for FY24. Additional FY24 career development salary increases will be determined by the Board during the budget approval process and will be based on Sheriffs' certifications by February 1, 2023 that all program criteria have been met, subject to available funding for the program. Note that no new funding to provide career development salary increases for new participants has been approved by the General Assembly at this time; however, existing funding within the current appropriation will be available to approve some additional participation.

County Administrators and City Managers should contact the Sheriff to determine the participation of that office in the Career Development Program and the officer's eligibility for the related salary increase amount in FY24.

MASTER DEPUTY/JAIL OFFICER PROGRAM

For offices that have been previously funded for participation in the Master Deputy or Master Jail Officer program, up to 20% of grade 7 and 8 deputies/officers may be reclassified to grade 9 deputies/officers. Budget estimates include funding for master deputy/jail officer positions that are currently funded and participating in the program in FY23. On an annual basis, additional offices certify their participation in the program with reclassifications allowable contingent upon the approval of funding by the General Assembly. The availability of funding for further participation in the program in FY24 within the current appropriation will be determined by the Board during the budget approval process.

County Administrators, City Managers, and Jail Authority Chairmen should contact the Sheriff/Superintendent to determine the participation of that office and eligibility of deputies or officers in the Master Deputy/Jail Officer Program.

BENEFITS

Fringe Benefits are included in these estimates. FY24 funding is approved for the Compensation Board to reimburse localities for retirement contributions at the rate approved for the locality by VRS, or 2.13%, whichever is less. In FY24, contributions will be required for VRS Group Life Insurance, with a reimbursement rate of 0.28%. The Compensation Board remains funded to reimburse localities for FICA contributions at 7.65% of the taxable portion of salaries paid. FICA contributions are also reimbursed at 7.65% of the amount of salaries reimbursed for hourly wage employees.

SALARIES FOR HOURLY WAGE EMPLOYEES (TEMPORARY).

The estimate includes funding for hourly wage (temporary) salaries at the same level as approved July 1, 2022, or the amount requested by the Sheriff or

Superintendent, whichever is less.

ADDITIONAL POSITIONS

There are no new jail construction projects or jail expansion projects scheduled to be completed in FY24.

The estimate does not include the allocation of new court services deputy positions or law enforcement deputy positions based upon 1 per 1500 locality population or new deputy positions for court services, as no additional positions have been approved by the 2023 General Assembly for FY24. There are no positions available for reallocation under the position reallocation policy, as there was a moratorium on freezes under the policy in FY23 due to workload impacts from recent years caused by the pandemic.

No changes to the allocation of emergency corrections officer positions for jail overcrowding are included in the estimates. Any reallocation of existing emergency corrections officer positions in jails due to reductions in jail overcrowding will be conducted in accordance with Compensation Board policy and included in the FY24 approved budgets.

OFFICE AND VEHICLE EXPENSES

The estimate includes funding for office and vehicle expenses at the same level as approved July 1, 2022, or the amount requested by the Sheriff or Superintendent, whichever is less.

EQUIPMENT

The estimate does <u>not</u> include any funds for equipment purchases. Requests to fund Livescan equipment and VCIN replacement are no longer considered during the budget allocation process and should be submitted as a docket request for Compensation Board consideration at one of its monthly board meetings.

PREMIUM RECOVERIES

The estimate identifies amounts projected to be recovered from the payroll/expense reimbursements for the local share of premium payments made on behalf of Sheriffs' offices and regional jails. For the premiums paid by the Compensation Board for the VARISK general liability insurance and surety bond, 100% will be recovered from each locality as determined by the Division of Risk Management (DRM) based upon claims history and other actuarial factors. For the premiums paid by the Compensation Board for the retiree health care credit, 100% of the unfunded amount is recovered from each locality according to actual contribution cost information provided by the Virginia Retirement System.

PER DIEMS

To review estimated per diem funding for inmates housed for FY24 and the estimate methodology, please use the back button in your browser to return to the previous screen, and select the per diem estimate from the drop down list of estimates that can be reviewed.

FY24 BUDGET ESTIMATES FOR COMMONWEALTH'S ATTORNEYS

CURRENT POSITIONS

The estimate is based upon funding all Compensation Board reimbursed permanent positions approved as of March 1, 2023.

SALARY ADJUSTMENTS/ PAY FOR PERFORMANCE

A base salary increase of 5% effective July 1, 2023 has been included in the estimates for Commonwealth's Attorneys and full-time Compensation Board funded employees in Commonwealth's Attorneys' offices.

Based on 2023 population estimates provided by the Weldon Cooper Center for Public Service, no Commonwealth's Attorney's office has met a locality population-based threshold for a salary increase in FY24.

INSURANCE FRAUD PROSECUTORS

The 2017 and 2018 General Assemblies approved funding from the State Police Insurance Fraud Fund and budget language to allocate up to five Assistant Commonwealth's Attorney positions to prosecute Insurance Fraud related cases on a regional basis. Based on Virginia State Police recommendations, four of these positions are currently allocated in FY23 to Commonwealth's Attorneys' offices in Arlington County and in the cities of Norfolk, Richmond and Salem, and the salaries for these positions are included in the FY24 estimate. Future allocation of the remaining authorized insurance fraud prosecutor position is subject to a determination of necessity by the Virginia State Police at a later date.

CAREER PROSECUTOR PROGRAM

Funding and budget language provides for the participation of Assistant Commonwealth's Attorney I positions in the Career Prosecutor Program. Original certifications of eligible individuals is a part of each year's February 1 budget request process, and associated salary increases become effective the following July 1 for a full fiscal year.

Estimates for FY24 include the cost of career development salary increases only for those individuals that are currently funded for participation in FY23 and have maintained the criteria of the program for FY24. Additional FY24 career development salary increases will be determined by the Board during the budget approval process and will be based on the Commonwealth's Attorneys' certifications by February 1, 2023 that all program criteria have been met and identifying eligible individuals, subject to available funding for the program. Note that no new funding to provide career development salary increases for new participants has been approved by the General Assembly; however, existing funding within the current appropriation will be available to approve some additional participation.

County Administrators and City Managers should contact the Commonwealth's Attorney to determine the participation of that office and eligibility of its assistant Commonwealth's Attorneys for the Career Prosecutor Program.

BENEFITS

Fringe Benefits are included in these estimates. FY24 funding is approved for the Compensation Board to reimburse localities for retirement contributions at the rate approved for the locality by VRS, or 2.13%, whichever is less. In FY24, contributions will be required for VRS Group Life Insurance, with a reimbursement rate of 0.28%. The Compensation Board remains funded to reimburse localities for FICA contributions at 7.65% of the taxable portion of salaries paid. FICA contributions are also reimbursed at 7.65% of the amount of salaries reimbursed for hourly wage employees.

SALARIES FOR HOURLY WAGE EMPLOYEES (TEMPORARY)

The estimate includes funding for hourly wage (temporary) salaries at the same level as approved July 1, 2022, or the amount requested by the Commonwealth's Attorney, whichever is less.

ADDITIONAL POSITIONS

The estimate does not include positions or funding for the allocation of new assistant Commonwealth's Attorney positions or support staff positions in Commonwealth's Attorneys' offices, as no additional positions have been approved by the 2023 General Assembly for FY24.

There are no positions available for reallocation under the position reallocation policy, as there was a moratorium on freezes under the policy in FY23 due to workload impacts from recent years caused by the pandemic.

OFFICE EXPENSES

The estimate includes funding for office expenses at the same level as approved July 1, 2022, or the amount requested by the Commonwealth's Attorney, whichever is less.

EQUIPMENT

The estimate does not include any funds for equipment purchases.

PREMIUM RECOVERIES

The estimate identifies amounts projected to be recovered from the payroll/expense reimbursements for the local share of premium payments made on behalf of Commonwealth's Attorneys' offices. For the premiums paid by the Compensation Board for the VARISK general liability insurance and surety bond, 100% will be recovered from each locality as determined by the Division of Risk Management (DRM) based upon claims history and other actuarial factors. For the premiums paid by the Compensation Board for the retiree health care credit, 100% of the unfunded amount is recovered from each locality according to actual contribution costs provided by the Virginia Retirement System.

PART-TIME TO FULL-TIME OFFICE CONVERSION

There are no part-time Commonwealth's Attorneys converting to full-time status in FY24.

FY24 BUDGET ESTIMATES FOR CIRCUIT COURT CLERKS

CURRENT POSITIONS

The estimate is based upon funding all Compensation Board reimbursed permanent positions approved as of March 1, 2023.

SALARY ADJUSTMENTS/ PAY FOR PERFORMANCE

A base salary increase of 5% effective July 1, 2023 has been included in the estimates for Circuit Court Clerks and full-time Compensation Board funded employees in Clerks' offices.

Based on 2023 population estimates provided by the Weldon Cooper Center for Public Service, no Circuit Court Clerk's office has met a locality population-based threshold for a salary increase in FY24.

CLERKS CAREER DEVELOPMENT PROGRAM

Funding and budget language provide for the participation of Clerks in a Career Development Program. Original certifications and re-certifications are a part of each year's February 1 budget request process, and associated 9.3% salary increases become effective the following July 1 for a full fiscal year.

Estimates for FY24 include the cost of career development salary increases only for those officers that are currently funded for participation in the program in FY23 and have maintained the criteria of the program for FY24. Additional FY24 career development salary increases will be determined by the Board during the budget approval process and will be based on Clerks' certifications by February 1, 2023 that all program criteria have been met, subject to available funding for the program. Note that no new funding to provide career development salary increases for new participants has been approved by the General Assembly; however, existing funding within the current appropriation will be available to approve some additional participation.

County Administrators and City Managers may wish to contact the Clerk to determine the participation of that office in the Career Development Program.

DEPUTY CLERKS CAREER DEVELOPMENT PROGRAM

Funding and budget language provide for the participation of Deputy Clerks in Career Development Programs. Original certifications and re-certifications for the deputy programs are a part of each year's February 1 budget request process, and associated salary increases of 9.3% become effective the following July 1 for a full twelve months.

Estimates for FY24 include the cost of career development salary increases only for those deputies that are currently funded for participation in the programs in FY23 and have maintained the criteria of the program for FY24. Additional FY24 career development salary increases will be determined by the Board during the budget approval process and will be based on the Officers' certifications by February 1, 2023 that all program criteria have been met and identifying eligible individuals, subject to available funding for the program. Note that no new funding to provide career development salary increases for new participants has been approved by

the General Assembly at this time; however, existing funding within the current appropriation will be available to approve some additional participation.

County Administrators and City Managers may wish to contact the Clerk to determine the participation of those offices and the eligibility of deputies in their offices for the Career Development Program.

BENEFITS

Fringe Benefits are included in these estimates. FY24 funding is approved for the Compensation Board to reimburse localities for 2/3 of retirement contributions at the rate approved for the locality by VRS, or 2.13%, whichever is less. In FY24, contributions will be required for VRS Group Life Insurance, with a reimbursement rate of 2/3 of the approved contribution rate of 0.28%. The Compensation Board remains funded to reimburse localities for 2/3 of FICA contributions at 7.65% of the taxable portion of salaries paid. FICA contributions are also reimbursed at 2/3 of 7.65% of the amount of salaries reimbursed for hourly wage employees.

SALARIES FOR HOURLY WAGE EMPLOYEES (TEMPORARY)

The estimate includes funding for hourly wage (temporary) salaries at the same level as approved July 1, 2022, or the amount requested by the Circuit Court Clerk, whichever is less.

ADDITIONAL POSITIONS

The estimate does not include the allocation of additional deputy clerk positions in Circuit Court Clerks' offices as no additional positions have been approved by the 2023 General Assembly for FY24.

There are no positions available for reallocation under the position reallocation policy, as there was a moratorium on freezes under the policy in FY23 due to workload impacts from recent years caused by the pandemic.

OFFICE EXPENSES

The estimate includes funding for office expenses at the same level as approved July 1, 2022, or the amount requested by the Clerk, whichever is less.

CLERKS TECHNOLOGY

Funding for technology in Clerks' offices is <u>not</u> included in the budget estimate. However, a separate estimate has been prepared to provide Clerks and local governments with a projection of revenue to be collected in FY23 and funds to be available for request in FY24. To review projected Technology Trust Fund (TTF) revenue collections and the estimate methodology, please use the back button in your browser to return to the previous screen, and select the "Clerks Technology Trust Fund Revenue Estimate" from the drop down list of estimates that can be reviewed.

The Compensation Board will follow the same process for funding Clerks' TTF requests in FY24 as it has over the past years, i.e., Clerks will make requests for TTF in August 2023.

PREMIUM RECOVERIES

The estimate identifies amounts projected to be recovered from the payroll/expense reimbursements for the local share of premium payments made on behalf of Circuit Court Clerks' offices. For the premiums paid by the Compensation Board for the VARISK general liability insurance and surety bond, 100% will be recovered from each locality as determined by the Division of Risk Management (DRM) based upon claims history and other actuarial factors. For the premiums paid by the Compensation Board for the retiree health care credit, 100% of the unfunded amount is recovered from each locality according to actual contribution costs provided by the Virginia Retirement System.

FY24 BUDGET ESTIMATES FOR TREASURERS, COMMISSIONERS OF REVENUE, AND DIRECTORS OF FINANCE

(NOTE: The estimate format below includes two columns of estimated budget data for Treasurers, Commissioners of the Revenue, and Directors of Finance. The first column indicates estimated total budgeted amounts, and the second column indicates the estimated state share of reimbursements, and does <u>not</u> reflect the required local match, if appropriate.)

CURRENT POSITIONS

The estimate is based upon funding all Compensation Board reimbursed permanent positions approved as of March 1, 2023.

SALARY ADJUSTMENTS/ PAY FOR PERFORMANCE

A base salary increase of 5% effective July 1, 2023 has been included in the estimates for Treasurers, Commissioners of the Revenue, Finance Directors and full-time Compensation Board funded employees in these offices.

Based on 2023 population estimates provided by the Weldon Cooper Center for Public Service, no Treasurer's, Commissioner's, or Finance Director's office has met a locality population-based threshold for a salary increase in FY24.

TREASURERS CAREER DEVELOPMENT PROGRAM

Funding and budget language provide for the participation of Treasurers in a Career Development Program. Original certifications and re-certifications are a part of each year's February 1 budget request process, and associated 9.3% salary increases become effective the following July 1 for a full fiscal year.

Estimates for FY24 include the cost of career development salary increases only for those officers that are currently funded for participation in the program in FY23 and have maintained the criteria of the program for FY24. Additional FY24 career development salary increases will be determined by the Board during the budget approval process and will be based on Treasurers' certifications by February 1, 2023 that all program criteria have been met, subject to available funding for the program. Note that no new funding to provide career development salary increases for new participants has been approved by the General Assembly at this time; however, existing funding within the current appropriation will be available to approve some additional participation.

County Administrators and City Managers may wish to contact the Treasurer to determine the participation of that office in the Career Development Program.

COMMISSIONERS OF THE REVENUE CAREER DEVELOPMENT PROGRAM

Funding and budget language provide for the participation of Commissioners of the Revenue in a Career Development Program. Original certifications and recertifications are a part of each year's February 1 budget request process, and associated 9.3% salary increases become effective the following July 1 for a full fiscal year.

Estimates for FY24 include the cost of career development salary increases only for those officers that are currently funded for participation in the program in FY23 and have maintained the criteria of the program for FY24. Additional FY24 career development salary increases will be determined by the Board during the budget approval process and will be based on Commissioners' certifications by February 1, 2023 that all program criteria have been met, subject to available funding for the program. Note that no new funding to provide career development salary increases for new participants has been approved by the General Assembly; however, existing funding within the current appropriation will be available to approve some additional participation.

County Administrators and City Managers may wish to contact the Commissioner of the Revenue to determine the participation of that office in the Career Development Program.

<u>DEPUTY TREASURERS AND DEPUTY COMMISSIONERS OF THE REVENUE CAREER DEVELOPMENT PROGRAMS</u>

Funding and budget language provide for the participation of Deputy Treasurers and Deputy Commissioners of the Revenue in Career Development Programs. Original certifications and re-certifications for the deputy programs are a part of each year's February 1 budget request process, and associated salary increases of 9.3% become effective the following July 1 for a full twelve months.

Estimates for FY24 include the cost of career development salary increases only for those deputies that are currently funded for participation in the programs in FY23 and have maintained the criteria of the programs for FY24. Additional FY24 career development salary increases will be determined by the Board during the budget approval process and will be based on the Officers' certifications by February 1, 2023 that all program criteria have been met and identifying eligible individuals, subject to available funding for the program. Note that no new funding to provide career development salary increases for new participants has been approved by the General Assembly at this time; however, existing funding within the current appropriation will be available to approve some additional participation.

County Administrators and City Managers may wish to contact the Treasurer and Commissioner of the Revenue to determine the participation of those offices and the eligibility of deputies in their offices for the Career Development Programs.

BENEFITS

Fringe Benefits are included in these estimates. FY24 funding is approved for the Compensation Board to reimburse localities for retirement contributions at the rate approved for the locality by VRS, or 2.13%, whichever is less. In FY24,

contributions will be required for VRS Group Life Insurance, with a reimbursement rate of 0.28%. The Compensation Board remains funded to reimburse localities for FICA contributions at 7.65% of the taxable portion of salaries paid. FICA contributions are also reimbursed at 7.65% of the amount of salaries reimbursed for hourly wage employees.

SALARIES FOR HOURLY WAGE EMPLOYEES (TEMPORARY)

The estimate includes funding for hourly wage (temporary) salaries at the same level as approved July 1, 2022, or the amount requested by the Treasurer, Finance Director or Commissioner of the Revenue, whichever is less.

ADDITIONAL POSITIONS

The estimate does not include the allocation of any new deputy Treasurer, Finance Director or Commissioner of the Revenue positions as no additional funding for new positions has been approved by the General Assembly for FY24.

There are no positions available for reallocation under the position reallocation policy, as there was a moratorium on freezes under the policy in FY23 due to workload impacts from recent years caused by the pandemic.

OFFICE EXPENSES

The estimate includes funding for office expenses at the same level as approved July 1, 2022, or the amount requested by the Treasurer, Finance Director or Commissioner of the Revenue, whichever is less.

EQUIPMENT

The estimate does <u>not</u> include any funds for equipment purchases.

PREMIUM RECOVERIES

The estimate identifies amounts projected to be recovered from the payroll/expense reimbursements for the local share of premium payments made on behalf of Treasurers, Commissioners of the Revenue and Finance Directors' offices. For the premiums paid by the Compensation Board for the VARISK general liability insurance and surety bond, 100% will be recovered from each locality as determined by the Division of Risk Management (DRM) based upon claims history and other actuarial factors. For the premiums paid by the Compensation Board for the retiree health care credit, 100% of the unfunded amount is recovered from each locality according to actual contribution costs provided by the Virginia Retirement System.

FY24 ESTIMATES FOR CIRCUIT COURT CLERKS' TECHNOLOGY TRUST FUNDS

The revenue estimate is based upon current projections of funds to be accrued in FY23, expenditures to date of FY23 budgeted funds, FY23 revenue collections to date, and the proportional distribution of a FY24 line of credit. Projections of total FY23 collections are based upon the average of FY23 collections to date, and the availability of funds for FY24

is based upon actual expenditures as reimbursed in FY23 through the January, 2023 reimbursement (in February, 2023). Consequently, actual funds available to budget by local offices in the fall of 2023 will be impacted by any changes in actual collections from projected collections and total expenditures in the remainder of FY23.

The following is a description of each element of the Technology Trust Fund (TTF) Revenue Estimate:

FY23 \$4 TTF Funds Available

Local Clerk's office TTF Budget Balance (\$4 TTF) available during the FY23 budget cycle (August 2022), based upon unexpended funds collected through June 30, 2022 and an estimated allocation of \$7.5 million in line of credit funds based on prior year collections and the maximum credit line available.

FY23 \$4 Current Authorized Budget

Portion of FY23 \$4 TTF Funds available budgeted for expenditure during the FY23 budget cycle or through Compensation Board monthly docket action during the current fiscal year.

FY23 \$4 Beginning Cash Balance

FY23 \$4 TTF Funds available at beginning of year based upon FY22 unexpended cash balances. Incoming cash collections in FY23 must be added to this amount to allow for expenditures under the current authorized budget.

FY23 \$4 Collections YTD July-February

4/5 of revenue deposited into fund source 07080, revenue source code 4008106, from July, 2022 through February, 2023. Represents \$4 of the \$5 technology trust fund fee assessed on land records transactions.

FY23 Projected Total \$4 Collections

Current year-to-date \$4 collections plus four months at the average monthly collection amount, projecting total collection amounts through June, 2023. Actual total collections may vary according to transactions in the remaining months of the year, and will be available at the end of July, 2023.

FY23 \$4 Expended Year-to-Date

FY23 \$4 TTF expenditures from FY23 current authorized budget, requested for reimbursement through COIN in the months of October, 2022 – February, 2023, which includes FY23 reimbursements through the month of January, 2023.

FY23 Projected Total \$4 Expenditures

Current year-to-date \$4 TTF expenditures plus projected maximum expenditures for reimbursements through COIN in the month of June, 2023, which includes FY23 reimbursements for the month of May, 2023. Maximum expenditure levels through May 2023 are projected based upon the lesser of the FY23 authorized budget or FY23 projected total \$4 collections through May 2023. FY24 Estimated TTF Funds Available will assume that all funds budgeted and available are completely expended by May 2023. Budgeted and available funds that remain unexpended by May 2023 may increase the funds available in FY24.

Note: June 2023 collections will not accrue prior to fiscal year-end and will not be available for expenditure, and are therefore not reflected in FY23 Projected Total \$4 Expenditures. These collections will be included in FY23 Projected \$4 Year-End Cash Available.

FY23 Projected \$4 Year-End Cash Available

FY23 \$4 Beginning Cash Balance plus FY23 Projected Total \$4 Collections minus FY23 Projected Total \$4 Expenditures. The year-end cash available would be carried forward to FY24 as a beginning cash balance.

FY24 Projected \$4 Line of Credit

The projected distribution of line of credit funds for budgeting is based upon a proportional distribution of \$5.5 million of a legislative approved line of credit for FY24, with the proportioning across all offices based upon FY23 Projected Total \$4 Collections. The projected line of credit is based upon the lesser of the \$8.0 million line of credit or projected 11 months of collections in FY24, as June, 2024 collections become a part of year-end cash available in the following year. The line of credit allows for budgeting and spending of TTF collections during the year in which they are collected, as they are being collected.

FY24 Estimated TTF Funds Available

Anticipated amount available to be budgeted in FY24 based on FY23 projected year-end cash, and including line of credit funding proportioned by FY23 collection levels with a minimum of \$1,000 in \$4 TTF available for each office. Changes in the rate of collections and unexpended balances of currently budgeted and available funds remaining at FY23 year-end may increase the funds available in FY24. These figures also do not include potential allocation of \$1 funds that may be available through a proportioned share of the line of credit.

If you have any questions concerning this estimate, please contact Charlotte Lee or Robyn de Socio.

COMPENSATION BOARD ESTIMATE OF STATE FUNDS FOR FY24 AS REQUIRED BY SECTION 15.2-1636.8,CODE OF VIRGINIA

FIPS - 007 LOCALITY - Amelia

SHERIFF	BUDGETED
OFFICER'S SALARY	93,263
STAFF SALARIES	750,840
TEMPORARY BASE	13,270
TOTAL SALARIES	857,373
FRINGE BENEFITS	85,932
OFFICE EXPENSE BASE	0
PREMIUM RECOVERIES	-18,369
FY24 BUDGET ESTIMATE STATE FUNDS	924,937

COMM ATTY	BUDGETED
OFFICER'S SALARY	145,355
STAFF SALARIES	99,952
TEMPORARY BASE	0
TOTAL SALARIES	245,307
FRINGE BENEFITS	24,678
OFFICE EXPENSE BASE	0
PREMIUM RECOVERIES	-1,391
FY24 BUDGET ESTIMATE STATE FUNDS	268,594

CLERK	BUDGETED
OFFICER'S SALARY	116,726
STAFF SALARIES	114,288
TEMPORARY BASE	0
TOTAL SALARIES	231,014
FRINGE BENEFITS	15,493
OFFICE EXPENSE BASE	0
PREMIUM RECOVERIES	-4,262
FY24 BUDGET ESTIMATE STATE FUNDS	242,246

TREASURER	BUDGETED	REIMBURSED
OFFICER'S SALARY	82,837	75,347
STAFF SALARIES	36,240	18,120
TEMPORARY BASE	0	0

TOTAL SALARIES	119,077	93,467
FRINGE BENEFITS	11,979	9,403
OFFICE EXPENSE BASE	0	0
PREMIUM RECOVERIES		-1,517
FY24 BUDGET ESTIMATE STATE FUNDS	131,056	101,353

COMM OF REV	BUDGETED	REIMBURSED
OFFICER'S SALARY	90,540	84,388
STAFF SALARIES	88,656	44,328
TEMPORARY BASE	0	0
TOTAL SALARIES	179,196	128,716
FRINGE BENEFITS	18,027	12,949
OFFICE EXPENSE BASE	0	0
PREMIUM RECOVERIES		-754
FY24 BUDGET ESTIMATE STATE FUNDS	197,223	140,910

FY23 \$4 TTF FundsAvailable	\$24,783.43
FY23 \$4 Current Authorized Budget	\$20,296.00
FY23 \$4 Beginning Cash Balance	\$14,652.43
FY23 \$4 Collections Year to Date	\$5,572.00
FY23 Projected Total \$4 Collections	\$8,358.00
FY23 \$4 Expended Year to Date	\$0.00
FY23 Projected Total \$4 Expenditures	(\$20,296.00)
FY23 Projected \$4 Year-End Cash Available	\$2,714.43
FY24 Projected \$4 Line of Credit	\$7,661.45
FY24 Transfer of \$4 TTF to General Fund Budget	\$0.00
FY24 Estimated \$4 TTF Funds Available	\$10,375.88



225 Industrial Park Rd. Farmville, VA 23901 | (434) 315-5909

January 17, 2023

Mr. Taylor Harvie, County Administrator Amelia County P.O. Box A Amelia, VA 23002

Dear Mr. Harvie and Members of the Board:

I am writing to formally request funding for the 2023-2024 fiscal year. STEPS is a private, not for profit, 501(c) 3 organization that focuses on changing the poverty paradigm and provides services to some of the most vulnerable citizens in your county. We are appreciative of the support we received from Amelia County this year and are requesting level funding, \$15,012.00 for Fiscal Year 2024. However, in the event our organization agrees to fill the void left by the closing of the Southside Center for Violence Prevention (SCVP)/Madeline's House for the provision of regional domestic violence services, we will need to revisit our funding request.

STEPS is honored to serve as your county's community Action Agency, and we recognize the responsibility that comes with this designation. The funding we request is used as the 25% local cash match required to ensure STEPS can take tull advantage of the grants available only to Community Action Agencies to battle poverty in your county. Without matching funds, those available dollars may be allocated to other localities in the Commonwealth. The overall impact of local dollars is extremely critical. During the 2021-2022 fiscal year, STEPS was able to pull down \$5,915,851.00 in additional state and federal program dollars to serve and support citizens in need in our region. What an impact to our region! And it begins with your local contribution.

To ensure all data correlates, the statistics provided below are based on the 2021-2022 completed fiscal and program year. In the 2021-2022 fiscal year Amelia's contribution was \$15,012.00. This data will demonstrate our impact and document the return on investment your citizens received from your financial support of STEPS:

- **IMPACTED LIVES: 2,096** lives were touched by STEPS in our region
 - o 140 were Amelia County residents in need
 - 7% of the lives touched were Amelia County citizens in need
- WAGES: STEPS paid \$3,502,275.12 in earned wages
 - o \$116,604.22 was paid to Amelia residents
 - For every \$1.00 you appropriated to STEPS, \$7.77 was paid to a Amelia County citizen employed at STEPS

- VENDOR PAYMENTS: STEPS paid \$3,770,195.60 to regional vendors
 - o \$29,416.25 was paid to Amelia County businesses
 - For every \$1.00 you appropriated to STEPS, \$1.96 was paid to vendors in Amelia County

STEPS provides thirteen (13) services in the following impactful areas:

- Four (4) Housing Services
- Six (6) Workforce Development & Economic Development Services
- Three (3) Early Childhood Education Services

I have taken the liberty to include three (3) attachments for your Board's review:

- Programs of Service this briefly describes each service we provide to your citizens
- Service Delivery Statistics documenting our services and the number of unduplicated citizens
 we served in each service category during FY2021-2022 as compared to surrounding
 jurisdictions
- STEPS 2022 Annual Report highlighting "Many Minds One Mission" and stories of the lives we touched. Without you, it would not be possible.

STEPS also believes it is our mission to serve as a lead collaborator in the region. Currently, STEPS staff serve as facilitators/participants in the following community initiatives:

- Heartland Local Planning Group (six county regional housing group focused on reducing homelessness) and our Homeless Housing Task Force
- South Central Virginia Nonprofit Network (<u>www.SCVNN.org</u>)
- Prince Edward/Town of Farmville Housing Coalition (collaborating with a not for profit developer to increase attainable housing options on the former Longwood Village site.)

STEPS is proud to serve as the Virginia Homeless Solutions Provider for Amelia County. Our numbers continue to increase and without an emergency shelter in the region, our only option for emergency shelter is to utilize local hotels. This is expensive and not conducive for us to work proactively with those experiencing homelessness to regain their stability. For this reason, STEPS convened a regional Homeless Housing Task Force and are working toward the creation of a supportive housing community in which we can bridge homelessness with an option for stabilization prior to individuals, couples and families moving on to more permanent residential options. As you know, Shawn Rozier, STEPS Vice President of Housing, has reached out to discuss how you can assist us in seeing this project realized. We hope you will look favorably on a request to utilize a portion of your American Rescue Plan Act (ARPA) funds for this critical need. Please consider making this initiative a priority for your ARPA funds.

We are proud of our job training/employment options for adults with disabilities. The recycling center and secure document destruction operations not only provide valued services to the region, but also provide employment to thirteen individuals with significant disabilities. Thank you for your support by trusting us to shred your confidential products. In FY2021-2022, these two operations recycled over 1,200 tons (2.4 MILLION pounds) of material. In 2022, we started a *Supported Employment* program which provides trained Employment Specialists to assist adults with disabilities to secure employment, provide onsite job coaching and provide ongoing support to ensure job retention.

As you are aware, Piedmont Regional Transit operates a public transit route in Amelia County. An official request for continued support of this vital service will be forthcoming from them. Respectfully, we believe that access to public transportation is an essential need for Amelia County residents and we hope that you will continue to support this valuable operation.

It is imperative that any entity that is responsible for providing quality services does so in the most cost efficient and trustworthy manner. It is my hope that you agree STEPS has proven our ability to do just that. The total request for Fiscal Year 2024 is \$15,012.00, level funding of the current FY2023 contribution with the understanding that should STEPS begin providing domestic violence services, we will request your support with those lifesaving services.

Attached is a copy of our FY22 Annual Audit and corresponding 990. We also agree to permit Amelia County to review and inspect our financial records if requested. If you have any questions, please do not hesitate to contact any STEPS Board member, Ashton Bozo, STEPS Vice President of Administration, abozo@steps-inc.org, (434) 315-5909 Ext 214 or me (both Amelia County residents!)

It is always a pleasure to speak before your Board and I would be happy to do so if requested. Our mission says it best,

"STEPS leads, coordinates, creates and delivers quality opportunities to impact self-sufficiency and reduce poverty throughout our region."

Thank you for supporting our efforts as we focus on "Moving Lives Forward!"

Most Sincerely,

Sharon L. Harrup, MS

President/CEO

sharrup@STEPS-inc.org

(434) 315-5909 Ext 212 office

(434) 390-0692 mobile

Cc: Ms. Debra Adams, Chair, STEPS Board of Directors – representing people in poverty

Mr. Dexter Jones, STEPS Board of Directors - Amelia County Elected Official Appointee

Attachments: STEPS Programs of Service

STEPS Service Delivery Statistics - unduplicated

STEPS FY22 Annual Report

FY2022 Annual Audit

FY2022 990

Enclosures: Five (5) Packets – one (1) for each Board Member include:

Cover Letter

STEPS Programs of Service

STEPS Service Delivery Statistics - unduplicated

STEPS FY22 Annual Report



PROGRAMS OF SERVICE

Housing

o STEPS Commercial Business Lines employ adults with disabilities and provides

transportation to work in two "green" lines of business with support from the Virginia.

EnergyShare aids with paying heating and cooling bills of families in need through a

Virginia Homeless Solutions Program provides case management services to individuals and families who are homeless or at risk of becoming homeless through three branches of

programming: shelter, rapid-rehousing, and prevention. The Virginia Department of Housing

partnership with Dominion Energy.

Workforce & Economic Development

- transportation to work in two "green" lines of business with support from the Virginia Department of Aging and Rehabilitative Services.
 - The Recycling Center processes over 800 tons of material on an annual basis.
 Secure Document Destruction shreds confidential documents for businesses and citizens and recycles over 400 tons of paper each year.
- Senior Community Services Employment Program places individuals over the age of 55 in employment training sites to gain employment skills. The Virginia Department of Aging and Rehabilitative Services funds this program.
- Whole Family supports every member of the household in becoming self-sufficient and rise out of poverty. This program is funded by the Department of Social Services.
- Workplace Supports assists TANF recipients to locate and sustain employment with the goal
 of exiting public assistance and reaching independence. This program is funded through a
 grant with eight local Departments of Social Service.
- Supported Employment serves those with disabilities that are referred to STEPS from the
 Department of Aging and Rehabilitative Services (DARS). STEPS offers situational
 assessments, job coaching, and follow-along services to ensure that those with disabilities
 can gain equal employment opportunities as those without disabilities.
- Skookum Collaboration provides employment to individuals with disabilities on Federal
 installations/bases. STEPS provides all the case management and employee support
 services to ensure the employee with a disability is stable in the job and his/her personal life.

Early Childhood Education

 Head Start provides early childhood education to eligible three- and four-year-old children in eight South Central Virginia counties. Early Head Start provides infant and toddler care in Amelia, Charlotte, Lunenburg, and Prince Edward counties. STEPS also offers services to expectant mothers.

Community Collaborations

- Heartland Local Planning Group provides a regional forum that focuses on reducing homelessness.
- Homeless Housing Task Force is focused on providing alternatives to hotel use for those citizens who are literally homeless. This group of volunteers is focused on developing a "tiny house" community versus a large congregate setting.
- South Central VA Nonprofit Network_a forum of regional organizations to coordinate services, share best practices and focus on mutual training needs. This group recently launched a resource directory website, www.SCVNN.org
- Prince Edward County/Farmville Literacy Council provides ABL and ESL services to adults in need of skill development.
- Prince Edward County/Town of Farmville Housing Coalition_works to address the lack of adequate housing resources at all income levels. Collaborating on the South Main Neighborhood, formerly Longwood Village.

CORPORATE OFFICE: 225 Industrial Park Road - Farmville, VA 23901 - (434) 315-5909



Service Delivery

July 1, 2021 - June 30, 2022

WORKE	R F	ORCE I	WORKFORCE DEVELOPMENT	31 I	1, 2(EDUCATION	Je 30	ALL TYPES OF SUPPORT	*TOTALS	TRANSPC	TRANSPORTATION SERVICES	RVICES	ECONOMIC DEVELOPMENT
VHSP TITLE V W		WPS	DARS	WIOA	Early Head Start and Expected Moms	Head Start	Parents that obtained training through HS/EHS	Whole Family	Persons Served Per County*	Head Start	STEPS	Piedmont Area Transit Route (STEPS Funded)	Total Employees
1 1	-		-		13	17	2		140	2,504	721		6
2						19	2		24				9
_				1					12				က
33 1	-					18	9		237	1,530			10
									0				က
6 3 7	7		2	4	24	18	2	56	96	1,808	1,967		32
44 3 9	o		ო	_				80	182	836		1,603	10
10				15					22				9
4	4		က	2	50	29	က		244	2,504	1,770		48
				4					18				2
107 1 6	9		_	က		22	2	12	348	1,669			တ
3 6 5	2	_	S.	Ξ	26	23	38	22	770	3,060	2,098		56
													9
504 24 33	33		18	61	83	146	58	68	2,096	13,911	6,556	1,603	170
			136			287		89	2,096		22,070		170

>DARS = Department of Aging and Rehabilitative Services >WIOA Youth = Workforce Innovation and Opportunity Act 16-24 Yr Old Out of School Youth

>VHSP = Virginia Homeless Solutions Program >WIOA Youth = W >Title V = Senior Community Service Employment Program

PIEDMON ³	T HEALTH	DISTRICT			BUDGET
		ľ		BUDGET	REQUEST
				2022-2023	2023-2024
1100 PERS	SONAL SEI	RVICES			
		LOYEE BEI	NEFITS	141,156.56	146,798.00
	1120 SALA			282,472.00	305,995.00
1100 SUB	TOTAL			423,628.56	452,793.00
1200 CON	 TRACTUAL	SEDVICE			
1200 CON			ON SERVICES	15,000.00	15,000.00
			VELOPMENT	500.00	500.00
		TH SERVI			1,500.00
				1,500.00	
			SERVICES	4,500.00	4,500.00
		TODIAN SF		8,000.00	8,000.00
			INTENANCE (VITA)	11,000.00	11,000.00
4000 OUD		NSPORTAL	ION SERVICES	12,900.00	12,900.00
1200 SUB	IOTAL			53,400.00	53,400.00
1300 SUP	PLIES & MA	ATERIALS			
	1310 ADM	INISTRATI	VE SUPPLIES	3,500.00	3,500.00
	1320 ENE	RGY SUPP	LIES	4,000.00	4,000.00
	1340 MED	ICAL & LAE	SUPPLIES	12,000.00	12,000.00
	1350 REP/	AIR/MAINT	ENANCE SUPPLIES	2,100.00	2,100.00
	1370 SPE	CIFIC USE	SUPPLIES	2,400.00	2,400.00
1300 SUB				24,000.00	24,000.00
1500 CON	 TINUOUS (PHADGES			
1300 CON		IXED ASS	ETC	40.00	40.00
		SED EQUIP		40.00	40.00
	1530 REN		IVILIAI	9,000.00	9,000.00
-		I VICE CHAF	OCEC	3,000.00	3,000.00
		RANCE-OF		3,000.00	3,000.00
1500 SUB				12,040.00	12,040.00
2200 EQUI	DATENT				
2200 EQUI	PIVIENI				
GROSS BI	JDGET			513,068.56	542,233.00
L EGG DE	ENUIE			00.000.00	20.000
LESS REV	ENUE			99,800.00	99,800.00
NET BUDO	ET			413,268.56	442,433.00
STATE OU	ADE			204 540 24	007.504.45
STATE SH	AKE			261,512.21	287,581.45
LOCAL SH	IARE			151,756.35	154,851.55



Chesterfield County, Virginia Fire & EMS

6731 Mimms Loop - P.O. Box 40 - Chesterfield, VA 23832 Phone: (804) 748-1360 - Fax: (804) 751-9022 - Internet: chesterfield.gov



Edward L. Senter Jr. Chief

December 1, 2022

DECEIVED

DEC 0 9 2022

BY: All

Mr. A. Taylor Harvie, III County Administrator P.O. Box A Amelia, VA 23002

Dear Mr. Harvie, III:

The purpose of this letter is to request that Amelia County budget during FY-2024 for on-going financial support of the regional Med-Flight Program.

Med-Flight-I is a collaborative effort among Chesterfield Fire & EMS, the Virginia State Police, Virginia Commonwealth University (VCU) and the Virginia Department of Health. For over 30 years, the Virginia State Police has funded the helicopter and pilots and Chesterfield County has funded the flight paramedics, with financial assistance from localities and hospitals within Central Virginia. Beginning in FY-2016, VCU expanded its partnership in the program by providing flight paramedics, which reduced Chesterfield's total costs for the medical staff. This expanded partnership along with additional funding from the Virginia State Police reduces the amount of funding requested by Chesterfield County from the localities. If the additional funding from the State is not continued in future years, Chesterfield's costs for the program will increase and it will be necessary to increase the amount requested from the localities in Central Virginia in order to sustain this valuable program.

Over the last four fiscal years, Med-Flight-I answered 2,769 missions in the region and provided state-of-the-art aero-medical services to 1,268 patients. During that time period, Med-Flight-I handled 64 missions in Amelia County, accounting for 2.60% of the total missions in the region. As you prepare your FY-2024 budget, I am requesting that you include \$1,500 in support of the Med-Flight-I Program. This per-capita based amount will help Chesterfield County to continue supporting the excellent aero-medical services your community has come to expect.

4-100-032300-5685

Please send all correspondence regarding the Med-Flight program to the following address:

Chesterfield Fire & EMS Attn. Sherry Dunbar, Financial Manager P.O. Box 40 Chesterfield, VA 23832

If you require any more specific information about this program for your FY-2024 budget process, please contact Chief Flight Paramedic, Lieutenant Gregory Jones in his office at (804) 743-2295 or by email at <u>jonesg@chesterfield.gov</u>.

Thank you for your consideration of this request. As always, I appreciate your ongoing support, and I look forward to working with you in the future.

Sincerely,

Edward L. Senter, Jr.

Fire Chief

Joshua Worrell

From: Taylor Harvie

Sent: Sunday, January 29, 2023 7:30 PM

To: Joshua Worrell

Subject: Fw: FY 23-24 partnership request **Attachments:** Amelia Stats and Request 23-24.pdf

Hello Josh - I would consider this the budget request for FY24 from the Longwood SBDC. Thanks. Taylor

Taylor Harvie Amelia County Administrator (804)561-3039 Office (804)839-0039 Cell

From: McGuire, Sheri <mcguiresr@longwood.edu>

Sent: Friday, January 27, 2023 11:54 AM

To: Taylor Harvie <Taylor.harvie@ameliacova.com> **Cc:** Ashley Gunn <ashley.gunn@ameliacova.com>

Subject: FY 23-24 partnership request

Hi Taylor,

I'm reaching out to all of our local funding partners with an activity report for each locality and an official request for local matching funds to continue for the SBDC in 23-24.

I'm hoping this report fits your needs for a funding application. Please let me know if you have questions. SBDC is very dependent upon local match, which covers one-third of our operational budget each year and meets the requirement for our SBA funding. Our goal, for some time, has been .30 per capita from each county. I'm hoping you will consider meeting that goal this year, which would be \$4,000 for Amelia.

Please let me know if we can answer any questions at all, and if you need further documentation for your budget processes.

Have a great weekend!

Sheri McGuire
Associate VP for Community and Economic Development
Longwood University
Office of Community and Economic Development
315 West Third Street
Farmville, Virginia 23901

434-395-2360





January 26, 2023

ATTN: Taylor Harvie **County Administrator Amelia County** 16360 Dunn Street, Suite 101 P.O. Box A Amelia, VA 23002

RE: Grant Application

Mr. Harvie,

On behalf of The Blackstone Area Bus System, I would like to thank you for your support to our organization over the years, and for the opportunity to once again submit a request for funding for a new year.

The Blackstone Area Bus System respectfully requests continued funding from Amelia County for the upcoming fiscal year 2024. These funds will be allocated to cover the system's annual operating costs throughout the upcoming year. This year's request will be in the amount of \$10,600.00. This request is the same amount as the previous request for the current FY2023. If you have any questions or concerns, please let me know.

During the year 2022, the Amelia/Prince Edward Line made over 800 trips. This number is still down from past years primarily due to the ongoing COVID-19 dilemma. However, it is beginning to rise again and we expect this number to continue to rise as we all make a slow return to normality. Many of these trips account for those going to and from their place of work and home. The majority of these trips begin and end in Amelia County.

BABS is proud to be offering public transportation services within Amelia County and looks forward to a continued and mutually beneficial partnership.

Respectfully,

Mary Benson Transit Director Blackstone Area Bus System 101 BABS Lane Blackstone, VA 23824

Joshua Worrell

From:

Taylor Harvie

Sent:

Wednesday, December 28, 2022 8:45 AM

To:

Joshua Worrell

Subject:

Fw: Free Clinic of Powhatan

Hello Josh - This is additional corespondence from the Powhatan Free Clinic. In it, they have provided data of services to Amelia County residents and they are also requesting that \$10,000 be placed into the FY23-24 upcoming budget for their organization. Please place this into your budge files for consideration by the Board. Thanks. Taylor

Taylor Harvie Amelia County Administrator (804)561-3039 Office (804)839-0039 Cell

From: ccmoslow@aol.com <ccmoslow@aol.com>

Sent: Thursday, October 13, 2022 4:05 PM

To: Taylor Harvie <Taylor.harvie@ameliacova.com>

Subject: Fwd: Free Clinic of Powhatan

V

----Original Message----

From: ccmoslow@aol.com

To: taylorharvie@ameliacova.com <taylorharvie@ameliacova.com>; ccmoslow@aol.com

Sent: Thu, Oct 13, 2022 3:45 pm Subject: Free Clinic of Powhatan

Hi Taylor,

Here are some numbers of Amelia (low-income, uninsured) residents that come to the Clinic in Powhatan. Taylor these numbers are for 1 year only...from 9/1/21 to 9/1/22. They include:

Medical visits: 103 visits Dental visits: 160 visits

Dentures provided to patients: 12 sets of dentures

14.4% of dental clinic patients seen in September 2122 were from Amelia

Taylor..all services to the patients are free..as we both know nothing is free. Our yearly budget is \$579,900... all of which the Clinic must raise

Our cost alone for the dentures (not the visits) was close to \$7000.

If we list each visit as a cost of \$90 (which as you know you can not go to a dentist for \$90) our costs add up

Taylor, we also provide the medical patients with their prescriptions free of charge, diabetic supplies and blood pressure cuffs free of charge

So as you see Powhatan has made quite a commitment to Amelia and would certainly appreciate you including us in your budget for at least \$10,000 this year. Taylor, we have been servicing Amelia for the last 2-3 years.

Thanks Taylor, please call me if you have any questions.

Connie

Connie Moslow Executive Director cell..804 874 2213



Development Office
P.O. Box 6200, 513 Church Street
Lynchburg, VA 24505-6200
434.528.4722 Phone
434.528.3571 Fax
David B. Neumeyer, Esq., Executive Director
Rhonda J. Knight, Director of Development

Writer's email: development@vlas.org; Phone: 434-455-3085

November 30, 2022

Mr. A. Taylor Harvie III Administrator, Amelia County P.O. Box A Amelia, VA 23002

Dear Mr. Harvie,

DECEIVE DEC 0 5 2022

On behalf of Virginia Legal Aid Society, thank you for your past support. With your help, VLAS was able to help many families, as Amelia County began to emerge from the devastating effects of the COVID pandemic. In the year that ended June 30, 2022, we closed 29 cases in Amelia County, protecting 39 people struggling to secure stable housing, resist domestic violence, and overcome other serious problems. For 2023-24, we request funding in the amount of \$2,600.

VLAS needs your help again this year to continue to serve the members of our community. As we continue to deal with COVID-related damage – evictions, requests for government benefits, stresses on families – our services are more vital than ever.

We are the only organization that provides free civil legal services to low-income people in Amelia County. In Virginia, civil defendants represented by an attorney are **three times** as likely to have a successful outcome as those who aren't. For low-income people in Amelia County, VLAS is often their only hope.

We ask that you consider the following when reviewing our funding request:

- The results of our work last year in Amelia County (Attachment A);
- The variety of services that VLAS provides in Amelia County (Attachment B);
- Examples of how our work benefited recent clients (Attachment C);

With your support we can serve more clients and reduce the number of people we have to turn away for lack of resources. We appreciate the opportunity to apply for funding and would enjoy the opportunity to appear before your budget committee or your full board to further discuss our application. Please contact me if you have questions or comments.

Sincerely,

Sports Junglet

Rhonda J. Knight Director of Development

4-100-055000-5601



Services Provided and Outcomes Measurement Chart Virginia Legal Aid Society, Inc.

Amelia County

Objective	Measurement/Indicators	J		al Outcomes 1 – June 30, 2	2022
		Cases Closed	People Served	Funds Recovered	Unjust Claims Avoided
Increase and preserve financial resources	End vicious payday lending cycles; obtain bankruptcy protection; halt illegal debt collection practices; avert unlawful repossession and garnishments; overcome unfair and illegal sales practices; enforce sales contracts; preserve credit; and secure utility services		: .	-	
Maintain or obtain safe and affordable housing	Prevent improper evictions and foreclosures; enforce rights to decent, safe and habitable housing; restore and obtain access to public housing; resolve landlord/tenant disputes	8	11	\$10,240	\$4,300
Increase access to public benefit programs, health insurance, and/or employment	Obtain and preserve Food Stamp, TANF, WIC, unemployment and Social Security benefits; provide access to health care programs such as FAMIS, Social Security disability and Medicaid; preserve Medicare benefits; and increase access to employment	5	7		
Increase stability for families in transition	Obtain divorces, child support, child custody, protective order appeals, equitable distribution of marital property, and advance directives; enforce rights for children who have been denied or terminated from regular and special education services	16	21	:=:	-
	Totals	29	39	\$10,240	\$4,300

Average cost per case expended by VLAS: \$1,471. \$1,471 x 29 = \$42,659



An Overview of VLAS Services and Activities November 2022

Legal Advice and Representation: VLAS provides a wide range of legal services in the areas of housing, access to health care, income and public benefits, family relations, consumer and education. VLAS serves low-income people from five offices in Central, Southside and Western Tidewater Virginia. These services include advice, counsel, brief service, drafting of contracts and applications, negotiation, representation before administrative forums, litigation before state and federal trial and appellate courts.

Rent Relief: VLAS also helps tenants and landlords harmed by the COVID pandemic through the Virginia Rent Relief Program. VLAS Housing Navigators help tenants and landlords apply for money from the state to pay off tenant debt incurred since April 2020. The money can be used to pay off back rent, utility bills, food payments and other debts.

Special Programs of VLAS include:

- LawLine, VLAS's intake and advice hotline, provides screening, assessment, referrals, information and legal advice to applicants during their first contact with us. LawLine also refers callers needing additional help to a local VLAS office. The system helps thousands of people every year.
- 2) VLAS's **Domestic Violence** team helps domestic violence survivors obtain protective orders and provides a full range of civil legal support services to them and their families.
- 3) **Housing Improvement and Preservation (HIP)** provides advice and representation in evictions, foreclosures, and a host of landlord/tenant issues.
- 4) **Strengthening Families with Children (SFC)** helps low-income families with children maintain or obtain safe and affordable housing, gain access to health care and education, increase and preserve financial resources, and increase stability for families in transition.
- 5) Senior Citizens Legal Assistance provides advice and representation to older clients in need.
- 6) Private Bar Involvement (PBI) involves attorneys who represent VLAS clients pro bono.
- 7) Crisis and Income Protection (CIP) assists families and individuals in cases that increase or preserve income, or provide crisis relief related to housing and domestic violence.
- 8) Advocating for Special Kids (ASK) supports families with disabled children, providing resources to parents and guardians, as well as guidance on applicable laws from pre-school through higher education.



Renter Avoids Eviction, Keeps Voucher

Elena* had been renting a home under a Section 8 voucher, which she thought would pay all of her rent. In fact, it paid *almost* all her rent and she was required to pay \$38 each month. Due to some confusing language in the lease, she did not know that and was startled to discover her landlord had filed to evict her for nonpayment of rent. "You better get a lawyer," he told her. Elena turned to VLAS.

Elena's VLAS attorney spoke with the landlord and explained the misunderstanding on rent payments. The landlord said he understood, but Elena would still have to leave. Elena's VLAS attorney negotiated additional time for Elena to find a new place to live, so she could move in an orderly fashion and without having an eviction on her record. Also most critically, Elena was able to maintain her Section 8 voucher.

Thanks to VLAS, Elena was able to move without suffering the devastating impact of an eviction.

Mother is Protected from Abusive Husband

Millie* lived with her five children, supporting the family as best she could on limited income. Her estranged husband made life harder still by abusing her. One day, during an argument, her estranged husband took her cell phone. He grabbed her and pinned her to the bed. Eventually, Millie escaped and called the police. Soon after, she called VLAS, asking for help.

Millie's VLAS attorney was prepared to argue for her in court to obtain a protective order. But before the court date, she was able to negotiate with Millie's husband and get him to agree to a two-year, no contact protective order. As part of the agreement, the husband was given permission to continue phone contact (but only phone contact) with his two biological children.

Thanks to VLAS, Millie was not only able to restore her piece of mind with the two-year protective order, she also was spared the ordeal of a contentious court hearing to obtain that protective order.

Laid-off Worker Finally Receives COVID Benefits

Maria* was working part-time in retail while receiving Social Security Disability benefits. A few months into the start of the COVID pandemic she was laid off because of slow sales, launching her on a frustrating quest to receive unemployment and related benefits. Her initial application for unemployment benefits was turned down by the Virginia Employment Commission (VEC).

Confused and uncertain what to do next, Maria contacted VLAS. Maria's VLAS attorney researched her claim and recommendation that the best course of action was to focus on applying for state COVID-related benefits. Maria was initially turned down for these benefits as well, without a clear explanation as to why.

Her VLAS attorney pressed the agency (the agency was swamped with benefits requests at the time). Her attorney persevered and Maria finally received not only weekly benefits, but also a lump sum payment to compensate her for the benefits that she should have been receiving all along.

Thanks to VLAS, Maria was able to pay her bills and stay in her home during a lengthy period where she was unable to find work.

*Clients' names have been changed to protect their confidentiality.



Heart of Virginia Free Clinic

401 East Third Street
P.O. Box 142
Farmville, VA 23901
heartofvirginiafreeclinic@yahoo.com

Heart of Virginia Free Clinic

To: A. Taylor Harvie III County Administrator

From: Pat Payne, RN, Executive Director HOVFC

Date: December 13, 2022

Re: 2023 Fiscal Year Appropriation Request

Amount: # 1,000

Percentage of 2012-2022 patients from your county:

4 % Amelia Courty

Mission Statement:

"To provide free primary medical care for uninsured residents of Prince Edward and surrounding counties utilizing the help of volunteer physicians, nurses, physician's assistants, nurse practitioners, pharmacists, dieticians, and other volunteers. To operate a licensed, on site pharmacy that dispenses prescriptions to our patients free of charge."

Services provided:

2012-2022: See enclosed chart and brochure

Profile of patients served:

Ages 18-65, employed full or part time, or unemployed less than 2 years.

Household income less than 300% of Federal Poverty Level

Governance:

Private 15 member Board of Directors composed of local residents (see enclosed list). 100% of our board members donate time and money to our clinic.

Staff:

Executive Director: Full time

Administrative Assistant: Part time, 18 hours per week

Pharmacy Coordinator: Part time, 8 hours per week

Bookkeeper: Part time, 6 hours per week

Volunteers: Licensed Medical Doctors (3), Nurse Practitioners (3) Registered Nurses (4), Pharmacists (1), Dieticians (1), IT Specialist (1), Eligibility interviewer (1).

Hours of operation:

Monday, Friday: Administrative Hours 10 am - 4 pm

Tuesday-Thursday: 10 am-4 pm

Budget:

Approved Copy of 2023 budget enclosed

Funding Sources:

Private Individuals 47%, Private grants 42%, Civic clubs 5%, PE County 3%, Churches 2%, Businesses 1%



8,595 Patient Visits

529 Patients Seen

10,943 Prescriptions given, Valued at \$1,079,470

2 Sleep Studies for Sleep Apnea

10 Years of Service

122 PAP Smears

54 Eye Exams - 35 Eyeglasses Given for Free

350 Dental Exams – 14 Sets of Dentures

52 Glucometers given to Monitor Blood Sugar

45 Blood Pressure Cuffs Given for Free

285 Mammograms

\$148,000 worth of Lab Tests Donated by Centra

lotal Revenue											Investment Income	Quasi-Endowment		Total	Presbytery of the Peaks	Fundraising Allocation	Network for Good	<u>Fundraising</u>		i ca	Total	Memorials / Upposes	Individuals		Church	Business	Community Support	Revenue County Support Prince Edward County
\$ 39,625											\$			\$ 4,317	\$ 1,525	. ∙	\$ 2,792			> 32,308	\$ 2,350	\$ 25,380				\$ 450		10/31/22 YTD <u>Actual</u> \$ 3,000
68% \$							900			,	0% \$			36% \$	51% \$	0% \$	70% \$			86% \$	235% \$			48% \$		>		YTD Actual Approved 2022 Proposed 2023 % of Budget Budget Budget 50% \$ 6,000 \$ 6,000
58,670 \$											3.200 \$			12.000 \$	3.000 \$	5.000 \$	4,000 \$			37,470 \$	1,000 \$	31,470 \$	2,000 \$	3,000 \$	· •			roved 2022 Pro Budget 6,000 \$
61,532 Total Expenses	lotal	Ciler	O#b.	TPC Fee	MDR	Renai	Real f	Profe	Office C	_	5 600 Dues	Advortis					3.000 Security	lasi:	Travel		3,000 Total	31,957 Payr		2,000 Boo	450 Pha	Adn	Dire	50
Expenses	91	-	, (MDR	Repair & Maintanana	Real Estate Tayon	Crite supplies	Cimpling		Duos Auvei tisiilg			abon listens t	Postage Postage	arcy Charling	lonal Lonal		el	Other Expenses	tal	Payroli Taxes	se .	Bookkeeper	Pharmacy Coordinator	Administrative Assistant	Director	Expenses Employee Related Expenses
\$ 47,163	\$ 17,046	\$ 886	•	\$ 1,140	\$ 730	990	\$ 717	\$ 2,572	\$ 375	5 568	• •	\$ 2,910	\$ 2,008	\$ 238	\$ 967	\$ 250	\$ 600	\$ 1,380	\$ 715	00,111	\$ 30 117	\$ 7141	\$ 700	\$ 7176	\$ 3.191	\$ 9,053	\$ 12,856	10/31/22 YTD <u>Actual</u>
\$ %08	75% \$	s	\$ %0	50% \$	56% \$	99% \$	102% \$	99% \$	29% \$	207% \$	0% \$	72% \$	77% \$	60% \$	69% \$	83% \$	50% \$	\$ %08	358% \$	¢,40	0/0/ 5	0/0/ 5	۲ %4c	E 49% A	80% \$	91% \$	83% \$	YTD Actual Approved 2022 % of Budget Budget
58,670 \$	22,660 \$, s	750 \$	2,280 \$	1,300 \$	1,000 \$	700 \$	2,600 \$	1,300 \$	275 \$	600 \$	4,020 \$	2,600 \$	400 \$	1,400 \$	300 \$	1,200 \$	1,735 \$	200 \$	36,010 \$	\$ 00C,2	. · ·	4,000 \$	4,000 \$	4 000 \$	10,000	15,450 \$	
61,532	21,787	•	750	2,280	500	1,300	1,400	2,600	375	500	200	3,500	2,200	400	1,400	300	1,200	1,832	1,050	39,745	2,825	3,600	3,000	4,120	7120	10 200	15.900	Proposed 2023 Budget

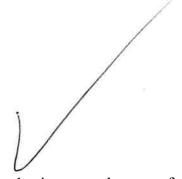


DEC 2 8 2022

800 Charter Colony Parkway Midlothian, VA 23114

December 16, 2022

Mr. A. Taylor Harvie, III County Administrator Amelia County P.O. Box A Amelia, VA 23002



Dear Mr. Harvie:

As we move through the 2022-2023 academic year and prepare for the new calendar year, we are excited about the work going on at Brightpoint Community College, where we continue to focus on providing outstanding educational experiences and students support services and meeting the needs of our communities, students, and area employers. This fall:

- We launched seven new majors, designed to prepare students for our region's in-demand jobs. These programs include practical nursing, pharmaceutical manufacturing, project management, and digital marketing.
- We kicked off a new student navigator program. Now, whenever a new student completes a Brightpoint admissions application, they are connected with a navigator who will be with them every step of the way as they go through the registration process and start their classes.
- We expanded our Help Hub, bringing all the offices involved in student onboarding together in one place. Help Hub staff also provide technical support to students and are available to answer general questions about the college. Thanks to this change, students can now go to one place, on campus or online, for assistance.
- Enrollment is up, as we continue to offer course options that are designed to provide scheduling flexibility. We offer classes that start at different times throughout the semester; run for shorter durations; and that can be taken on campus, online, through Zoom, in a combination of formats (hybrid), or that allow students to switch, at their convenience, between on-campus and Zoom attendance.
- We had an outstanding on-site visit, as we move through our reaffirmation of accreditation with the Southern Association of College and Schools Commission on Colleges, which occurs every 10 years.

We are grateful to Amelia County for being our partner as we move forward with our work. I have enclosed a Brightpoint-Amelia community profile card as a reference.

We also are thankful for the financial support you provide us, as it helps us keep the fees we charge to students as low as possible. As part of our commitment to you, we continue to maintain efficient operations. The specific local funds amount we ask from each locality we serve is formula-driven and is based on several locality-specific figures such as students served from that area, total population, and local tax receipts. For FY24, the college increased its overall local funds request by 4.4% to assist with rising costs of goods and services. This is only the second time in 14 years the college has requested an overall increase.

Enclosed is a copy of the 2023-24 Local Funds Expenditure Budget for the college. Also enclosed is a copy of the jurisdictional allocation methodology showing the requested contributions from each locality served by Brightpoint Community College. The college is requesting an aggregate total of \$95,000 from all the political subdivisions it serves. For FY24, we are asking Amelia County for \$1,150. Please let this letter serve as an invoice for these local funds.

We appreciate the ongoing support Amelia has provided to our institution over the years.

Should you have any questions about this request, please let me know. I will be very happy to discuss it with you and answer any questions.

Sincerely,

Edward E. Raspiller, Ed.D.

President, Brightpoint Community College

Enclosures (3)

cc: Brightpoint Community College Board Representative Susan Grinnan, Vice President of Administration, Brightpoint Community College

This letter serves as an invoice: FY24 - Amelia County: \$1,150



BRIGHTPOINT COMMUNITY COLLEGE JURISDICTIONAL ALLOCATION FISCAL YEAR 2023-2024 (4.4% Increase)

₩ ₩	\$4,000
\$1,068 \$1,182 \$67,322 \$3,525 \$4,494 \$1,229 \$1,229 \$3,705	\$91,000
\$1,150 \$1,172 \$71,081 \$3,526 \$4,459 \$1,233 \$943 \$3,940 \$2,821	\$95,000
\$1,149.65 \$1,172.17 \$71,081.47 \$3,525.59 \$4,459.28 \$1,233.24 \$942.50 \$3,940.02 \$2,820.68	\$95,000.00
1.23 7.4.82 3.71 4.69 0.99 7.95 7.95	4.96
1,591,696.00 1,622,871.25 98,412,421.25 4,881,180.25 6,173,879.50 1,707,427.25 1,304,886.00 5,454,966.00 3,905,237.25	6,473,036.50
, , , , , , , , , , , , , , , , , , , ,	2
\$6,353,168 \$6,484,751 \$393,265,504 \$19,496,226 \$24,651,625 \$6,823,054 \$5,209,043 \$21,801,287 \$15,597,627	011,809,07¢
13,300 6,696 369,943 27,989 43,209 6,569 10,409 18,071	32,912
AMELIA CHARLES CITY CHESTERFIELD DINWIDDIE PRINCE GEORGE SURRY SUSSEX COLONIAL HEIGHTS HOPEWELL	PEIERSBORG
	13,300 \$6,353,168 158 1,591,696.00 1.21 \$1,149.65 \$1,150 \$1,182 \$1,182 \$1,172.17 \$6,96 \$6,484,751 19 1,622,871.25 1.23 \$1,172.17 \$71,1081 \$1,172.17 \$71,1081 \$1,172.17 \$71,1081 \$1,172.17 \$71,1081 \$1,172.17 \$71,1081 \$1,172.17 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1,149.65 \$1

Property tax local levy from the Virginia Dept. of Taxation 2021 Annual Report (Real estate fair market value (taxable) and local levy by locality) Population projections from the Cooper Center for Public Service, UVA, Provisional Estimates, July 2021

Enrollment totals are 2021-2022 annual unduplicated headcount

Calculated result: ((Population + Property Tax) + (2 X Enrollment))/4

Distribution calculated by dividing calculated result for each locality by the total calculated result for all localities

Proposed	2023-24 Difference	35,000 \$ -	8,000 \$ 2,000	52,000 \$ 2,000	95,000 \$ 4,000
Budgeted Prop	2022-23 202	35,000 \$	\$ 000'9	\$ 000'09	91,000 \$
BĞ	20	₩	↔	↔	€
	EXPENDITURES	Community Information	Community Activities	Campus Development	Total Expenditures

BRIGHTPOINT COMMUNITY COLLEGE

Local Funds Budget

Fiscal 2024 July 1, 2023 – June 30, 2024

Total Funds Requested	\$95,000
Campus Development	<u>52,000</u>
Community Activities	8,000
Community Information	35,000



Piedmont Senior Resources Area Agency on Aging, Inc.

February 9, 2023

Mr. A Taylor Harvie County Administrator PO Box A Amelia, Virginia 23002

RE: REQUEST FOR FUNDING

tive Director

Dear Mr. Harvie and the Amelia County Board of Supervisors,

Piedmont Senior Resources would like to have your consideration for funding in the next fiscal year. The Agency continues to grow and increase services to the seniors in Amelia County. This year we are requesting \$14,643. This is a request for level funding. I believe we have worked hard to provide valuable services for the residents of Amelia County and would

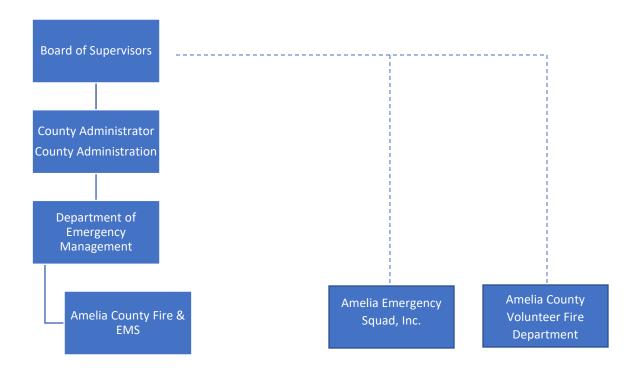
PSR continues to do independent fund raising and obtain outside grants. The funding from each county is crucial in support of our services and to obtain some of the grants we are applying for nationwide. We do not wish to depend on grants however, and continue to work toward a business plan with revenue producing lines. Of our total budget of 2.8 million, over 2.7 million comes from outside of the seven-county region. We bring a large amount of funding to the community. This ROI is helpful to all.

PSR now provides over eighteen different programs to seniors including home delivered meals for those who cannot drive, home aides, home repairs, and non-emergency medical transportation for those needing to obtain medical services. This agency has grown tremendously in every way over the past five years. Nearly every federal, state, and local dollar we receive is plowed right back into our communities.

As always, I am happy to provide a presentation to the board. We thank you again for your consideration and support.

13 South Main Street, Farmville, VA 23901

Phone: 434-767-5588 Fax: 434-767-2529



As of July 1, 2023, a new county-owned entity will be created. This is known as Amelia County Fire & EMS. As of now, this entity will be assigned to the Department of Emergency Management. You can see in the organizational chart above the chain of authority for the new entity. You can also see from the chart that both the Amelia Emergency Squad and Amelia County Volunteer Fire Department will continue to exist and operate.

The new entity will be responsible for providing EMS care to the citizens and visitors of Amelia County. As you can see from the name, we anticipate other duties to be assigned to this entity in the future. The new entity will be staffed entirely by contracted personnel initially. At some point in the future, it is expected that this will change to county staff.

Budgetary Issues

- Amelia County Volunteer Fire Department the creation of the new entity within the County should have no impact on this budget at all. There are no connections between the organizations. The ACVFD budget should not be changed at all.
- Amelia Emergency Squad the Squad will continue to exist, operate, and request local support
 funds from the County. However, the very large local contribution that has been provided to
 the Squad for the past several years will be decreased dramatically for the coming year. The
 funding being provided in the past to the Squad to provide for the contract staff will be
 removed from this local support budget item (this funding will be in the county-owned Amelia
 County Fire & EMS budget instead). However, there will still be the need to provide local
 support funding to the Squad.
- Amelia County Fire & EMS
 - Amelia County Fire & EMS will oversee the contracted EMS staff (instead of the Amelia Emergency Squad).

- Amelia County Fire & EMS will receive county budget funds to cover the costs of the contracted staff. This will be an expense item on our budget.
- Amelia County Fire & EMS will conduct revenue recovery (billing for service) to help offset the County costs. This revenue recovery process will be handled by a third party billing agency, with the proceeds being returned to the County on a, potentially, daily basis. The third party billing agency will be paid by the County, based on a percentage of the funding returned to the County. This will be an expense item on our budget (to pay for the third party billing agency). And this will be an income item on our budget, with the revenue recovery being received by the County.

Other

- As part of the changes, the building currently owned by the Amelia Emergency Squad will be given to the County.
- The relationship going forward with respect to the Squad Building maintenance should be exactly the same as the relationship regarding the fire stations. Building maintenance will be handled, and funded, by the County. I am not sure exactly where this budget item is currently (with respect to the fire stations) handled. I am not sure if it is included in Public Works budget, Volunteer Fire Department budget, or elsewhere. But the Squad building should be handled in a like manner.

We need to be very careful as we move forward that the expenses, and income, be tracked accurately. As I mentioned, this has no impact at all on the Amelia County Volunteer Fire Department budget. However, we must be vigilant to make sure the expenses, as well as the income, related to the operation of Amelia County Fire & EMS and the Amelia Emergency Squad remain accurate and are handled properly. The Department of Emergency Management staff are open to any suggestions and ideas from Finance. If in the future Finance wants to communicate with Emergency Management regarding all expenses of both Amelia County Fire & EMS as well as Amelia Emergency Squad, we are open to that. We have to make sure that expenses of Amelia County Fire & EMS (as part of the Department of Emergency Management) are paid from their appropriate budget, and making sure that expenses from Amelia Emergency Squad aren't accidentally paid, and vice-versa.

Amelia County Fire & EMS 2023 Budget Request

Water/Sewer: \$850

Propane: \$1,900

Electric: \$6,200

Contract Employee (ESS) Cost: \$1,005,000

Billing Cost: \$40,000

REVENUE RECOVERY COMING IN: \$600,000 (ESTIMATE)

EMERGENCY MANAGEMENT

New Line for "Incident Management" \$10,000

Chatian	Nama
Station	Name
	Aligner, Andy
	Aliceburg, Kenny
	Anderson, Jimmy
	Anderson, Shirley
4	Archer, Alonzo
1	Averette, Robert Jr.
4	Baldwin, Shane
2	Bassinger, Ron
5	Bennet, Ellsworth
3	Berry, Joshua
2	Binford, Steve
4	Bonds, Cassie
4	Bonds, Chad
3	Bradford, Will
4	Brown, S. Dale
1	Brown, Don
	Butler, James
	Caputo, William
	Chumney, John
	Clark, Gene
2	Cleaton, Paul
	Cofer, David
	Coffey, Tommy
1	
1	Cubbago Jason
1	Dempsey, Billy
	Dickerson, Mathew
1	Easter, Roy
	Eckert, John
1	Edwards, Seth
3	Edwards, William
1	Emerson, Kent
	Felts, David
1	Ferguson, Chris
1	Fitzgerald, Eric
1	Fogel, Mike
2	Ford, William
2	Fuetes, Lisette
1	Glover, Bradley
1	Glover, Janna
5	Glover, Tommy
5	Gough, Alan
5	Gough, Avery
5	Gough, K. Brett
5	Gough, Clarke
5	Gough, Daryl
	J . 1

1 Gowin, Jared 3 Hailey, Brian 4 Hamilton, Dan 3 Hensley, Jerry 2 Hutchinson, C. Robert 4 Jenkins, H. Christian 4 Jenkins, Greg 4 Jenkins, Matthew 5 Johnson, Coleman 5 Johnson, Kenny 3 Jones, Aaron M. 4 Jones, Adam L 1 Lee, James 4 Lewis Jr., James Robert 4 Llewellyn, Dennis 1 Llewellyn, Kenneth 1 Lloyd, Dylan 5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 6 Orrick, Reece T 7 Patterson, Mike 7 Patterson, Mike 7 Patterson, Mike 7 Patterson, Mike 7 Pettus, H. Stuart 7 Pollard, Joseph 7 Powell, Chris 7 Prevette, Dylan 7 Putney, Jordan 7 Ramsey, Dennis 7 Ramsey, Heather 7 Ramsey, Nathan 7 Renshaw, Russell 7 Robertson, Clayton 7 Sanders, Jeff 7 Sanders, Thomas		
3 Hailey, Brian 4 Hamilton, Dan 3 Hensley, Jerry 2 Hutchinson, C. Robert 4 Jenkins, H. Christian 4 Jenkins, Greg 4 Jenkins, Matthew 5 Johnson, Coleman 5 Johnson, Kenny 3 Jones, Aaron M. 4 Jones, Adam L 1 Lee, James 4 Lewis Jr., James Robert 4 Llewellyn, Dennis 1 Llewellyn, Kenneth 1 Lloyd, Dylan 5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 6 Oliva, Cameron 7 Orrick, Reece T 7 Patterson, Mike 7 Paxton, Daniel 7 Pettus, H. Stuart 7 Pollard, Joseph 8 Powell, Chris 9 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 7 Robertson, Clayton 7 Sanders, Jeff 7 Sanders, Thomas	5	Gough, P. Tyler
4 Hamilton, Dan 3 Hensley, Jerry 2 Hutchinson, C. Robert 4 Jenkins, H. Christian 4 Jenkins, Greg 4 Jenkins, Matthew 5 Johnson, Coleman 5 Johnson, Kenny 3 Jones, Aaron M. 4 Jones, Adam L 1 Lee, James 4 Lewis Jr., James Robert 4 Llewellyn, Dennis 1 Llewellyn, Kenneth 1 Lloyd, Dylan 5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 7 Robertson, Clayton 4 Sanders, Jeff 4 Sanders, Thomas		
4 Hamilton, Dan 3 Hensley, Jerry 2 Hutchinson, C. Robert 4 Jenkins, H. Christian 4 Jenkins, Greg 4 Jenkins, Matthew 5 Johnson, Coleman 5 Johnson, Kenny 3 Jones, Aaron M. 4 Jones, Adam L 1 Lee, James 4 Lewis Jr., James Robert 4 Llewellyn, Dennis 1 Llewellyn, Kenneth 1 Lloyd, Dylan 5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 7 Robertson, Clayton 4 Sanders, Jeff 4 Sanders, Thomas	3	Hailey, Brian
3 Hensley, Jerry 2 Hutchinson, C. Robert 4 Jenkins, H. Christian 4 Jenkins, Greg 4 Jenkins, Matthew 5 Johnson, Coleman 5 Johnson, Kenny 3 Jones, Aaron M. 4 Jones, Adam L 1 Lee, James 4 Lewis Jr., James Robert 4 Llewellyn, Dennis 1 Llewellyn, Kenneth 1 Lloyd, Dylan 5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 5 Patterson, Mike 7 Paxton, Daniel 7 Pettus, H. Stuart 7 Pollard, Joseph 7 Powell, Chris 7 Prevette, Dylan 7 Putney, Jordan 7 Ramsey, Dennis 7 Ramsey, Heather 7 Ramsey, Nathan 7 Renshaw, Russell 7 Roach, Brian T., Jr 7 Robertson, Clayton 7 Sanders, Jeff 7 Sanders, Thomas		
2 Hutchinson, C. Robert 4 Jenkins, H. Christian 4 Jenkins, Greg 4 Jenkins, Matthew 5 Johnson, Coleman 5 Johnson, Kenny 3 Jones, Aaron M. 4 Jones, Adam L 1 Lee, James 4 Lewis Jr., James Robert 4 Llewellyn, Dennis 1 Llewellyn, Kenneth 1 Lloyd, Dylan 5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 7 Patterson, Mike 7 Patterson, Mike 7 Patton, Daniel 7 Pettus, H. Stuart 7 Pollard, Joseph 7 Powell, Chris 7 Prevette, Dylan 7 Putney, Jordan 7 Ramsey, Dennis 7 Ramsey, Heather 7 Ramsey, Nathan 7 Renshaw, Russell 7 Robertson, Clayton 7 Sanders, Jeff 7 Sanders, Thomas		·
4 Jenkins, H. Christian 4 Jenkins, Greg 4 Jenkins, Matthew 5 Johnson, Coleman 5 Johnson, Kenny 3 Jones, Aaron M. 4 Jones, Adam L 1 Lee, James 4 Lewis Jr., James Robert 4 Llewellyn, Dennis 1 Llewellyn, Kenneth 1 Lloyd, Dylan 5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 4 Sanders, Jeff		
4 Jenkins, Greg 4 Jenkins, Matthew 5 Johnson, Coleman 5 Johnson, Kenny 3 Jones, Aaron M. 4 Jones, Adam L 1 Lee, James 4 Lewis Jr., James Robert 4 Llewellyn, Dennis 1 Llewellyn, Kenneth 1 Lloyd, Dylan 5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 4 Sanders, Thomas		
4 Jenkins, Matthew 5 Johnson, Coleman 5 Johnson, Kenny 3 Jones, Aaron M. 4 Jones, Adam L 1 Lee, James 4 Lewis Jr., James Robert 4 Llewellyn, Dennis 1 Llewellyn, Kenneth 1 Lloyd, Dylan 5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 7 Patterson, Mike 7 Paxton, Daniel 7 Pettus, H. Stuart 7 Pollard, Joseph 7 Powell, Chris 7 Prevette, Dylan 7 Putney, Jordan 7 Ramsey, Dennis 7 Ramsey, Heather 7 Ramsey, Nathan 7 Renshaw, Russell 7 Roach, Brian T., Jr 7 Robertson, Clayton 7 Sanders, Jeff 7 Sanders, Jeff		
5 Johnson, Coleman 5 Johnson, Kenny 3 Jones, Aaron M. 4 Jones, Adam L 1 Lee, James 4 Lewis Jr., James Robert 4 Llewellyn, Dennis 1 Llewellyn, Kenneth 1 Lloyd, Dylan 5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 4 Sanders, Jeff		
Johnson, Kenny Jones, Aaron M. Jones, Adam L Lee, James Lewis Jr., James Robert Llewellyn, Dennis Llewellyn, Kenneth Lloyd, Dylan Long, Will Merritt, K. Wayne Miller, David Morris, Zachery Neese, Homer Nelson, Robert Newman, Ashley Nicholson, Phillip Oliva, Cameron Orrick, Reece T Patterson, Mike Paxton, Daniel Pettus, H. Stuart Pollard, Joseph Powell, Chris Prevette, Dylan Putney, Jordan Ramsey, Dennis Ramsey, Heather Ramsey, Nathan Renshaw, Russell Roach, Brian T., Jr Robertson, Clayton Sanders, Jeff Sanders, Jeff		
3 Jones, Aaron M. 4 Jones, Adam L 1 Lee, James 4 Lewis Jr., James Robert 4 Llewellyn, Dennis 1 Llewellyn, Kenneth 1 Lloyd, Dylan 5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 6 Oliva, Cameron 7 Orrick, Reece T 7 3 Patterson, Mike 7 Paxton, Daniel 7 Pettus, H. Stuart 7 Pollard, Joseph 7 Powell, Chris 7 Prevette, Dylan 7 Putney, Jordan 7 Ramsey, Dennis 7 Ramsey, Nathan 7 Renshaw, Russell 7 Roach, Brian T., Jr 7 Robertson, Clayton 7 Sanders, Jeff 7 Sanders, Thomas		
4 Jones, Adam L Lee, James Lewis Jr., James Robert Llewellyn, Dennis Llewellyn, Kenneth Lloyd, Dylan Lloyd, Dylan Lloyd, Dylan Merritt, K. Wayne Miller, David Morris, Zachery Neese, Homer Nelson, Robert Newman, Ashley Nicholson, Phillip Oliva, Cameron Orrick, Reece T Retterson, Mike Reston, Daniel Pettus, H. Stuart Pollard, Joseph Powell, Chris Prevette, Dylan Putney, Jordan Ramsey, Dennis Ramsey, Heather Ramsey, Nathan Renshaw, Russell Roach, Brian T., Jr Robertson, Clayton Sanders, Jeff Sanders, Thomas	5	Johnson, Kenny
Lee, James Lewis Jr., James Robert Llewellyn, Dennis Llewellyn, Kenneth Lloyd, Dylan Long, Will Merritt, K. Wayne Miller, David Morris, Zachery Nesse, Homer Nelson, Robert Newman, Ashley Nicholson, Phillip Oliva, Cameron Orrick, Reece T Apatterson, Mike Apaxton, Daniel Pettus, H. Stuart Pollard, Joseph Powell, Chris Prevette, Dylan Putney, Jordan Ramsey, Dennis Ramsey, Heather Ramsey, Nathan Renshaw, Russell Roach, Brian T., Jr Robertson, Clayton Sanders, Jeff Sanders, Thomas	3	Jones, Aaron M.
4 Lewis Jr., James Robert 4 Llewellyn, Dennis 1 Llewellyn, Kenneth 1 Lloyd, Dylan 5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 6 Oliva, Cameron 7 Orrick, Reece T 7 Patterson, Mike 7 Paxton, Daniel 7 Pettus, H. Stuart 7 Pollard, Joseph 7 Powell, Chris 7 Prevette, Dylan 7 Putney, Jordan 7 Ramsey, Dennis 7 Ramsey, Heather 7 Ramsey, Nathan 7 Renshaw, Russell 7 Roach, Brian T., Jr 7 Robertson, Clayton 7 Sanders, Jeff 7 Sanders, Jeff 7 Sanders, Thomas	4	Jones, Adam L
4 Lewis Jr., James Robert 4 Llewellyn, Dennis 1 Llewellyn, Kenneth 1 Lloyd, Dylan 5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 6 Oliva, Cameron 7 Orrick, Reece T 7 Patterson, Mike 7 Paxton, Daniel 7 Pettus, H. Stuart 7 Pollard, Joseph 7 Powell, Chris 7 Prevette, Dylan 7 Putney, Jordan 7 Ramsey, Dennis 7 Ramsey, Heather 7 Ramsey, Nathan 7 Renshaw, Russell 7 Roach, Brian T., Jr 7 Robertson, Clayton 7 Sanders, Jeff 7 Sanders, Jeff 7 Sanders, Thomas	1	Lee, James
4 Llewellyn, Dennis 1 Llewellyn, Kenneth 1 Lloyd, Dylan 5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 5 Sanders, Thomas	4	
1 Llewellyn, Kenneth 1 Lloyd, Dylan 5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 6 Oliva, Cameron 7 Orrick, Reece T 7 Patterson, Mike 7 Paxton, Daniel 7 Pettus, H. Stuart 7 Pollard, Joseph 7 Powell, Chris 7 Prevette, Dylan 7 Putney, Jordan 7 Ramsey, Dennis 7 Ramsey, Heather 7 Ramsey, Nathan 7 Renshaw, Russell 7 Roach, Brian T., Jr 7 Robertson, Clayton 7 Sanders, Jeff 8 Sanders, Thomas		
1 Lloyd, Dylan 5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 7 Patterson, Mike 7 Paxton, Daniel 7 Pettus, H. Stuart 7 Pollard, Joseph 7 Powell, Chris 7 Prevette, Dylan 7 Putney, Jordan 7 Ramsey, Dennis 7 Ramsey, Heather 7 Ramsey, Nathan 7 Renshaw, Russell 7 Roach, Brian T., Jr 7 Robertson, Clayton 7 Sanders, Jeff 8 Sanders, Thomas		
5 Long, Will 3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 5 Sanders, Thomas		
3 Merritt, K. Wayne 4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 6 Oliva, Cameron 7 Orrick, Reece T 7 Patterson, Mike 7 Paxton, Daniel 7 Pettus, H. Stuart 7 Pollard, Joseph 7 Powell, Chris 7 Prevette, Dylan 7 Putney, Jordan 7 Ramsey, Dennis 7 Ramsey, Heather 7 Ramsey, Nathan 7 Renshaw, Russell 7 Roach, Brian T., Jr 7 Robertson, Clayton 7 Sanders, Jeff 7 Sanders, Thomas		
4 Miller, David 2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 5 Sanders, Thomas	_	
2 Morris, Zachery 3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 5 Sanders, Thomas	_	•
3 Neese, Homer 4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 5 Sanders, Thomas	4	Miller, David
4 Nelson, Robert 4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 5 Sanders, Thomas	2	Morris, Zachery
4 Newman, Ashley 4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 5 Sanders, Thomas	3	Neese, Homer
4 Nicholson, Phillip 4 Oliva, Cameron 4 Orrick, Reece T 3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 4 Sanders, Thomas	4	Nelson, Robert
4 Oliva, Cameron 4 Orrick, Reece T 3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 5 Sanders, Thomas	4	Newman, Ashley
4 Oliva, Cameron 4 Orrick, Reece T 3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 5 Sanders, Thomas	4	Nicholson, Phillip
4 Orrick, Reece T 3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 4 Sanders, Thomas		
3 Patterson, Mike 3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 4 Sanders, Thomas		
3 Paxton, Daniel 5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 5 Sanders, Thomas		
5 Pettus, H. Stuart 1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 4 Sanders, Thomas		
1 Pollard, Joseph 3 Powell, Chris 4 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 6 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 5 Sanders, Thomas		
3 Powell, Chris 4 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 4 Sanders, Thomas		
4 Prevette, Dylan 1 Putney, Jordan 5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 5 Sanders, Thomas		
Putney, Jordan Ramsey, Dennis Ramsey, Heather Ramsey, Nathan Renshaw, Russell Roach, Brian T., Jr Robertson, Clayton Sanders, Jeff Sanders, Thomas		•
5 Ramsey, Dennis 5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 4 Sanders, Thomas	4	
5 Ramsey, Heather 5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 4 Sanders, Thomas	1	
5 Ramsey, Nathan 4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 4 Sanders, Thomas	5	Ramsey, Dennis
4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 4 Sanders, Thomas	5	Ramsey, Heather
4 Renshaw, Russell 5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 4 Sanders, Thomas	5	Ramsey, Nathan
5 Roach, Brian T., Jr 3 Robertson, Clayton 4 Sanders, Jeff 5 Sanders, Thomas	4	
3 Robertson, Clayton 4 Sanders, Jeff 4 Sanders, Thomas	5	
4 Sanders, Jeff 4 Sanders, Thomas		
4 Sanders, Thomas	_	
4 Sanford, Bill		·
4 Sanford, Forrest		
4 Sesterak, Bob		·
4 Shepheard, Bruce	4	Shepheard, Bruce

1	Short, Jeremy
4	Shreffler, Don
4	Shreffler, Laura
4	Siegle, Laura
3	Smalley, Kim
3	Smith III, Robert G.
2	Smith, J. Patrick
2	Smith, Ronnie
1	Spradlin, Shaun
	Stang, Katie
	Talley, Joseph
	Talley, Mike
	Tompkins, Leslie
3	Tolley, Christine D.
	Tolley, David
3	Tolley, Justin H.
	Turner, T. Joe
	Vaughan, Brandon
	_
	Warriner, Colby
1	Watley, Melissa
	Weaver, Dylan
1	Weyant, Ashleigh
	Weyant, Bailey
	Weyant, David
	•
	Weyant, Shaun
	Whitaker, Jason
	White, Steven
1	Williams, Mike
4	Winslett, Lindsey
2	Woodley, Frank
2	Woodley, Wade
2	Worsham, Melvin
1	Zimmerman, Matthew

AMELIA EMERGENCY SQUAD, INC. P.O. Box 888, Amelia, VA 23002

REV. Jan 2023

	2023 Roster
Name	Status
Armstrong, Stephanie	Active
Banton, Savanna	Active
Barber, Krystal	Active
Broadt,Rachel	Active
Corbett, Giavanni	Active
Davis, Cory	Active
Dickerson, Jamare	Active
Ferrell, Sharie	Active
Harvie, Taylor	Active
James, Marvin	Active
Jamieson,Crista	Active
Kirkman, Linda	Active
Marshall, Kimble	Active
McAnelly	Active
Miller, Emma	Active
Morrison, Jonathan	Active
Paxton, Daniel	Active
Price, Sterling	Active
Rinaldi, Shauna Harlan	Active
Shreffler, Don	Active
Simoni, Brian	Active
Smalley, Kim	Active
Stang, Katie	Active
Sweeney, Nick	Active
Warwick, Adam	Active
Willet, Marie	Active
Williams, Mike	Active
Yanoska, Selena	Active
Dr. Allen Yee (OMD)	OMD

THE AMELIA EMERGENCY SQUAD, INC.

Volunteers Serving Amelia County Since 1958

P. O. Box 888 Amelia, VA 23002

February 15, 2023

County of Amelia

Attention: Josh Worrell & Tammi Wright

Budget Planning Committee

Subject: Requests for 2023-2024 Budget Funding

The Amelia Emergency Squad is asking for \$109,160 in County support to balance our budget. We have also included funds we expect to request/receive as listed below.

Request	Amount	Rationale
Four-for-Life Funds	\$16,000	This is an estimated figure according to annual funds received in 2021. We did not receive funds in 2022.
Personal Property Tax	\$17,000	We are asking for a supplemental appropriation to cover these taxes due to the county in December, 2023
Balance Funds Needed to Meet Budget	\$109,160	This amount is needed to produce a balanced budget.

We look forward to partnering with the county in serving our community and thank the Board of Supervisors for its wishes for our volunteer emergency squad to continue.

Sincerely,

Jamare Dickerson

President

Linda Kirkman

Sinder Kirkman

Treasurer

BOARD OF SUPERVISORS

DAVID M. FELTS, JR.
CHAIRMAN
Election District 1
DEXTER JONES
Election District 2
SHAUN WEYANT
VICE-CHAIRMAN
Election District 3
H. JOSEPH EASTER, IV
Election District 4
TODD ROBINSON

Election District 5



A. TAYLOR HARVIE, III
COUNTY ADMINISTRATOR

16360 Dunn Street, Suite 101 Post Office Box A Amelia Court House, Virginia 23002 Telephone: (804) 561-3039 Facsimile: (804) 561-6039 Website: www.ameliacoya.com

February 14, 2023

The Amelia County Department of Emergency Management would like to request funding to replace their 2009 Chevrolet Tahoe vehicle. This was originally scheduled for replacement in 2019. Due to circumstances since that time, it has not been able to be replaced. Funding was provided in FY22, but a vehicle was not available. This year, FY23, sufficient funding was not appropriated to accomplish this replacement. The FY23 will not be spent. We are requesting \$75,000 for replacement of this vehicle. This will include vehicle replacement, and installation of the emergency equipment needed for our department to accomplish its mission.

Respectfully,

B. Kent Emerson

Director of Emergency Management

FY 24 Budget Proposal Overview

Presented to the Amelia County Board of Supervisors March 2023

Budget Preparations

§ 22.1-92. Estimate of moneys needed for public schools; notice of costs to be distributed.

A. It shall be the duty of each division superintendent to prepare, with the approval of the school board, and submit to the governing body or bodies appropriating funds for the school division, by the date specified in § 15.2-2503, the estimate of the amount of money deemed to be needed during the next fiscal year for the support of the public schools of the school division. The estimate shall set up the amount of money deemed to be needed for each major classification prescribed by the Board of Education and such other headings or items as may be necessary.

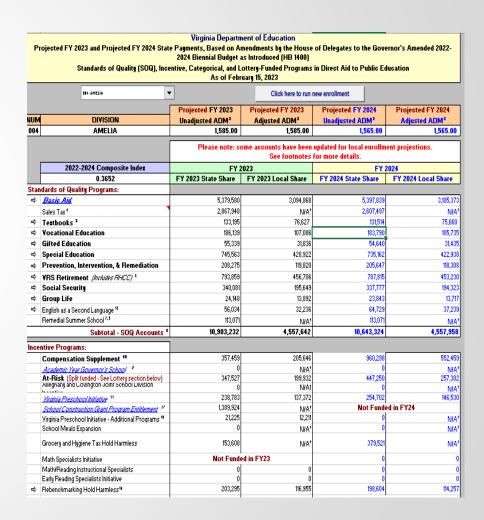
Budget Goals

The proposed budget was developed with an emphasis on the following goals:

- 1. Provide a minimum of a 1 step increase for all staff aimed at addressing the increase in the cost of living.
- 2. Increase course offerings for students.
- 3. Ensure fiscal integrity.
- 4. Keep health insurance costs low.
- 5. Value, honor, and support our human resources.
- 6. Consider one mental health day per employee.
- 7. Plan for Career and Technical Education in budget discussions.

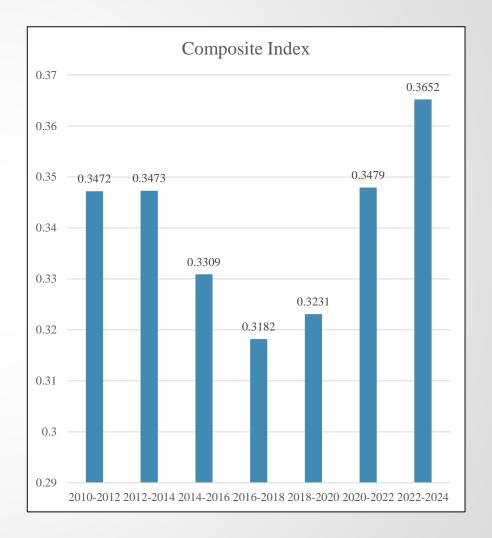
Budget Calc. Tool Comparison

- Currently, there are three completed VDOE calculation templates available for use.
 - Governor's Proposed Budget (December 2022)
 - This budget contains an error, overstating state funding by ~\$240,000
 - House Budget (February 2023)
 - This is our selected working file; it is more conservative than the Senate's proposal
 - Senate (February 2023)
 - Significant increase over the house in staff funding, bonuses, and other supports
- While some "Skinny Budget" details have been released by VDOE, they are minimal. Generally, the estimated state funding in those guiding documents is very close to the House Budget totals that we are using. We anticipate more details within the next few weeks.

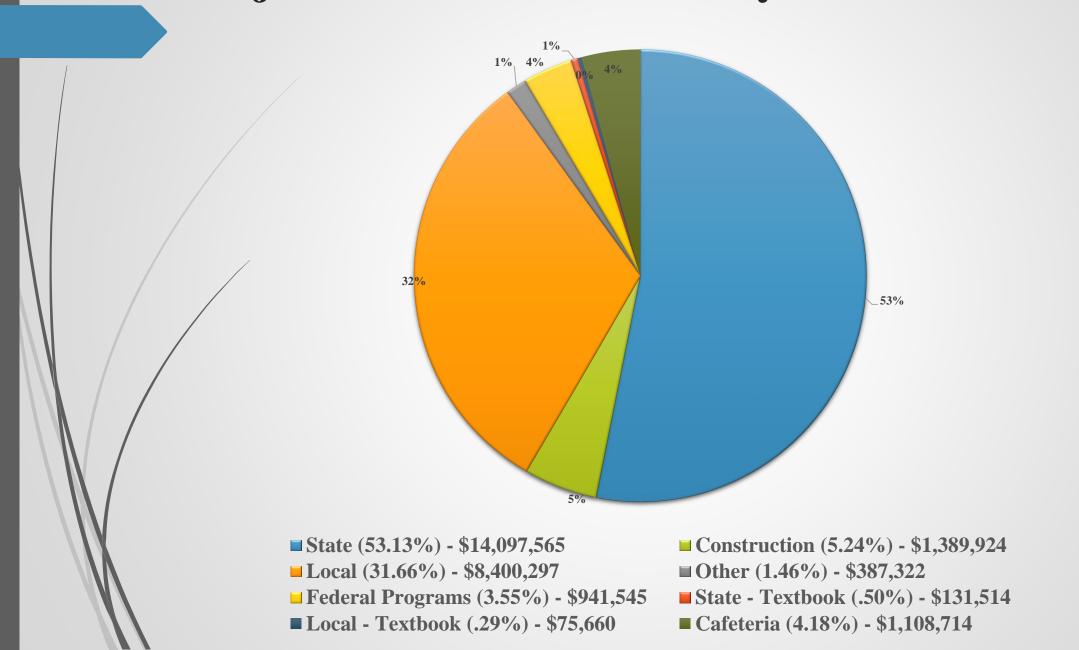


Composite Index

The Composite Index determines the locality's ability to pay education costs for the Commonwealth's Standards of Quality (SOQ) requirements. The Composite Index is calculated using three indicators of a locality's ability to pay. These indicators include the true value of real property (weighted at 50%), adjusted gross income (weighted at 40%) and taxable retail sales (weighted at 10%). Each locality's index is adjusted to maintain an overall statewide local share of 45% and an overall state share of 55%. The Composite Index for Amelia County increased from 0.3479 to 0.3652 for the FY23 – FY24 biennium. As the Composite Index increases, the states expectation of the county's ability to pay for public education increases.



Projected Revenue Summary



Budget Savings

The following reductions have been made for the FY24 budget.

Location	Item	Cost	Justification
ACHS / ACMS	Consolidate the vacant ACMS SPED Coordinator position and the ACHS SPED Coordinator position into one position of Secondary SPED Coordinator with 10 additional days in the contract	\$90,300	Aligns the grade-level loads between ACES SPED Coordinator (PK-5; 7 grades) and Secondary SPED Coordinator (6-12; 6 grades)
	Total Savings	\$90,300	

Budget Neutral Changes

The following items are budget neutral.

Location	Item	Cost	Justification
Operations	Part-time Summer Help	\$4,650	These costs would be recovered from the annual auction revenue.
Operations	Carry-Forward of Remaining Construction Grant Funds from FY23	\$1,389,924	Construction funds distributed to divisions in FY23 are directed to be carried forward on the school division's books through FY24. As we do not anticipate any expense from these funds in FY23, we are proposing the total of the funds be re-appropriated in FY24.
ACES	Reduction in Assistant Principal Schedule	\$27,875	Reduction in ACES 2 nd AP schedule results in savings approximately equal to the additional amount of the proposed 8% salary increase for both AP positions.
ANTC	Level Funding Request	\$50,000	Reserves from FY23 may be used to cover increase in staff salaries at ANTC in FY24, leading to no additional requests from ANTC for FY24.
ACPS	Fuel Cost Reduction Shifted to Utilities	\$73,000	Fuel cost projections are reduced to more closely align with new fuel bid figures received in January. This savings was shifted to offset increases in utility costs.

Page 275 of 347

Additional Expenditures (Staff Related)

Location	Item	Cost	Justification
ACPS	Salary Increase aligned with Cost of Living	\$1,304,170	Goal 1 & Goal 5: Both the House and Senate proposed budgets include a 7% salary increase. The cost of living has increased by 8.7% . A Step + $\%$ = 8% increase for all staff is proposed.
ACPS	Health Insurance Increase	\$107,394	Goal 4: ACPS is budgeting for a smaller than usual increase in costs (5%) and coverage for new employees. If a lesser increase is achieved, ACPS will reduce the extremely high costs per employee. This figure does not include potential cost of new positions (included in individual position figures below).
ACHS	Math Teacher	\$83,868	Goal 2: The math department is short staffed. Math (4) should = English (5)
ACMS/ ACHS	CTE Teacher	\$83,868	Goal 2 & Goal 7: This position will take the half day ACMS/half day ACHS CTE position and create one new CTE teacher at each secondary school.
ACPS	Work-based Learning Coordinator	\$93,808	Goal 7: This position was recommended by the CTE Task Force.
ACPS	Division Nurse – Increase Contract	\$1,273	Goal 5: The division nurse needs more time to perform duties. An increase to align this position with the standard 200 day teacher contract is recommended.
ACHS	Counseling – Increase one position to a 12-month position	\$9,801	Goal 5: The high school needs a counselor available to perform summer duties including enrolling new students, sending transcripts, scheduling students for the year, etc.
ACES	ACES Behavioral Support Position	\$83,686	Goal 5: This position would support ACES in meeting the increased need for prevention, intervention, and support for students exhibiting challenging behavior. This position would either be a Reset Teacher (Elementary Alternative Program) or a Behavior Interventionist. Page 276

Page 276 of 34

Additional Expenditures (Staff Related)

Location	Item	Cost	Justification
ACPS	Computer Technician	\$83,749	Goal 5: The need for technology support by students and staff has increased significantly.
ACES	Security Officer	\$50,179	Goal 5: The elementary school is the largest school and the only school without this position. A grant application to offset this expenditure in alignment with our composite index is in process, but this funding is not guaranteed.
Transportation	Part-time Office Assistant	\$22,035	Goal 5: This position would support the transportation department.
ACHS	CTE Stipend for DECA Teacher	\$1,273	Goal 5 & Goal 7: This will cover an additional 5 days for DECA responsibilities.
ACHS	Addition of extra class stipends	\$32,655	Goal 2: This allows for a match of existing ACHS extra class stipends in place by necessity in FY23
ACPS	Mental Health (General Leave) Day for all employees	\$23,000	Goal 6: An additional general leave day for all staff each year increases the ability of our staff to care for their mental health throughout the year

Page 277 of 347

Additional Expenditures (Other Expenses)

Location	Item	Cost	Justification
HR	Additions to Purchased Services for Immunizations, background Checks, Recruitment Fairs, & supplies	\$8,000	The teacher and staff shortage has resulted in greater turnover, the need for more volunteers, and increased recruiting efforts.
ACPS	SEL Curriculum	\$27,491	New curriculum to support social emotional learning – Strategic Plan.
ACPS	Custodial Contract Increase	\$23,358	Our current contract with ABM includes a yearly increase in line with CPI that is capped at 7%. The renewal quote for FY24 is \$23358
ACPS	Code RVA and Governor's School slots	\$27,000	This is the cost of two additional slots at Code RVA and an additional STEM slot at GSSV.
ACES	Purchased Services for PD associated with new Reading Program	\$5,000	Teachers need additional support to implement the new program.
ACPS	Purchased Services for Language Translation	\$5,000	The number of families requiring translation services has increased.
ACPS	Technology Software	\$44,000	The cost of technology software increases approximately 5% or more per year and our LMS is up for renewal this year after an initial 3-year contract period.

Additional Expenditures (Other Expenses)

Location	Item	Cost	Justification
Operations	Supplies	\$7,000	This increase is to help cover the price increases in needed supplies.
Operations	Purchased Repairs & Building Repair Supplies	\$25,000	An increase is needed due to the increased cost of purchased repairs and supplies.
Operations	Increased Costs for Electricity & Water	\$73,000	All costs have increased, especially power following a rate increase in July 2022. \$73,000 savings from fuel costs shifted here to offset an estimated total increase of \$146,000.
Operations	Grounds Maintenance Supplies	\$2,000	All costs have increased.
Operations	Required Private Carriers Costs	\$20,000	Aligned with required expenditures for transportation of Amelia students for outside placements in FY22 and FY23
Transportation	Purchase 1 new bus	\$78,000	The average cost of a new bus is \$130,000. The first of the former bus leases has been paid off saving \$52,000. The difference is an addition of \$78,000.
ACHS	Journalism	\$2,500	This is a new course that will need equipment and supplies.
	TOTAL (ALL)	\$2,238,108	

Page 279 of 347

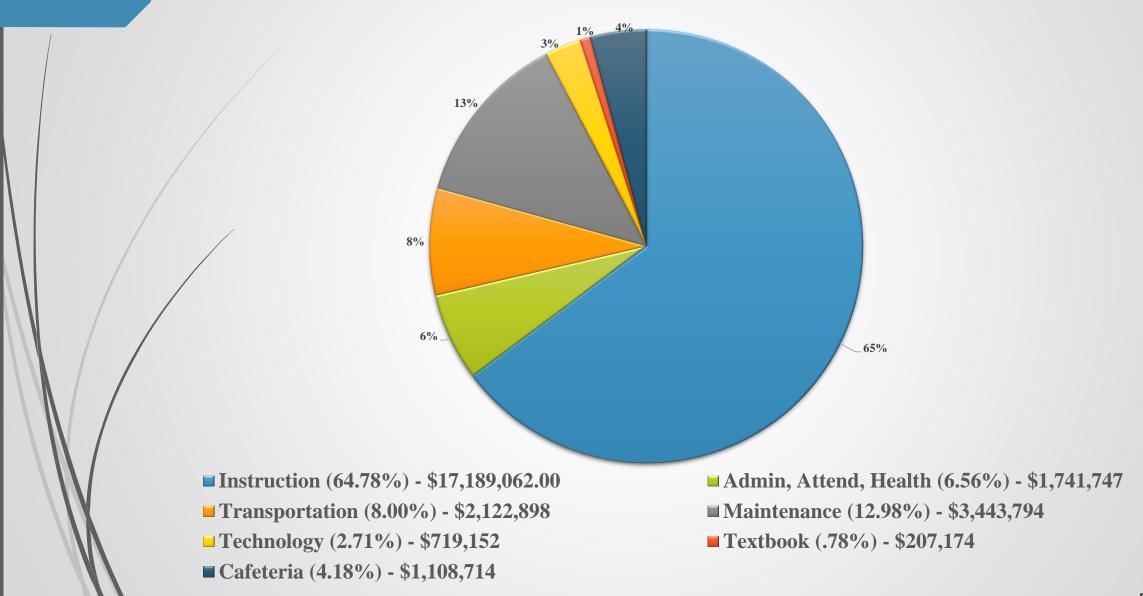
Unbudgeted Needs

The following items were requested by schools or departments and not added to the FY24 proposed budget.

Location	Item	Cost	Justification
ACPS	Mentor Teacher Coach	\$93,808	This seasoned teacher would co-teach with new teachers, modeling evidence-based instructional practices and proactive classroom management skills.
ACES	Behavioral Support Position	\$83,868	While two proposalsReset Teacher and Behavior Interventionistare being considered for one currently budgeted position, there is a need for both programs at ACES. This position would allow for both programs under consideration to be implemented.
ACPS	Restore the part-time SBO receptionist/alternative ed. support	\$22,035	This position would support the alternative program and SBO receptionist.
ACPS	Behavioral Support Services	\$82,000	These services were previously funded through grants that are no longer available.
	TOTAL	\$281,711	

Page 280 of 347

Projected Expenditure Summary



FY24 Proposed Budget

Revenues	FY23	FY24
Miscellaneous	\$375,265.00	\$387,322.00
State	\$13,132,748.00	\$14,097,565.00
FY23-FY24 Construction Funds	\$1,389,924.00	\$1,389,924.00
Local	\$7,345,994.00	\$8,400,297.00
Federal	\$873,372.00	\$941,545.00
Textbook	\$129,414.00	\$131,514.00
Textbook Local	\$74,452.00	\$75,660.00
Cafeteria	\$1,155,994.00	\$1,108,714.00
Total	\$24,477,163.00	\$26,532,541.00

Expenditures	FY23	FY24
Fund 1 Local		
Instruction	\$14,927,243.00	\$16,247,517.00
Administration	\$1,599,006.00	\$1,741,747.00
Transportation	\$1,994,489.00	\$2,122,898.00
Maintenance	\$3,158,887.00	\$3,443,794.00
Food Service	\$0.00	\$0.00
Technology	\$564,306.00	\$719,152.00
Fund 1 Local Total	\$22,243,931.00	\$24,275,108.00
Fund 2 Federal Total	\$873,372.00	\$941,545.00
Fund 3 Textbook Total	\$203,866.00	\$207,174.00
Fund 6 Cafeteria Total	\$1,155,994.00	\$1,108,714.00
Total	\$24,477,163.00	\$26,532,541.00

^{*}At 1565 ADM, state funding for instruction increases \$958,979 over FY23 funding.

^{**}The additional county funds over the FY23 appropriation required to fund this budget total \$1,055,511.

^{**(}increase in Local Fund 1 + Increase in Local Fund 3 = Total; \$1,054,303 + \$1,208 = \$1,055,511)

FY 24 Budget Proposal Overview

Amelia County Board of Supervisors

March 2023

Budget Preparations

§ 22.1-92. Estimate of moneys needed for public schools; notice of costs to be distributed.

A. It shall be the duty of each division superintendent to prepare, with the approval of the school board, and submit to the governing body or bodies appropriating funds for the school division, by the date specified in § 15.2-2503, the estimate of the amount of money deemed to be needed during the next fiscal year for the support of the public schools of the school division. The estimate shall set up the amount of money deemed to be needed for each major classification prescribed by the Board of Education and such other headings or items as may be necessary.

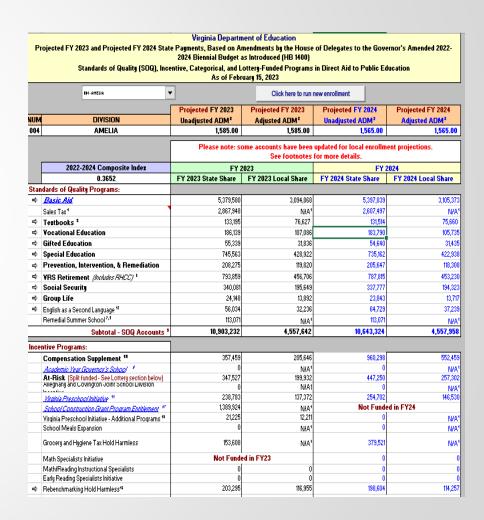
Budget Goals

The proposed budget was developed with an emphasis on the following goals:

- 1. Provide a minimum of a 1 step increase for all staff aimed at addressing the increase in the cost of living.
- 2. Increase course offerings for students.
- 3. Ensure fiscal integrity.
- 4. Keep health insurance costs low.
- 5. Value, honor, and support our human resources.
- 6. Consider one mental health day per employee.
- 7. Plan for Career and Technical Education in budget discussions.

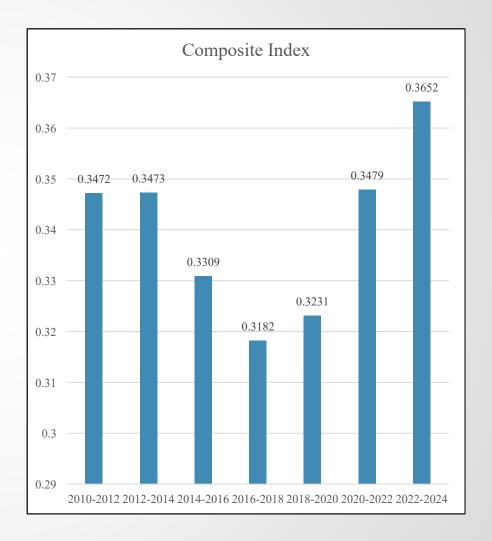
Budget Calc. Tool Comparison

- Currently, there are three completed VDOE calculation templates available for use.
 - Governor's Proposed Budget (December 2022)
 - This budget contains an error, overstating state funding by ~\$240,000
 - House Budget (February 2023)
 - This is our selected working file; it is more conservative than the Senate's proposal
 - Senate (February 2023)
 - Significant increase over the house in staff funding, bonuses, and other supports
- While some "Skinny Budget" details have been released by VDOE, they are minimal. Generally, the estimated state funding in those guiding documents is very close to the House Budget totals that we are using. We anticipate more details within the next few weeks.

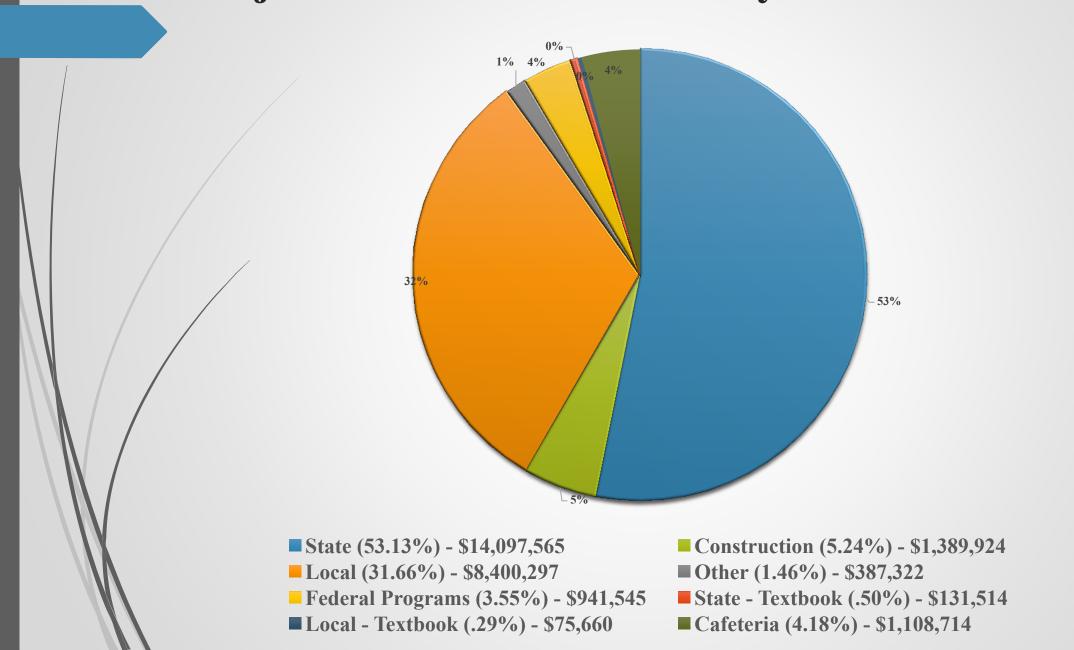


Composite Index

The Composite Index determines the locality's ability to pay education costs for the Commonwealth's Standards of Quality (SOQ) requirements. The Composite Index is calculated using three indicators of a locality's ability to pay. These indicators include the true value of real property (weighted at 50%), adjusted gross income (weighted at 40%) and taxable retail sales (weighted at 10%). Each locality's index is adjusted to maintain an overall statewide local share of 45% and an overall state share of 55%. The Composite Index for Amelia County increased from 0.3479 to 0.3652 for the FY23 – FY24 biennium. As the Composite Index increases, the states expectation of the county's ability to pay for public education increases.



Projected Revenue Summary



Budget Savings

The following reductions have been made for the FY24 budget.

Location	Item	Cost	Justification
ACHS / ACMS	Consolidate the vacant ACMS SPED Coordinator position and the ACHS SPED Coordinator position into one position of Secondary SPED Coordinator with 10 additional days in the contract	\$90,300	Aligns the grade-level loads between ACES SPED Coordinator (PK-5; 7 grades) and Secondary SPED Coordinator (6-12; 6 grades)
	Total Savings	\$90,300	

Budget Neutral Changes

The following items are budget neutral.

Location	Item	Cost	Justification
Operations	Part-time Summer Help	\$4,650	These costs would be recovered from the annual auction revenue.
Operations	Carry-Forward of Remaining Construction Grant Funds from FY23	\$1,389,924	Construction funds distributed to divisions in FY23 are directed to be carried forward on the school division's books through FY24. As we do not anticipate any expense from these funds in FY23, we are proposing the total of the funds be re-appropriated in FY24.
ACES	Reduction in Assistant Principal Schedule	\$27,875	Reduction in ACES 2 nd AP schedule results in savings approximately equal to the additional amount of the proposed 8% salary increase for both AP positions.
ANTC	Level Funding Request	\$50,000	Reserves from FY23 may be used to cover increase in staff salaries at ANTC in FY24, leading to no additional requests from ANTC for FY24.
ACPS	Fuel Cost Reduction Shifted to Utilities	\$73,000	Fuel cost projections are reduced to more closely align with new fuel bid figures received in January. This savings was shifted to offset increases in utility costs.

Page 290 of 347

Additional Expenditures (Staff Related)

Location	Item	Cost	Justification
ACPS	Salary Increase aligned with Cost of Living	\$1,304,170	Goal 1 & Goal 5: Both the House and Senate proposed budgets include a 7% salary increase. The cost of living has increased by 8.7% . A Step + $\% = 8\%$ increase for all staff is proposed.
ACPS	Health Insurance Increase	\$107,394	Goal 4: ACPS is budgeting for a smaller than usual increase in costs (5%) and coverage for new employees. If a lesser increase is achieved, ACPS will reduce the extremely high costs per employee. This figure does not include potential cost of new positions (included in individual position figures below).
ACHS	Math Teacher	\$83,868	Goal 2: The math department is short staffed. Math (4) should = English (5)
ACMS/ ACHS	CTE Teacher	\$83,868	Goal 2 & Goal 7: This position will take the half day ACMS/half day ACHS CTE position and create one new CTE teacher at each secondary school.
ACPS	Work-based Learning Coordinator	\$93,808	Goal 7: This position was recommended by the CTE Task Force.
ACPS	Division Nurse – Increase Contract	\$1,273	Goal 5: The division nurse needs more time to perform duties. An increase to align this position with the standard 200 day teacher contract is recommended.
ACHS	Counseling – Increase one position to a 12-month position	\$9,801	Goal 5: The high school needs a counselor available to perform summer duties including enrolling new students, sending transcripts, scheduling students for the year, etc.
ACES	ACES Behavioral Support Position	\$83,686	Goal 5: This position would support ACES in meeting the increased need for prevention, intervention, and support for students exhibiting challenging behavior. This position would either be a Reset Teacher (Elementary Alternative Program) or a Behavior Interventionist. Page 291

Page 291 of 347

Additional Expenditures (Staff Related)

Location	Item	Cost	Justification
ACPS	Computer Technician	\$83,749	Goal 5: The need for technology support by students and staff has increased significantly.
ACES	Security Officer	\$50,179	Goal 5: The elementary school is the largest school and the only school without this position. A grant application to offset this expenditure in alignment with our composite index is in process, but this funding is not guaranteed.
Transportation	Part-time Office Assistant	\$22,035	Goal 5: This position would support the transportation department.
ACHS	CTE Stipend for DECA Teacher	\$1,273	Goal 5 & Goal 7: This will cover an additional 5 days for DECA responsibilities.
ACHS	Addition of extra class stipends	\$32,655	Goal 2: This allows for a match of existing ACHS extra class stipends in place by necessity in FY23
ACPS	Mental Health (General Leave) Day for all employees	\$23,000	Goal 6: An additional general leave day for all staff each year increases the ability of our staff to care for their mental health throughout the year

Page 292 of 347

Additional Expenditures (Other Expenses)

Location	Item	Cost	Justification
HR	Additions to Purchased Services for Immunizations, background Checks, Recruitment Fairs, & supplies	\$8,000	The teacher and staff shortage has resulted in greater turnover, the need for more volunteers, and increased recruiting efforts.
ACPS	SEL Curriculum	\$27,491	New curriculum to support social emotional learning – Strategic Plan.
ACPS	Custodial Contract Increase	\$23,358	Our current contract with ABM includes a yearly increase in line with CPI that is capped at 7%. The renewal quote for FY24 is \$23358
ACPS	Code RVA and Governor's School slots	\$27,000	This is the cost of two additional slots at Code RVA and an additional STEM slot at GSSV.
ACES	Purchased Services for PD associated with new Reading Program	\$5,000	Teachers need additional support to implement the new program.
ACPS	Purchased Services for Language Translation	\$5,000	The number of families requiring translation services has increased.
ACPS	Technology Software	\$44,000	The cost of technology software increases approximately 5% or more per year and our LMS is up for renewal this year after an initial 3-year contract period.

Page 293 of 347

Additional Expenditures (Other Expenses)

	Location	Item	Cost	Justification
ĺ	Operations	Supplies	\$7,000	This increase is to help cover the price increases in needed supplies.
	Operations	Purchased Repairs & Building Repair Supplies	\$25,000	An increase is needed due to the increased cost of purchased repairs and supplies.
	Operations	Increased Costs for Electricity & Water	\$73,000	All costs have increased, especially power following a rate increase in July 2022. \$73,000 savings from fuel costs shifted here to offset an estimated total increase of \$146,000.
	Operations	Grounds Maintenance Supplies	\$2,000	All costs have increased.
	Operations	Required Private Carriers Costs	\$20,000	Aligned with required expenditures for transportation of Amelia students for outside placements in FY22 and FY23
	Transportation	Purchase 1 new bus	\$78,000	The average cost of a new bus is \$130,000. The first of the former bus leases has been paid off saving \$52,000. The difference is an addition of \$78,000.
	ACHS	Journalism	\$2,500	This is a new course that will need equipment and supplies.
		TOTAL (ALL)	\$2,238,108	

₱age 294 of 347

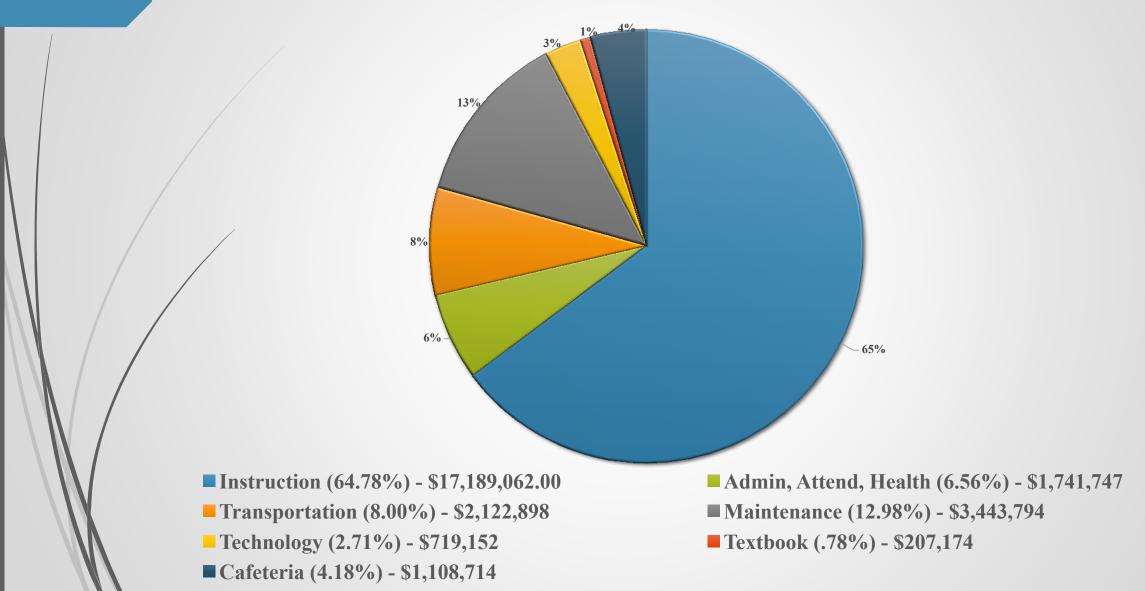
Unbudgeted Needs

The following items were requested by schools or departments and not added to the FY24 proposed budget.

Location	Item	Cost	Justification
ACPS	Mentor Teacher Coach	\$93,808	This seasoned teacher would co-teach with new teachers, modeling evidence-based instructional practices and proactive classroom management skills.
ACES	Behavioral Support Position	\$83,868	While two proposalsReset Teacher and Behavior Interventionistare being considered for one currently budgeted position, there is a need for both programs at ACES. This position would allow for both programs under consideration to be implemented.
ACPS	Restore the part-time SBO receptionist/alternative ed. support	\$22,035	This position would support the alternative program and SBO receptionist.
ACPS	Behavioral Support Services	\$82,000	These services were previously funded through grants that are no longer available.
	TOTAL	\$281,711	

Page 295 of 347

Projected Expenditure Summary



FY24 Proposed Budget

Revenues	FY23	FY24
Miscellaneous	\$375,265.00	\$387,322.00
State	\$13,132,748.00	\$14,097,565.00
FY23-FY24 Construction Funds	\$1,389,924.00	\$1,389,924.00
Local	\$7,345,994.00	\$8,400,297.00
Federal	\$873,372.00	\$941,545.00
Textbook	\$129,414.00	\$131,514.00
Textbook Local	\$74,452.00	\$75,660.00
Cafeteria	\$1,155,994.00	\$1,108,714.00
Total	\$24,477,163.00	\$26,532,541.00

Expenditures	FY23	FY24
Fund 1 Local		
Instruction	\$14,927,243.00	\$16,247,517.00
Administration	\$1,599,006.00	\$1,741,747.00
Transportation	\$1,994,489.00	\$2,122,898.00
Maintenance	\$3,158,887.00	\$3,443,794.00
Food Service	\$0.00	\$0.00
Technology	\$564,306.00	\$719,152.00
Fund 1 Local Total	\$22,243,931.00	\$24,275,108.00
Fund 2 Federal Total	\$873,372.00	\$941,545.00
Fund 3 Textbook Total	\$203,866.00	\$207,174.00
Fund 6 Cafeteria Total	\$1,155,994.00	\$1,108,714.00
Total	\$24,477,163.00	\$26,532,541.00

^{*}At 1565 ADM, state funding for instruction increases \$958,979 over FY23 funding.

^{**}The additional county funds over the FY23 appropriation required to fund this budget total \$1,055,511.

^{**(}increase in Local Fund 1 + Increase in Local Fund 3 = Total; \$1,054,303 + \$1,208 = \$1,055,511)



8701 Otterburn Road, Suite 101 Amelia Court House, Virginia 23002

FY 24 Proposed Budget

Dr. Lori Harper Superintendent

Daniel Trump
Director of Finance

TABLE OF CONTENTSSuperintendent's Budget for Fiscal Year 2023-2024 (FY24)

<u>Page</u>	<u>Document</u>
	Cover Page
1	Table of Contents
2	Budget Letter with Budget Goals
3	Budget Narrative
4	Enrollment Projections
5	FY24 Revenues and Expenditures
6	Revenue Information
7	Revenue Summary
8	Expenditure Changes
8	Expenditures – Net Zero
9	Operating Expenditures - Cost Savings
9	Operating Expenditures - Additional Costs
14	Operating Expenditures – Unbudgeted Needs
15	Expenditures Summary
16	Budget Line-Item Detail Revenues
20	Budget Line-Item Detail Expenditures



8701 Otterburn Road, Suite 101 Amelia Court House, Virginia 23002

February 17, 2023

Dear Members of the School Board,

The proposed 2023-2024 operating budget is \$26,532,541.00. This budget reflects a total increase of 8.40% over the FY23 budget with an average per pupil expenditure (PK-12) of \$16,065.57 for regular operating expenditures (removing one-time construction funds). This budget request is in line with the 8.7% increase to the cost of living over the 2022 calendar year. As the cost of living increases, so does the amount of additional funding required to operate Amelia County Public Schools.

This year's budget goals are:

- 1. Provide a minimum of a 1 step increase for all staff aimed at addressing the increase in the cost of living.
- 2. Increase course offerings for students.
- 3. Ensure fiscal integrity.
- 4. Keep health insurance costs low.
- 5. Value, honor, and support our human resources.
- 6. Consider one mental health day per employee.
- 7. Plan for Career and Technical Education in budget discussions.

Virginia law requires budget revenues to equal expenditures. This budget proposal includes changes requested by departments and schools to meet current needs. The proposed budget provides a 8% increase for all staff (step + increase = 8%) to achieve the first budget goal. This increase is less than the increase in the cost of living. This proposal also contains an increase in funding for health insurance to meet budget goal 4, staffing to meet budget goal 2, and funds for one general leave day for all ACPS staff to meet goal 6. The proposed budget is aligned with the requirements of §22.1-92 of the Code of Virginia.

Sincerely,

Dr. Lori Harper, Superintendent

Budget Narrative

The Code of Virginia states:

§ 22.1-92. Estimate of moneys needed for public schools; notice of costs to be distributed.

A. It shall be the duty of each division superintendent to prepare, with the approval of the school board, and submit to the governing body or bodies appropriating funds for the school division, by the date specified in § 15.2-2503, the estimate of the amount of money deemed to be needed during the next fiscal year for the support of the public schools of the school division. The estimate shall set up the amount of money deemed to be needed for each major classification prescribed by the Board of Education and such other headings or items as may be necessary.

Upon preparing the estimate of the amount of money deemed to be needed during the next fiscal year for the support of the public schools of the school division, each division superintendent shall also prepare and distribute, within a reasonable time as prescribed by the Board of Education, notification of the estimated average per pupil cost for public education in the school division for the coming school year in accordance with the budget estimates provided to the local governing body or bodies. Such notification shall also include actual per pupil state and local education expenditures for the previous school year. The notice may also include federal funds expended for public education in the school division.

The notice shall be made available in a form provided by the Department of Education and shall be published on the school division's website or in hard copy upon request. To promote uniformity and allow for comparisons, the Department of Education shall develop a form for this notice and distribute such form to the school divisions for publication.

B. Before any school board gives final approval to its budget for submission to the governing body, the school board shall hold at least one public hearing to receive the views of citizens within the school division. A school board shall cause public notice to be given at least 10 days prior to any hearing by publication in a newspaper having a general circulation within the school division. The passage of the budget by the local government shall be conclusive evidence of compliance with the requirements of this section.

The budget process began in October with approval of the budget calendar. During November, budget input was received and in December meetings were held with principals and directors. Public input on the budget is obtained in January and February. Budget work sessions are conducted in February with school board approval of the budget proposal in March. Final approval of the budget occurs in April. The budget presented herein is a needs-based budget.

Enrollment Projections

During the FY21 school year, school divisions across the Commonwealth of Virginia saw a decline in enrollment. Amelia County Public Schools (ACPS) also experienced a decline in enrollment. During the FY22 school year, ACPS enrollment stabilized. During the FY23 school year, ACPS experienced a slight increase in ADM. The following chart provides an estimate of enrollment projections and anticipated ADM. ADM is the Average Daily Membership which is defined as the total aggregate daily membership divided by the number of days school was in session from the first day of school through the end of March in a given year. State funding and the required local funding share is based on a school division's ADM. Declining enrollment results in a decrease in ADM; however, this decrease does not necessarily result in the ability to reduce staffing.

YEAR	ACTUAL	ENROLLMENT PROJECTION	Actual and
	ENROLLMENT	K-12	Projected ADM
2017-2018	1739		1746
2018-2019	1712		1717
2019-2020	1663		1659
2020-2021	1570		1565
2021-2022	1575		1564
2022-2023			1582
2023-2024		1575	1565
2024-2025		1575	1565

FY 24 Budget Revenues and Expenditures

	Revenues by Fund and State Function						
	Description	FY23 Budget	% Total	FY24 Budget	% Total		
Fund 1	State	\$13,132,748.00	53.65%	\$14,097,565.00	53.13%		
	Construction	\$1,389,924.00	5.68%	\$1,389,924.00	5.24%		
	Local	\$7,345,994.00	30.01%	\$8,400,297.00	31.66%		
	Other	\$375,265.00	1.53%	\$387,322.00	1.46%		
Fund 2	Federal Programs	\$873,372.00	3.57%	941,545.00	3.55%		
Fund 3	State - Textbook	\$129,414.00	0.53%	131,514.00	0.50%		
	Local - Textbook	\$74,452.00	0.30%	75,660.00	0.29%		
Fund 6	Cafeteria	\$1,155,994.00	4.72%	1,108,714.00	4.18%		
	TOTAL Revenues	\$24,477,163.00	100.00%	\$26,532,541.00	100.00%		

	Expenditures by Fund and State Function							
	Description	FY23 Budget	% Total	FY24 Budget	% Total			
Fund 1	Instruction	\$14,927,243.00	60.97%	\$16,247,517.00	61.24%			
	Administration, Attendance, & Health	\$1,599,006.00	6.53%	\$1,741,747.00	6.56%			
	Transportation	\$1,994,489.00	8.15%	\$2,122,898.00	8.00%			
	Maintenance	\$3,158,887.00	12.91%	\$3,443,794.00	12.98%			
	Food Service	\$0.00	0.00%	-	0.00%			
	Technology	\$564,306.00	2.31%	\$719,152.00	2.71%			
Fund 2	Federal Programs	\$873,372.00	3.57%	\$941,545.00	3.55%			
Fund 3	State - Textbook	\$129,414.00	0.54%	\$131,514.00	0.50%			
	Local - Textbook	\$74,452.00	0.30%	\$75,660.00	0.29%			
Fund 6	Cafeteria	\$1,155,994.00	4.72%	\$1,108,714.00	4.18%			
	TOTAL Expenditures	\$24,477,163.00	100.00%	\$26,532,541.00	100.00%			

Revenue Information

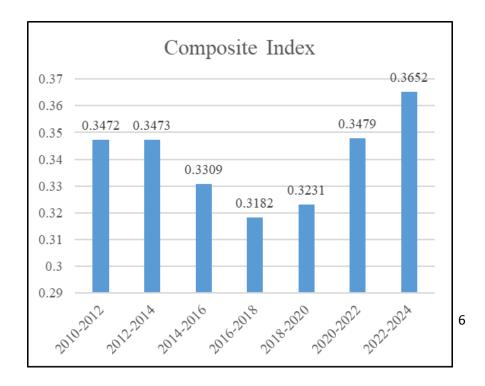
State revenue for the FY 24 school year is based on the 2022-2024 biennial budget and amendments proposed by the Governor, House, and Senate.

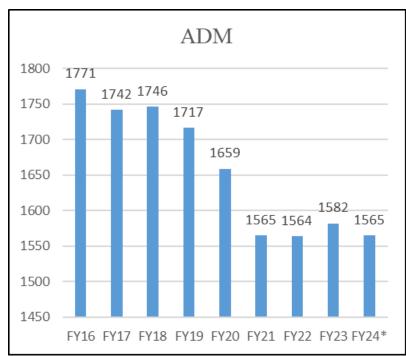
Composite Index

The Composite Index determines the local ability to pay education costs for the Commonwealth's Standards of Quality (SOQ) requirements. The Composite Index is calculated using three indicators of a locality's ability to pay. These indicators include the true value of real property (weighted at 50%), adjusted gross income (weighted at 40%) and taxable retail sales (weighted at 10%). Each locality's index is adjusted to maintain an overall statewide local share of 45% and an overall state share of 55%. The Composite Index for Amelia County for the upcoming biennium has increased from 0.3479 to 0.3652. *As the Composite Index increases, the state's expectation of the county's ability to pay for public education increases.*

ADM

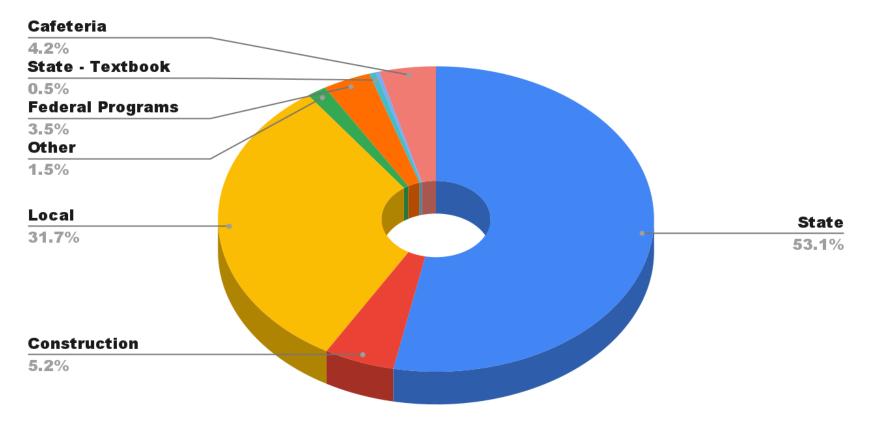
ADM is the average daily membership. The term "average daily membership" means the aggregate number of days of membership of all students during a school year; divided by the number of days school is in session during the year. The ADM increased unexpectedly in FY23. As ADM declines, state funding decreases. As ADM increases, state funding increases.





Page 304 of 347

FY24 Revenue Summary



Expenditure Changes

Several expenditure changes are recommended to meet the needs of Amelia County Public Schools (ACPS). These additional expenditures are requested to address some unmet needs or to meet new state requirements. Cost for proposed personnel expenditures include benefits and the ACPS share of health insurance.

Operating Expenditures – Net Zero

1. Part-time Summer Help

This part-time assistance would be used to support preparations for, set-up, and completion of the annual auction. The cost for these services would be recovered from the annual auction revenue.

Value: \$4,650.00

2. Carry-Forward of Remaining Construction Grant Funds from FY23

In FY23, \$1,389,924 was appropriated to ACPS for school construction projects. While this was a one-year award and all funds will have been received by the close of FY23, any remaining funds may be carried forward and appropriated for school construction projects as needed in FY24. The carrying forward of these funds is included in state revenue and local expenditures to match FY23 as we anticipate not expending funds received in FY23 until the FY24 school year. (This amount is not included in any Per Pupil expenditure calculations.)

Value: \$1,389,924.00

3. Reduction in Assistant Principal Schedule

In FY23, a second assistant principal position was added to ACES. When filled, the candidate's experience exceeded the projection used for initial budget development. A reduction of the second assistant principal's schedule (from 12-month to 10-month) accounts for excess cost of the position based on salary scale placement.

Value: \$27,875.00

4. ANTC Level Funding Request

ACPS initially expected an increase from ANTC to support staff raises and operating expenses. However, information from ANTC indicates that they expect to manage all increases in expenditures with surplus funding carried forward from FY23.

Value: \$50,000.00

Operating Expenditures – Net Zero (cont.)

5. Fuel Costs

With fuel costs beginning to drop, our January fuel bid returned costs at \sim 70% of our initial bid from the summer of 2022. Fuel expense budgeting has not been reduced to exactly coincide with this new bid, but it has been reduced conservatively. These savings will be used to offset the proposed increase for utilities expenses.

Value: \$73,000.00

Operating Expenditures – Savings

1. Consolidation of ACMS & ACHS Special Education Coordinator positions

Last year, an additional special education teacher was added to ACES permitting the ACES special education coordinator to serve 85 students without classroom instructional responsibilities. The ACMS special education coordinator serves approximately 42 students and the ACHS special education coordinator serves approximately 62 students. In FY23 the ACMS coordinator is a temporary part-time employee. Having one elementary and one secondary special education coordinator provides a more equitable balance among the schools.

Savings: \$90,300.00

Operating Expenditures – Additional Costs

Staff Related Expenditures

1. Salary Increase for all Staff

Goal 1 & Goal 5: Two ACPS budget goals are to value, honor, and support our human resources, and to provide a minimum of a 1 step increase for all staff aimed at addressing the increase in the cost of living. To achieve this goal, ACPS proposes an increase of 8% in salary for all employees (close to the 8.7% increase in the cost of living). Both the House and Senate proposed budgets contain a 7% salary increase.

Cost: 8% raise = \$1,304,170.00

2. Health Insurance Premium Increase

Goal 4: One ACPS budget goal is to *Keep health insurance costs low*. ACPS is budgeting for a 5% increase in health insurance costs. This is a reduction from the 10% increase budgeted in recent years.

Cost - \$107,394.00

3. Math Teacher

Goal 2: ACHS requests an additional math teacher to support program offerings. ACHS currently has 5 English teachers and needs an equal number of math teachers.

Cost - \$83,868.00

4. CTE Teacher

Goal 2 & Goal 7: This position will take the half day ACMS/half day ACHS CTE position and allow there to be one new CTE teacher at each secondary school.

Cost - \$83,868.00

5. Work-based Learning Coordinator

Goal 7: This position was recommended by the CTE Task Force. The position will coordinate and track work-based learning experiences for Amelia students.

Cost - \$93,808.00

6. Division Nurse Contract Increase

Goal 5: The division nurse needs more time to perform duties. The proposed increase will align this position with the standard 200-day teacher contract.

Cost - \$1,273.00

7. ACHS Counseling Contract Increase

Goal 5: The high school needs a counselor available to perform summer duties including enrolling new students, sending transcripts, scheduling students for the year, etc. One of the two counselors would become a 12-month employee. Cost - \$9,801.00

8. ACES Behavioral Support Position

Goal 5: This position would support ACES in meeting the increased need for prevention, intervention, and support for students exhibiting challenging behavior. Currently, two proposals are being considered to fill this one budgeted position--one proposal for a Reset (ACES Alternative Program) Teacher that would support the implementation of a developmentally appropriate alternative classroom setting for students at ACES and another for a Behavior Interventionist program that would support classroom teachers engaged with students exhibiting challenging behaviors while within the classroom environment.

Cost - \$83,868.00

9. Computer Technician

Goal 5: The need for technology support for students and staff has increased with the increase in use of Chromebooks, Promethean Boards, etc. More support is needed in this area.

Cost - \$83,749.00

10. Security Officer for ACES

Goal 5: The elementary school is the largest ACES school and the only school without this position. We are in the process of developing a grant application that may defray some of this cost.

Cost - \$50,179.00

11. Part-time Office Assistant

Goal 5: This position would support the transportation department.

Cost - \$22,035.00

12. CTE Stipend for DECA Teacher

Goal 5 & Goal 7: This stipend would cover an additional 5 days for DECA responsibilities.

Cost - \$1,273.00

13. Extra Class Period Stipends

Goal 2: This funding allows for a match of existing ACHS extra class stipends in place in FY23. Teachers who teach a class period over required service receive this extra stipend.

Cost - \$32,655.00

14. Mental Health (General Leave) Day for all employees

Goal 6: These funds would cover the cost of substitutes if all employees were provided one general leave day for mental health.

Cost - \$23,000.00

Other Expenditures

15. Purchased Services for HR

The teacher and staff shortage has resulted in greater turnover, the need for more volunteers, and increased recruiting efforts. These funds would cover purchased services for immunizations, background checks for staff and volunteers, recruitment job fairs, and recruitment supplies.

Cost - \$8,000.00

16. SEL Curriculum

These funds would be used to purchase new curriculum/materials to support SEL as outlined in the Strategic Plan. Cost - \$27,491.00

17. Custodial Contract Increase

The custodial contract contains a clause for an annual increase in line with CPI but not to exceed 7%. ABM renewal increased the rate for their services in FY24 by 5%.

Cost - \$23,358.00

18. Code RVA & GSSV Slots

Entry of the incoming freshman class at Code RVA will necessitate the addition of 2 slots at the program as ACPS moves to a total of 6/8 committed slots. Also, we anticipate the availability of an additional STEM slot at GSSV for an Amelia student. Cost - \$27,000.00

19. Professional Development

These funds would be for purchased services for professional learning associated with the new reading program at ACES. Cost - \$5,000.00

20. Language Translation Services

The number of families requiring translation services has increased. ACPS is required to provide these services. Cost - \$5,000.00

21. Technology Software

The cost of technology software increases approximately 5% or more per year. These funds will off-set that increase. Cost - \$44,000.00

22. Supplies

This increase will help cover the price increases in needed supplies for the Operations department.

Cost - \$7,000.00

23. Purchased Repairs and Building Repair Supplies

An increase is needed for purchased repairs (\$15,000) and building repair supplies (\$10,000) due to the increased cost of purchasing repair services and supply costs.

Cost - \$25,000.00

24. Utilities

All utility costs have increased, especially power following rate increases in July 2022. \$73,000 in savings from fuel costs have been shifted here to offset a projected total utilities increase of \$146,000.

Cost - \$73,000

25. Grounds Maintenance Supplies

All costs have increased.

Cost - \$2,000.00

26. Private Carriers Costs

This figure is in line with actual expenditures in FY22 and to-date in FY23 for the required transportation of SPED students for private placements.

Cost - \$20,000.00

27. Purchase of 1 New School Bus

The average cost of a new bus is \$130,000. The first of the former bus leases has been paid off saving \$52,000. The difference is an addition of \$78,000.

Cost - \$78,000.00

28. Supplies for New Journalism Class

These funds will support supplies needed for the new journalism course.

Cost - \$2,500.00

Operating Expenditures – Unbudgeted Needs

1. Mentor Teacher Coach

This seasoned teacher would co-teach with new teachers, modeling evidence-based instructional practices and proactive classroom management skills.

Cost - \$93,808.00

2. ACES Behavioral Support Position

While two proposals--Reset Teacher and Behavior Interventionist--are being considered for one currently budgeted position, there is a need for both programs at ACES. This position would allow for both programs under consideration to be implemented. Cost - \$83,868.00

3. Restore the Part-Time SBO receptionist/Alternative Education support

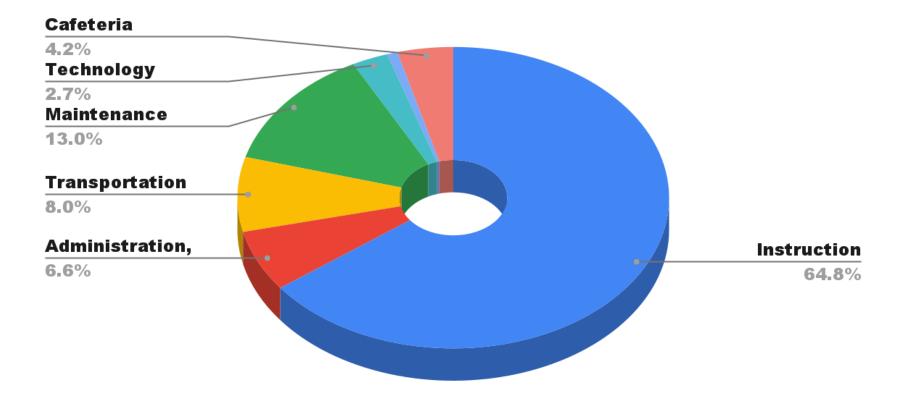
This position would support the alternative program and school board office reception coverage. Cost - \$22,035.00

4. Behavioral Support Services

These services were previously funded through grants that are no longer available.

Cost - \$82,000.00

FY24 Expenditure Summary



Budget Line-Item Detail Revenues

ACCOUNT CODE	ACCOUNT DESCRIPTION	2021	2022	2023 Budget 1540	2024 Budget 1565
1-240-2010	Sales Tax	2,485,685.26	2,920,012.00	2,566,044.00	2,607,497.00
1-240-2011	Supplemental GF Payments	-	-	153,608.00	379,521.00
1-240-8990	Re-benchmarking Hold Harmless	-	-	203,295.00	198,604.00
1-240-2020	Basic School Aid	5,257,773.00	5,097,720.00	5,461,550.00	5,397,839.00
1-240-2162	SPED REGIONAL TUITION	22,571.19		29,616.00	30,656.00
1-240-2030	ISAEP - GED VOC Incentive	8,386.85	8,233.25	8,233.00	8,203.00
1-240-2051	Regular Foster Care	1,879.00	1,448.00	-	
1-240-2052	Special Ed Foster Care	-	9,293.17	-	
1-240-2070	Gifted and Talented	52,992.00	54,022.00	53,768.00	54,640.00
1-240-2080	Remedial Education	187,510.00	187,548.00	202,362.00	205,647.00
1-240-2081	Summer School Remedial	48,334.00	6,606.09	71,179.00	113,071.00
1-240-2110	Compensation Supp	-	363,475.00	346,101.00	960,298.00
2-330-4426	Bonus Payment	-	-	-	-
1-240-2120	Special Ed SOQ	719,468.00	719,615.00	724,396.00	735,162.00
1-240-2171	VOC SOQs Amelia	144,709.00	144,738.00	180,855.00	183,790.00
1-240-2230	Retirement - Instructional	750,040.00	755,290.00	771,320.00	787,815.00
1-240-2280	Reading Intervention	44,046.00	83,456.00	85,396.00	85,396.00
1-240-3060	School Construction Grants	-	-	1,389,924.00	1,389,924.00
1-240-6005	Infrastructure and Operations	174,842.00	75,404.91	392,212.00	402,600.00
1-240-8740	Learning Loss Instruction	68,189.00		-	-
1-240-2360	Foster Care Lottery	-		7,935.00	-
1-240-2365	Project Grad Lottery	4,125.00	4,916.00	4,824.00	4,824.00
1-240-2370	Additional Lottery Revenue	250,131.00	338,835.10	-	-
1-240-2410	Group Life Insurance	22,420.00	22,424.00	23,462.00	23,843.00
1-240-2460	Homebound Payments	3,106.78	515.16	3,056.00	6,790.00
1-240-2520	VOC ED State Equip	3,137.99	3,938.59	3,138.00	3,138.00
1-240-2650	At-Risk	314,604.00	413,046.00	365,297.00	447,250.00

1-240-2655	At-Risk Lottery	-		322,755.00	259,886.00
1-240-2750	K-3 Initiative	244,244.00	240,918.00	252,239.00	280,056.00
1-240-2760	Technology Initiative	-		128,000.00	128,000.00
1-240-2770	English as a Second Language	36,499.00	46,793.00	57,966.00	64,729.00
1-240-2810	At Risk 4 yr olds	148,507.00	174,713.00	260,008.00	254,702.00
1-240-8680	No Loss Funding	237,462.00		-	-
1-240-2910	Clinical Faculty & Mentor	675.00	1,304.00	1,648.00	1,095.00
1-240-2995	Alt Ed Grant	-		60,722.00	66,560.00
1-240-3340	CTE Equipment School Divs	1,650.02	3,019.61	6,824.00	6,958.00
1-240-3990	National Board Cert	2,500.00	2,500.00	-	2,500.00
1-240-4050	SOL Algebra Readiness	28,101.00	25,804.00	29,013.00	31,218.00
1-240-4680	VTSS	26,500.00	26,000.00	22,000.00	24,000.00
1-240-4600	Medicaid	5,930.87		-	
1-240-8160	Vision Screening Grant	-	3,276.00	3,500.00	3,500.00
[[
AREA	TOTAL STATE - OPERATING	11,621,732.50	12,186,207.92	14,522,672.00	15,487,489.00

ACCOUNT CODE	ACCOUNT DESCRIPTION	2021	2022	2023 Budget 1540	2024 Budget 1565
2-330-2191	IDEA - SPED	367,076.63	390,925.10	452,811.00	469,327.00
2-330-2201	IDEA - PREK	12,244.48	22,736.52	13,833.00	14,388.00
2-335-2021	TITLE I	304,307.84	390,383.30	298,493.00	340,441.00
2-330-2143	TITLE II	18,043.45		48,556.00	57,711.00
2-330-2144	TITLE III	-		5,087.00	6,083.00
2-335-2031	TITLE IV	5.11	40,158.62	21,687.00	21,687.00
2-330-2241	CARL PERKINS	12,851.85	27,998.42	32,905.00	31,908.00
L		L			
AREA	TOTAL FEDERAL PROGRAMS	1,189,302.00	872,201.96	873,372.00	941,545.00

ACCOUNT CODE	ACCOUNT DESCRIPTION	2021	2022	2023 Budget 1540	2024 Budget 1565
1-150-1300	Security Equipment Grant	63,762.00		75,000.00	75,000.00
1-150-2005	Parking Permits	236.50	803.50	1,500.00	1,100.00
1-150-2012	Clearwire Revenue	132,028.00	121,872.00	121,872.00	152,340.00
1-150-2022	Driver's Education	6,300.00	9,380.00	8,000.00	8,000.00
1-180-3009	Retiree Health Payment	99,570.27	96,702.38	113,893.00	98,110.00
1-180-3010	Rebates and Refunds	51,092.33	145,240.50	30,000.00	30,000.00
1-189-9120	Other Funds	48,428.71	11,044.09	20,000.00	6,500.00
1-330-2150	E-Rate Revenues	-	16,272.00	5,000.00	16,272.00
AREA	TOTAL OTHER FUNDS	401,417.81	401,314.47	375,265.00	387,322.00
ACCOUNT CODE	ACCOUNT DESCRIPTION	2021	2022	2023 Budget 1540	2024 Budget 1565
		·			
[1-510-5001	County Funds - Operation	6,217,379.00	6,804,888.00	7,345,994.00	8,400,297.00
ACCOUNT CODE	ACCOUNT DESCRIPTION	2021	2022	2023 Budget 1540	2024 Budget 1565
3-240-2140	State Textbook	109,520.00	90,073.22	129,414.00	131,514.00
3-240-3480	Lottery Textbook	-	19,469.78	127,111.00	131,311.00
3-501-5001	Local Textbook	60,196.00	17,107.70	74,452.00	75,660.00
AREA	TOTAL TEXTBOOK	169,716.00	22,982,494.55	203,866.00	207,174.00

				2023 Budget	2024 Budget
ACCOUNT CODE	ACCOUNT DESCRIPTION	2021	2022	1540	1565
6-161-2018	ELEM ADULT/ALA CARTE	-		500.00	500.00
6-161-2019	MIDDLE ADULT/ALA CARTE	-		500.00	500.00
6-161-2020	HIGH ADULT/ALA CARTE	297.35		500.00	500.00
6-189-9120	OTHER FUNDS	-	2,804.49	500.00	500.00
6-180-3012	MISCELLANEOUS REFUNDS	66,379.96		1,000.00	1,000.00
6-180-3014	RETIREE HEALTH PAYMENTS	1,727.45	1,727.52	1,400.00	1,400.00
6-161-2015	HIGH LUNCH	50,558.43	13,833.84	-	10,000.00
6-240-2150	STATE FUNDS	9,915.69	12,059.15	36,266.00	12,059.00
	SCHOOL BREAKFAST				
6-240-3470	INCENTIVE	-	22,331.10	-	29,720.00
6-330-2130	NSLP BREAKFAST	119,087.69	449,839.40	277,200.00	324,971.64
6-330-2131	NSLP LUNCH	807,020.68	764,804.00	836,128.00	727,563.36
,		,			
AREA	TOTAL SCHOOL NUTRITION	1,055,229.65	1,267,399.50	1,155,994.00	1,108,714.00

Budget Line-Item Detail Expenditures

ACCOUNT CODE	ACCOUNT DESCRIPTION	2021 Actual	2022 Actual	2023 Budget - 1540	2024 Budget - 1565
1-1100-210-100-1121	ELEM. REG. TEACHERS	1,956,415.64	2,081,405.00	2,255,688.00	2,501,129.00
	COMP. OF				
1-1100-210-100-1151	PARAPROFESSIONALS	122,220.00	77,900.67	19,266.00	48,832.00
1-1100-210-100-1660	BONUS - ES INSTRUC. STAFF				
	COOPERATING TEACHERS -				
1-1100-210-100-1152	LONGWOOD	1,400.00	1,000.00	1,100.00	1,100.00
1-1100-210-100-1520	REG. COMPENSATION OF SUBS	21,942.15	57,472.43	54,000.00	65,000.00
1-1100-210-100-1620	REG. SUPPLEMENT - VRS	29,023.19	38,928.07	31,000.00	40,125.00
	SUPPLEMENTS PLUS MASTERS				
1-1100-210-100-1621	- NON-VRS	7,988.36	8,838.36	6,600.00	6,600.00
1-1100-210-100-2100	REG. FICA/MEDICARE	167,164.01	165,771.10	181,125.53	203,703.13
1-1100-210-100-2210	REG. ED VRS RETIREMENT	251,340.93	226,524.70	383,249.55	430,472.29
1-1100-210-100-2220	VRS - RETIREMENT - HYBRID	112,034.15	144,178.20	-	-
1-1100-210-100-2300	REG.ED. HEALTH INSURANCE	320,288.34	379,720.40	464,800.00	496,767.00
1-1100-210-100-2400	REG. ED GROUP LIFE	29,413.72	30,210.63	30,899.78	34,707.15
	REG. HYBRID DISABILITY				
1-1100-210-100-2510	INSURANCE	2,263.40	2,893.41	3,900.00	3,455.00
	REG. ED. RETIREE HEALTH INS.				
1-1100-210-100-2750	CRE	26,596.00	27,098.58	27,902.04	31,340.04
1-1100-210-100-2800	REG. ED OTHER BENEFITS	37.60		-	-
	REG. ED PURCHASED				
1-1100-210-100-3100	SERVICES	12,225.96	10,988.56	15,000.00	20,000.00
	REG. ED REPAIR TO				
1-1100-210-100-3310	EQUIPMENT	-		500.00	500.00
1-1100-210-100-6030	MATERIALS AND SUPPLIES	10,667.26	17,615.68	10,000.00	10,000.00
1-1100-210-100-8100	EQUIPMENT PLACEMENT	908.44	644.33	1,200.00	1,200.00
1-1100-210-200-1121	ELEM. SPEC. TEACHERS	292,327.27	313,788.80	398,918.00	421,784.00
1-1100-210-200-1151	SPEC.ED COMP. OF	70,840.11	66,953.33	110,439.00	83,009.00

	PARAPROFESSIONAL				
1-1100-210-200-1660	BONUS - ES SPED STAFF				
	SPEC. COMPENSATION OF				
1-1100-210-200-1520	SUBS.	8,211.49	4,762.03	12,000.00	12,000.00
1-1100-210-200-1620	SPEC ED SUPPLEMENTS	5,542.32	7,813.44	13,000.00	13,375.00
	SPEC ED SUPPLEMENTS - NON				
1-1100-210-200-1621	VRS	499.92	499.92	500.00	500.00
1-1100-210-200-2100	SPEC ED FICA	25,794.60	27,997.89	40,916.56	40,596.10
	REG. SPEC. ED VRS				
1-1100-210-200-2210	RETIREMENT	44,062.16	49,401.76	86,815.73	86,119.52
1-1100-210-200-2220	VRS - RETIREMENT - HYBRID	17,405.15	15,606.78	-	-
1-1100-210-200-2300	REG. SPEC. ED INSURANCE	89,710.00	77,891.60	102,400.00	107,520.00
1-1100-210-200-2400	SPEC. ED GROUP LIFE	4,957.64	5,244.92	6,999.58	6,943.45
	REG. SPED. HYBRID				
1-1100-210-200-2510	DISABILITY INSURANCE	353.76	308.78	500.00	553.00
	REG. SPEC. ED RETIREE				
1-1100-210-200-2750	HEALTH INS. CRE	5,085.78	4,538.57	6,320.52	6,269.83
	REG. SPEC. ED OTHER				
1-1100-210-200-2800	BENEFITS	22.56		-	-
	PURCHASED SERVICES VISION				
1-1100-210-200-3171	IMP	89,889.20	18,558.45	20,000.00	20,000.00
	SPED MATERIALS AND				
1-1100-210-200-6030	SUPPLIES	17,664.99	952.54	9,500.00	9,500.00
	GIFTED TUITION SUMMER				
1-1100-210-400-3810	ENRICH.	-		5,500.00	5,500.00
	GIFTED MATERIALS AND				
1-1100-210-400-6030	SUPPLIES	-		5,179.00	5,179.00
1-1100-220-100-1121	COMPENSATION OF TEACHERS	1,059,572.00	1,147,740.00	1,361,272.00	1,451,920.00
	COMP. OF				
1-1100-220-100-1151	PARAPROFESSIONALS	2,317.55	26,921.62	15,160.00	16,373.00
1-1100-220-100-1660	BONUS - MS INSTRUC. STAFF				

	COMPENSATION OF				
1-1100-220-100-1520	SUBSTITUTES	14,131.49	39,333.02	38,400.00	44,400.00
	SUPPLEMENTS PLUS 3				
1-1100-220-100-1620	MASTERS - VRS	28,700.82	32,510.84	30,000.00	27,250.00
	SUPPLEMENTS PLUS MASTERS				
1-1100-220-100-1621	- NON VRS	25,847.06	25,771.07	33,950.00	41,325.00
1-1100-220-100-2100	FICA/MEDICARE	79,591.88	91,266.77	113,126.82	120,967.00
1-1100-220-100-2210	VRS- RETIREMENT	120,899.30	139,677.00	233,749.00	248,559.25
1-1100-220-100-2220	VRS - RETIREMENT - HYBRID	60,683.56	60,687.99	-	-
1-1100-220-100-2300	HEALTH INSURANCE	183,846.56	187,637.00	225,322.00	240,951.60
1-1100-220-100-2400	GROUP LIFE	14,744.63	16,155.59	18,846.19	20,040.28
	REG. HYBRID DISABILITY				
1-1100-220-100-2510	INSURANCE	1,208.40	1,211.65	1,600.00	1,856.00
	RETIREE HEALTH INSURANCE				
1-1100-220-100-2750	CREDIT	13,215.93	14,586.38	17,017.83	18,096.07
1-1100-220-100-2800	OTHER BENEFITS	15.04		-	-
1-1100-220-100-3100	PURCHASED SERVICES	12,225.96	10,988.56	23,000.00	23,000.00
1-1100-220-100-3310	REPAIR TO EQUIPMENT	-		500.00	500.00
1-1100-220-100-5800	DUES AND MEMBERSHIPS	-		-	-
1-1100-220-100-6030	MATERIALS AND SUPPLIES	12,871.07	4,143.27	7,000.00	7,000.00
1-1100-220-100-8100	EQUIPMENT REPLACEMENT	-		1,200.00	1,200.00
	CAPITAL OUTLAY NEW				
1-1100-220-100-8200	EQUIPMENT	-		1,000.00	1,000.00
r			,	r	·
1-1100-220-200-1121	COMPENSATION OF TEACHERS	302,053.67	319,814.50	333,634.00	344,616.00
	COMP. OF				
1-1100-220-200-1151	PARAPROFESSIONALS	81,048.97	78,657.16	86,799.00	129,015.00
1-1100-220-200-1660	BONUS - MS SPED STAFF				
	REG. SPED COMPENSATION OF				
1-1100-220-200-1520	SUBSTITUTES	4,114.46	5,087.02	6,000.00	6,000.00
1-1100-220-200-1620	REG. SPED SUPPLEMENTS	5,542.32	7,813.44	9,500.00	6,825.00

	REG SPED SUPPLEMENTS - NO				
1-1100-220-200-1621	VRS	999.84	999.84	500.00	500.00
	REG. SPEC.ED FICA/				
1-1100-220-200-2100	MEDICARE	27,095.18	28,920.11	33,387.12	37,252.13
	REG. SPEC. ED VRS				
1-1100-220-200-2210	-RETIREMENT	37,584.55	34,655.22	71,454.86	79,851.79
1-1100-220-200-2220	VRS - RETIREMENT - HYBRID	26,950.70	35,250.68	-	-
	REG. SPED HEALTH				
1-1100-220-200-2300	INSURANCE	99,191.50	107,592.90	101,200.00	106,260.00
1-1100-220-200-2400	REG. SPED GROUP LIFE	5,239.58	5,636.42	5,761.10	6,438.11
	REG. SPED. HYBRID				
1-1100-220-200-2510	DISABILITY INSURANCE	541.20	704.54	900.00	840.00
	REG. SPEC. ED RETIREE				
1-1100-220-200-2750	HEALTH INS. CRED	4,693.24	5,089.40	5,202.19	5,813.52
1-1100-220-200-2800	OTHER BENEFITS	11.28		-	-
	REG. SPEC.ED. MATERIALS				
1-1100-220-200-6030	AND SUPPLIES	13,953.29	1,230.87	6,000.00	6,000.00
r					
1 1100 220 200 6020	VOC MATERIALS AND	240.05	20.51	1 000 00	1 000 00
1-1100-220-300-6030	SUPPLIES	348.95	39.51	1,000.00	1,000.00
1 1100 220 100 2010	GIFTED TUITION SUMMER			1 000 00	1 000 00
1-1100-220-400-3810	ENRICH.	-	-	1,000.00	1,000.00
1 1100 220 400 6020	GIFTED - MATERIALS AND			1 000 00	1 000 00
1-1100-220-400-6030	SUPPLIES	-	-	1,000.00	1,000.00
1-1100-300-100-1121	COMPENSATION OF TEACHERS	1,346,922.86	1,367,466.00	1,485,043.00	1,575,213.00
1 1100 200 100 1171	COMP. OF	70.0 00.00		4.5.050.00	10.414.00
1-1100-300-100-1151	PARAPROFESSIONALS	52,200.28	-	17,972.00	19,414.00
1-1100-300-100-1660	BONUS - HS INSTRUC. STAFF				
1-1100-300-100-1155	ATHLETIC TRAINER	43,839.80	-	-	-
	COMPENSATION OF				
1-1100-300-100-1520	SUBSTITUTES	7,143.01	21,807.29	40,200.00	46,200.00
	SUPPLEMENTS PLUS 3				
1-1100-300-100-1620	MASTERS - VRS	32,516.94	38,956.89	26,000.00	49,015.00

	SUPPLEMENTS PLUS MASTERS				
1-1100-300-100-1621	- NON VRS	106,371.14	93,359.55	117,240.00	114,636.00
1-1100-300-100-1622	STEM TEACHER INCENTIVE	1,000.00	-	1,000.00	1,000.00
	DRIVER'S EDUCATION				
1-1100-300-100-1630	SUPPLEMENT	6,932.84	8,970.00	13,000.00	13,000.00
1-1100-300-100-1635	DUAL ENROLLMENT STIPEND	-		-	-
1-1100-300-100-2100	FICA/MEDICARE	112,726.22	110,358.10	130,084.81	139,113.57
1-1100-300-100-2210	VRS-RETIREMENT	155,306.94	151,160.10	254,122.29	273,173.30
1-1100-300-100-2220	VRS - RETIREMENT - HYBRID	82,107.51	68,406.50	-	-
1-1100-300-100-2300	HEALTH INSURANCE	225,156.44	198,168.10	186,200.00	204,237.00
1-1100-300-100-2400	GROUP LIFE	19,127.52	17,705.44	20,488.80	22,024.80
	REG. HYBRID DISABILITY				
1-1100-300-100-2510	INSURANCE	1,635.16	1,366.93	1,900.00	1,533.00
	RETIREE HEALTH INSURANCE				
1-1100-300-100-2750	CREDIT	17,272.72	15,984.90	18,501.08	19,888.07
1-1100-300-100-2800	OTHER BENEFITS	7.52		-	-
1-1100-300-100-3100	PURCHASED SERVICES	12,225.96	10,988.56	15,000.00	15,000.00
1-1100-300-100-3310	REPAIR TO EQUIPMENT	-		2,000.00	2,000.00
	DUES MEMBERSHIPS AND				
1-1100-300-100-5800	REGISTRATION	-	383.38	5,600.00	5,600.00
1-1100-300-100-6030	MATERIALS AND SUPPLIES	39,362.94	14,573.16	11,000.00	13,500.00
1-1100-300-100-8100	EQUIPMENT REPLACEMENT	4,950.00	189.69	500.00	500.00
	CAPITAL OUTLAY - NEW				
1-1100-300-100-8200	EQUIPMENT	5,444.46	4,499.80	4,687.00	4,687.00
1-1100-300-200-1121	COMPENSATION OF TEACHERS	276,223.64	280,686.90	358,773.00	410,161.00
	COMP. OF REG SPED				
1-1100-300-200-1151	PARAPROFESSIONALS	78,607.88	72,899.98	89,646.00	95,318.00
1-1100-300-200-1660	BONUS - HS SPED STAFF				
	REG. SPEC.ED COMPENSATION				
1-1100-300-200-1520	OF SUBS.	140.00	528.03	3,600.00	3,600.00
1-1100-300-200-1620	REG. SPED SUPPLEMENTS	-	3,271.20	15,550.00	12,100.00
	REG. SPEC.ED.				
1-1100-300-200-2100	FICA/MEDICARE	24,678.49	24,791.51	35,769.03	39,870.19

	REG. SPEC.ED VRS-				
1-1100-300-200-2210	RETIREMENT	33,035.28	34,852.72	77,111.65	86,021.63
1-1100-300-200-2220	VRS - RETIREMENT - HYBRID	25,516.83	25,511.30	-	-
1-1100-300-200-2300	HEALTH INSURANCE	93,155.48	103,796.60	104,400.00	109,620.00
1-1100-300-200-2400	REG. SPED GROUP LIFE	4,725.36	4,866.16	6,217.18	6,935.56
	REG. SPED. HYBRID				
1-1100-300-200-2510	DISABILITY INSURANCE	509.52	503.86	550.00	698.00
	REG. SPEC. ED RETIREE				
1-1100-300-200-2750	HEALTH INS. CRED	4,267.44	4,394.03	5,614.02	6,262.71
1-1100-300-200-2800	SPEC. ED. OTHER BENEFITS	15.04		-	-
	REG SPED CONTRACTED				
1-1100-300-200-3320	SERVICES	-	2,951.34	1,500.00	1,500.00
	REG. SPEC.ED. MATERIALS				
1-1100-300-200-6030	AND SUPPLIES	20,699.42	1,431.37	8,000.00	8,000.00
1-1100-300-300-1121	COMPENSATION OF TEACHERS	276,204.76	282,861.90	333,479.00	429,099.00
1-1100-300-300-1660	BONUS - HS CTE STAFF				
	SUBSTITUTE WAGES -				
1-1100-300-300-1520	VOCATIONAL	504.51	2,844.16	4,200.00	4,200.00
	SUPPLEMENTS - VRS -				
1-1100-300-300-1620	VOCATIONAL	10,813.20	10,813.20	14,375.00	34,439.00
1-1100-300-300-2100	VOC. ED. FICA/MEDICARE	21,754.90	22,316.21	26,932.13	35,781.96
1-1100-300-300-2210	VOC. ED VRS- RETIREMENT	28,621.68	21,045.18	56,122.25	72,014.29
1-1100-300-300-2220	VRS - RETIREMENT - HYBRID	8,227.54	16,175.14	-	-
1-1100-300-300-2300	HEALTH INSURANCE	20,466.32	27,698.38	27,322.00	41,778.60
1-1100-300-300-2400	VOC ED GROUP LIFE	2,972.16	2,999.10	4,524.90	5,806.21
	VOC. REG. HYBRID				
1-1100-300-300-2510	DISABILITY INSURANCE	163.92	322.54	500.00	593.00
	VOC. ED. RETIREE HEALTH				
1-1100-300-300-2750	INS. CRED	2,683.44	2,707.70	4,085.92	5,242.92
1-1100-300-300-2800	VOC. ED OTHER BENEFITS	-		-	-
	VOC. MATERIALS AND				
1-1100-300-300-6030	SUPPLIES	12,597.47	18,420.90	12,000.00	12,000.00

	VOC.ED TUITION REGIONAL				
1-1100-300-300-7000	VOC.SCH	342,975.07	335,583.70	427,694.52	427,694.52
	TUITION REGIONAL ALT. VOC.				
1-1100-300-300-7001	SCHOOL	-		-	-
	GIFTED TUITION - GOV. SUM.				
1-1100-300-400-3810	ENRICH.	-	-	2,000.00	2,000.00
1-1100-300-400-5604	DUAL ENROLLMENT FEES	46,281.30	42,603.50	55,000.00	55,000.00
	GIFTED BOOKS - MATERIALS -				
1-1100-300-400-6030	SUPPLIES	796.00	1,872.00	1,000.00	1,000.00
	TUITION GOVERNOR'S				
1-1100-300-400-7000	SCHOOL	70,882.08	107,882.10	127,000.00	154,000.00
1-1100-400-700-1321	PART TIME INSTRUCTORS	-		-	-
1-1100-400-700-2100	FICA/MEDICARE	-		-	-
1-1100-400-700-7000	GED TUITION PAYMENT	6,605.47	-	7,000.00	7,000.00
· · · · · · · · · · · · · · · · · · ·	RETIRED TEACHER HEALTH				
1-1100-900-000-2000	INSUR.	195,407.40	191,109.90	209,544.00	209,544.00
1-1100-900-000-2001	FIXED CHARGES	33,190.40	25,022.38	65,000.00	65,000.00
	FIXED CHARGES - UNEMPLOY				
1-1100-900-000-2005	DISAB.	1,159.34	150.03	36,000.00	36,000.00
1-1100-900-000-2100	FICA/MEDICARE	2,539.06	1,914.19	4,972.50	4,972.50
	COMPENSATION DATA &	,	,	,	,
1-1100-900-100-1121	TESTING	73,439.96	78,858.98	81,293.00	91,131.00
	REMEDIATION FOR ALGEBRA				
1-1100-900-100-1624	READINESS	9,802.50	-	4,600.00	4,600.00
1-1100-900-100-1625	VPSA TRAINING	1,082.84	-	5,000.00	5,000.00
1-1100-900-100-2100	FICA/ MEDICARE	6,328.06	6,540.69	6,953.31	7,705.92
1-1100-900-100-2210	VRS - RETIREMENT	12,025.68	13,483.78	13,510.90	15,145.97
1-1100-900-100-2220	VRS - RETIREMENT - HYBRID	-		-	-
1-1100-900-100-2300	HEALTH INSURANCE	8,500.00	9,937.12	12,000.00	12,600.00
1-1100-900-100-2400	GROUP LIFE	969.60	1,087.12	1,089.33	1,221.16
	RETIREE HEALTH INSURANCE	j	-	·	-
1-1100-900-100-2750	CREDIT	875.52	981.60	983.65	1,102.69

	PURCHASED SERVICES -				
1-1100-900-100-3101	ALGEBRA READINESS	-	-	2,000.00	2,000.00
1-1100-900-100-6020	ESL	573.75	2,762.68	500.00	500.00
1-1100-900-100-6030	INSTRUCTIONAL MATERIALS	29,198.01	5,596.54	10,000.00	37,491.00
1-1100-900-100-1621	VTSS STIPEND		6,097.50	-	1,500.00
	VTSS - MATERIALS AND				
1-1100-900-100-6031	SUPPLIES	927.20		22,000.00	22,500.00
1-1100-900-100-6035	SECURITY GRANT	96,024.00	148,301.00	100,000.00	100,000.00
	GIFTED - BOOKS AND				
1-1100-900-400-6021	SUBSCRIPTIONS	3,769.00	-	5,000.00	5,000.00
1-1100-900-400-6040	GIFTED TESTING	-	1,726.00	2,500.00	2,500.00
	COMP.SUMMER SCH.				
1-1100-900-600-1121	TEACHERS	82,523.18	149,942.50	73,000.00	73,000.00
	COMP. SUMMER SCH.				
1-1100-900-600-1141	PARAPROF.	9,365.68	18,427.50	13,000.00	13,000.00
1-1100-900-600-1150	PROJECT GRADUATION	2,430.00	5,955.00	4,500.00	4,500.00
1-1100-900-600-2100	FICA/MEDICARE	7,215.43	13,335.97	6,579.00	6,579.00
1-1100-900-600-6030	SUMMER SCHOOL MATERIALS	995.58	165.94	2,900.00	2,900.00
	COMP. OF PRE SCHOOL				
1-1100-900-800-1121	TEACHER	194,097.27	202,070.00	221,256.00	238,783.00
	COMP. OF PRE SCHOOL				
1-1100-900-800-1151	PARAPROF.	60,737.99	101,196.80	115,008.00	130,996.00
	COMPENSATION OF SUBS -				
1-1100-900-800-1520	PRESCHOOL	2,397.53	9,633.91	4,800.00	4,800.00
1-1100-900-800-1620	PREK SUPPLEMENTS	8,232.66	6,813.36	9,100.00	9,100.00
1-1100-900-800-1660	BONUS - PREK STAFF				
1-1100-900-800-2100	FICA/MEDICARE	15,832.79	23,839.31	26,787.55	29,351.44
1-1100-900-800-2210	VRS- RETIREMENT	30,295.72	45,303.20	55,887.08	61,457.27
1-1100-900-800-2220	VRS - RETIREMENT - HYBRID	4,486.49	7,029.02	-	-
1-1100-900-800-2300	HEALTH INSURANCE	22,719.79	44,278.26	40,212.00	42,222.60
1-1100-900-800-2400	GROUP LIFE	2,805.79	4,219.28	3,813.23	4,955.04
1-1100-900-800-2510	HYBRID DISABILITY	89.79	140.56	200.00	100.00

	INSURANCE				
	RETIREE HEALTH INSURANCE				
1-1100-900-800-2750	CREDIT	2,533.90	3,810.00	4,068.79	4,474.33
1-1100-900-800-2800	OTHER BENEFITS	3.00		-	-
	PRE-SCHOOL MATERIALS AND				
1-1100-900-800-6030	SUPPLIES	2,128.99	1,816.90	2,000.00	2,000.00
	COMPENSATION OF				
1-1210-210-100-1121	COUNSELOR	94,063.79	97,381.82	105,998.00	114,480.00
1-1210-210-100-1660	BONUS - ACES Counselors				
	COMPENSATION OF SUBS -				
1-1210-210-100-1520	GUIDANCE	-	-	900.00	900.00
1-1210-210-100-1620	SUPPLEMENT	13,125.08	12,042.24	12,050.00	10,550.00
1-1210-210-100-1621	SUPPLEMENT - NON VRS	499.92	499.92	-	500.00
1-1210-210-100-2100	FICA/MEDICARE	8,014.10	8,419.10	9,099.52	9,633.65
1-1210-210-100-2210	VRS- RETIREMENT	8,985.60	9,555.98	19,619.58	20,779.99
1-1210-210-100-2220	VRS - RETIREMENT - HYBRID	8,607.49	8,603.22	-	-
1-1210-210-100-2300	HEALTH INSURANCE	-		-	-
1-1210-210-100-2400	GROUP LIFE	1,433.68	1,464.12	1,581.84	1,675.40
	HYBRID DISABILITY				
1-1210-210-100-2510	INSURANCE	175.05	171.84	200.00	-
	RETIREE HEALTH INSURANCE				
1-1210-210-100-2750	CREDIT	1,294.49	1,322.08	1,300.00	1,512.86
	GUIDANCE TRAVEL/CONF.				
1-1210-210-100-5500	REGISTRATIO	550.00		500.00	500.00
	GUIDANCE MATERIALS AND				
1-1210-210-100-6030	SUPPLIES	993.31	1,521.94	900.00	900.00
	COMPENSATION OF				
1-1210-220-100-1121	COUNSELOR	84,690.64	88,357.20	96,304.00	118,424.00
1-1210-220-100-1660	BONUS - ACMS COUNSELORS				
	COMPENSATION OF SUBS -	[[[
1-1210-220-100-1520	GUIDANCE	-	-	920.00	920.00
1-1210-220-100-1620	SUPPLEMENT	5,271.12	10,542.24	10,550.00	
		l′	·	·	l

1-1210-220-100-1621	SUPPLEMENT - NON VRS	499.92	499.92	-	500.00
1-1210-220-100-2100	FICA/ MEDICARE	5,942.92	6,625.90	8,244.71	10,166.39
1-1210-220-100-2210	VRS - RETIREMENT	-	-	17,759.13	21,934.08
1-1210-220-100-2220	VRS - RETIREMENT - HYBRID	14,583.27	16,432.26	-	-
1-1210-220-100-2300	HEALTH INSURANCE	24,036.22	27,105.00	33,000.00	34,650.00
1-1210-220-100-2400	GROUP LIFE	1,176.48	1,324.70	1,431.84	1,768.45
	HYBRID DISABILITY				
1-1210-220-100-2510	INSURANCE	290.40	328.14	400.00	199.00
	RETIREE HEALTH INSURANCE				
1-1210-220-100-2750	CREDIT	1,062.24	1,196.38	1,292.93	1,596.89
	GUIDANCE TRAVEL/CONF.				
1-1210-220-100-5500	REGISTRATIO	-	-	200.00	200.00
	GUIDANCE MATERIALS AND				
1-1210-220-100-6030	SUPPLIES	1,014.65	307.46	500.00	500.00
	COMPENSATION OF				
1-1210-300-100-1121	COUNSELORS	83,585.53	89,594.28	97,522.00	113,054.00
1-1210-300-100-1660	BONUS - ACHS COUNSELORS				
	COMP. OF GUIDANCE				
1-1210-300-100-1151	PARAPROF.	22,939.83	24,053.33	26,327.00	26,072.00
	COMPENSATION OF SUBS -				
1-1210-300-100-1520	GUIDANCE	-	-	900.00	900.00
1-1210-300-100-1620	SUPPLEMENTS	10,542.24	10,542.24	10,550.00	10,550.00
1-1210-300-100-1621	SUPPLEMENTS - NON VRS	555.92	499.92	-	500.00
1-1210-300-100-2100	FICA/ MEDICARE	8,210.63	8,476.95	10,350.37	11,519.06
1-1210-300-100-2210	VRS- RETIREMENT	-	-	22,486.69	25,025.73
1-1210-300-100-2220	VRS - RETIREMENT - HYBRID	18,777.62	20,582.59	-	-
1-1210-300-100-2300	HEALTH INSURANCE	25,001.00	28,719.00	33,000.00	34,650.00
1-1210-300-100-2400	GROUP LIFE	1,500.30	1,659.54	1,813.01	2,017.72
	HYBRID DISABILITY				
1-1210-300-100-2510	INSURANCE	370.74	411.24	550.00	472.00
	RETIREE HEALTH INSURANCE				
1-1210-300-100-2750	CREDIT	1,354.88	1,498.46	1,637.12	1,821.97
1-1210-300-100-2800	OTHER BENEFITS	-		-	-

	GUIDANCE TRAVEL/CONF.				
1-1210-300-100-5500	REGISTRATIO	-	-	500.00	500.00
	GUIDANCE MATERIALS AND				
1-1210-300-100-6030	SUPPLIES	842.29	782.18	1,375.00	1,375.00
1-1220-900-100-1130	SOCIAL WORKER - SALARY	46,758.35	46,719.98	50,443.00	54,994.00
1-1220-900-100-1620	SOCIAL WORKER - STIPENDS	-	-	2,275.00	2,275.00
1-1220-900-100-2100	SOCIAL WORKER - FICA	3,068.94	3,042.18	4,032.93	4,381.08
1-1220-900-100-2210	SOCIAL WORKER - VRS	-	-	8,761.73	9,518.11
	SOCIAL WORKER - HYBRID				
1-1220-900-100-2220	VRS	7,629.60	7,762.06	-	-
	SOCIAL WORKER - HEALTH				
1-1220-900-100-2300	INSURANCE	14,642.00	14,757.56	17,500.00	18,375.00
	SOCIAL WORKER - GROUP				
1-1220-900-100-2400	LIFE	615.12	625.86	706.42	767.40
	SOCIAL WORKER - HYBRID				
1-1220-900-100-2510	DISABILITY	151.92	155.18	175.00	191.00
	SOCIAL WORKER - HEALTH		- 1 - 1 -		
1-1220-900-100-2750	INSURANCE CREDIT	555.36	565.18	637.89	692.95
1-1230-210-100-1121	COMPENSATION OF TEACHERS	-	-	1,250.00	1,250.00
1-1230-210-100-2100	FICA/ MEDICARE	-	-	95.63	95.63
1-1230-210-200-1121	SPEC.ED COMP. OF TEACHERS	-	952.50	2,500.00	2,500.00
1-1230-210-200-2100	SPEC. FICA/ MEDICARE	-	72.85	191.25	191.25
1-1230-220-100-1121	COMPENSATION OF TEACHERS	1,872.84	-	3,125.00	3,125.00
1-1230-220-100-2100	FICA/ MEDICARE	143.30	-	239.06	239.06
1-1230-220-200-1121	SPEC.ED. COMP. OF TEACHERS	-	9,236.25	4,375.00	4,375.00
1-1230-220-200-2100	SPEC.ED FICA/ MEDICARE	-	712.55	334.69	334.69
1-1230-300-100-1121	COMPENSATION OF TEACHERS	-	3,555.00	2,500.00	2,500.00
1-1230-300-100-2100	FICA/ MEDICARE	-	271.96	191.25	191.25
1-1230-300-200-1121	SPEC.ED. COMP. OF TEACHERS	-	2,002.50	5,000.00	5,000.00
1-1230-300-200-2100	SPEC.ED FICA/ MEDICARE	-	153.21	382.50	382.50
1-1310-200-100-2300	HEALTH INSURANCE	-		-	-
	COMMUNICATIONS MAT. AND				
1-1310-200-100-6030	SUPPLY	-	-	5,000.00	5,000.00

	COMP. FOR CURRICULUM				
1-1310-900-100-1121	DEVELOPMENT	63,286.28	65,504.88	88,000.00	86,305.00
1-1310-900-100-1620	SUPPLEMENT	-	-	8,115.00	7,530.00
1-1310-900-100-2100	FICA/ MEDICARE	4,397.92	4,536.59	7,352.80	7,178.38
1-1310-210-100-2210	VRS-RETIREMENT	9,542.64		15,974.31	-
1-1310-210-100-2220	VRS - RETIREMENT - HYBRID	-	10,018.20	-	15,595.38
1-1310-210-100-2300	HEALTH INSURANCE	11,179.18	12,494.46	32,000.00	33,600.00
1-1310-210-100-2400	GROUP LIFE	769.44	807.70	1,287.94	1,257.39
	RETIREE HEALTH INSURANCE				
1-1310-210-100-2750	CREDIT	695.04		1,162.99	1,135.40
1-1310-900-100-3001	TUITION ASSISTANCE	7,350.00	10,784.00	6,500.00	6,500.00
	DIVISION PROFESSIONAL				
1-1310-900-100-3170	IMPROVEMENT	3,032.72	1,819.00	10,000.00	10,000.00
	IN-SERVICE MATERIALS AND				
1-1310-900-100-6030	SUPPLIES	3,034.99	65.19	4,000.00	4,000.00
1-1310-900-100-6040	SOFTWARE	44,502.60	15,230.00	22,000.00	23,100.00
	GIFTED IN-SERVICE AND				
1-1310-900-400-3170	TRAINING	-	-	1,000.00	1,000.00
r	COMPENSATION OF				
1-1320-210-100-1121	LIBRARIAN	42,037.92	44,785.45	49,056.00	52,982.00
1-1320-210-100-1121	BONUS - ACES LIBRARIAN	42,037.92	44,783.43	49,030.00	32,982.00
1-1320-210-100-1000	COMP.OF LIBRARY				
1-1320-210-100-1151	PARAPROFESSIONAL				_
1-1320-210-100-1131	COMPENSATION OF SUBS -	-		-	
1-1320-210-100-1520	MEDIA	_	_	840.00	840.00
1-1320-210-100-1620	SUPPLEMENT	3,271.20	3,271.20	3,275.00	3,275.00
1-1320-210-100-2100	FICA/MEDICARE	3,466.07	3,676.26	4,067.58	4,367.92
1-1320-210-100-2210	VRS-RETIREMENT	-	3,070.20	8,837.02	9,489.52
1-1320-210-100-2210	VRS - RETIREMENT - HYBRID	7,530.48	8,021.60	-	7,107.32
1-1320-210-100-2300	HEALTH INSURANCE	7,550.70	0,021.00		
1 1320-210-100-2300	TIEZ IETT TROOTATIVEE			-	
1-1320-210-100-2400	GROUP LIFE	607.20	646.66	712.49	765.10

	RETIREE HEALTH INSURANCE				
1-1320-210-100-2750	CREDIT	150.00	583.88	643.37	690.87
1-1320-210-100-2800	OTHER BENEFITS	548.16		-	-
	LIBRARY PURCHASED				
1-1320-210-100-3100	SERVICES	1,186.20	606.00	1,200.00	1,200.00
	LIBRARY MATERIALS AND				
1-1320-210-100-6030	SUPPLIES	-	919.05	2,000.00	2,000.00
	LIBRARY BOOKS AND				
1-1320-210-100-6035	SUBSCRIPTIONS	2,969.06	5,488.61	3,000.00	3,000.00
	LIBRARY EQUIPMENT				
1-1320-210-100-8100	REPLACEMENT	3,519.70		1,000.00	1,000.00
	COMPENSATION OF				
1-1320-220-100-1121	LIBRARIAN	65,779.08	63,437.60	66,923.00	72,278.00
1-1320-220-100-1660	BONUS - ACMS LIBRARIAN				
1-1320-220-100-1620	SUPPLEMENT	3,271.20	1,908.20	3,275.00	3,275.00
1-1320-220-100-2100	FICA/ MEDICARE	5,192.26	4,604.91	5,370.15	5,779.80
1-1320-220-100-2210	VRS- RETIREMENT	11,324.10	10,856.98	11,666.91	12,556.91
1-1320-220-100-2220	VRS - RETIREMENT - HYBRID	-		-	-
1-1320-220-100-2300	HEALTH INSURANCE	7,126.00	15,475.00	17,500.00	18,375.00
1-1320-220-100-2400	GROUP LIFE	912.98	875.38	940.65	1,012.41
	RETIREE HEALTH INSURANCE				
1-1320-220-100-2750	CREDIT	824.40	790.50	849.40	914.19
1-1320-220-100-2800	OTHER BENEFITS	-		-	-
	LIBRARY MATERIALS AND				
1-1320-220-100-6030	SUPPLIES	311.92	2,643.50	2,000.00	2,000.00
	LIBRARY BOOKS AND				
1-1320-220-100-6035	SUBSCRIPTIONS	3,799.16	3,525.11	4,000.00	4,000.00
	LIBRARY EQUIPMENT				
1-1320-220-100-8100	REPLACEMENT	1,674.62	358.61	1,000.00	1,000.00
	COMPENSATION OF				
1-1320-300-100-1121	LIBRARIAN	50,646.96	54,254.16	58,000.00	63,836.00
1-1320-300-100-1660	BONUS - ACHS LIBRARIAN				

1-1320-300-100-1620	SUPPLEMENT	3,271.20	3,271.20	3,275.00	3,275.00
1-1320-300-100-2100	FICA/ MEDICARE	3,689.90	3,957.30	4,687.54	5,133.99
1-1320-300-100-2210	VRS- RETIREMENT	8,961.12	9,553.20	10,183.91	11,153.85
1-1320-300-100-2220	VRS - RETIREMENT - HYBRID	-		-	-
1-1320-300-100-2300	HEALTH INSURANCE	13,602.00	15,475.00	17,500.00	18,375.00
1-1320-300-100-2400	GROUP LIFE	722.40	770.26	821.09	899.29
	RETIREE HEALTH INSURANCE				
1-1320-300-100-2750	CREDIT	652.32	695.52	741.43	812.04
	LIBRARY MATERIALS AND				
1-1320-300-100-6030	SUPPLIES	2,236.66	657.04	1,000.00	1,000.00
	LIBRARY BOOKS AND				
1-1320-300-100-6035	SUBSCRIPTIONS	3,030.78	2,527.35	4,500.00	4,500.00
	LIBRARY EQUIPMENT				
1-1320-300-100-8100	REPLACEMENT	-	18,597.24	500.00	500.00
	COMPENSATION OF				
1-1410-210-100-1126	ELEM.PRINCIPAL	77,712.92	87,540.24	97,770.00	105,592.00
	COMPENSATION OF				
1-1410-210-100-1127	ASST.PRINC.	66,994.76	71,040.72	156,784.00	176,247.00
1-1410-210-100-1660	BONUS - ACES ADMIN. STAFF				
1-1410-210-100-1150	COMP. OF ELEM. SECRETARY	34,258.50	59,513.24	122,695.00	132,134.00
	COMPENSATION OF				
1-1410-210-100-1520	SUBS-OFFICE OF PRINCIPAL	-	562.99	-	-
1-1410-210-100-1620	SUPPLEMENTS	-		-	2,275.00
1-1410-210-100-2100	FICA/ MEDICARE	12,831.75	15,550.84	28,859.55	31,668.93
1-1410-210-100-2210	VRS- RETIREMENT	23,690.40	26,363.88	62,698.78	69,180.42
1-1410-210-100-2220	VRS - RETIREMENT - HYBRID	5,625.99	10,211.74	-	-
1-1410-210-100-2300	HEALTH INSURANCE	16,314.00	37,427.00	63,644.00	66,826.20
1-1410-210-100-2400	GROUP LIFE	2,366.92	2,948.82	5,055.14	5,547.24
	HYBRID DISABILITY				
1-1410-210-100-2510	INSURANCE	106.36	203.40	250.00	751.00
	RETIREE HEALTH INSURANCE				
1-1410-210-100-2750	CREDIT	2,137.06	2,662.92	4,564.71	5,009.07

1-1410-210-100-2800	OTHER BENEFITS	-		-	-
1-1410-210-100-5500	TRAVEL/CONF. REGISTRATION	-	405.07	1,000.00	1,000.00
1-1410-210-100-5800	DUES AND MEMBERSHIPS	731.52	1,135.22	1,000.00	1,000.00
1-1410-210-100-6030	MATERIALS AND SUPPLIES	2,133.13	1,750.20	2,000.00	2,000.00
1-1410-210-100-8100	EQUIPMENT REPLACEMENT	-		-	-
	CAPITAL OUTLAY NEW				
1-1410-210-100-8200	EQUIPMENT	-		-	-
[GOV WELLOW OF MA				·
1 1410 220 100 1126	COMPENSATION OF MS	01 020 00	106 140 70	102 710 00	104.256.00
1-1410-220-100-1126	PRINCIPALS	81,829.88	106,149.70	102,719.00	104,256.00
1-1410-220-100-1127	COMPENSATION OF ASST. PRINCIPAL	66 626 00	74 125 76	91 204 00	85,643.00
		66,636.00	74,135.76	81,294.00	83,043.00
1-1410-220-100-1660	BONUS - ACMS ADMIN. STAFF	75.052.26	72.740.26	76.467.00	02.502.00
1-1410-220-100-1150	COMPENSATION OF	75,052.26	72,749.36	76,467.00	82,582.00
1-1410-220-100-1520	COMPENSATION OF SUBS-OFFICE OF PRINCIPAL				
		-		-	2 250 00
1-1410-220-100-1620	SUPPLEMENTS	-		240.00	3,250.00
1-1410-220-100-1621	GAMES	-	- 10.040.10	240.00	240.00
1-1410-220-100-2100	FICA/ MEDICARE	16,215.82	18,849.10	19,926.72	20,844.80
1-1410-220-100-2210	VRS- RETIREMENT	36,698.64	36,318.37	43,291.78	45,286.34
1-1410-220-100-2220	VRS - RETIREMENT - HYBRID	-	5,606.94	-	-
1-1410-220-100-2300	HEALTH INSURANCE	37,893.00	36,176.00	41,400.00	43,470.00
1-1410-220-100-2400	GROUP LIFE	2,958.96	3,380.27	3,490.43	3,651.25
	HYBRID DISABILITY				
1-1410-220-100-2510	INSURANCE	-	111.76	150.00	142.00
	RETIREE HEALTH INSURANCE				
1-1410-220-100-2750	CREDIT	2,671.92	3,052.33	3,151.81	3,297.02
1-1410-220-100-2800	OTHER BENEFITS	11.28		-	-
1-1410-220-100-5500	TRAVEL/ CONF. REGISTRATION	-	280.00	1,000.00	1,000.00
1-1410-220-100-5800	DUES AND MEMBERSHIPS	625.00	625.00	2,000.00	2,000.00
1-1410-220-100-6030	MATERIALS AND SUPPLIES	4,203.05	2,756.22	3,000.00	3,000.00
	COMPENSATION OF HS				
1-1410-300-100-1126	PRINCIPAL	88,029.76	96,423.00	105,126.00	113,537.00

AREA	TOTAL INSTRUCTION	12,441,991.28	13,029,865.36	14,927,243.00	16,247,517.00
1-1410-300-100-8200	CAPITAL OUTLAY		l		
1-1410-300-100-6030	MATERIALS AND SUPPLIES	1,263.51	2,273.44	1,999.20	1,999.85
1-1410-300-100-5800	DUES AND MEMBERSHIPS	536.00	1,210.00	2,000.00	2,000.00
1-1410-300-100-5500	TRAVEL/CONF. REGISTRATION	-	756.03	1,000.00	1,000.00
1-1410-300-100-3320	ATHLETIC	33,405.85	35,022.46	48,000.00	48,000.00
	CONTRACTED SERVICES -				
1-1410-300-100-3100	PURCHASED SERVICES	-	3,140.29	2,000.00	3,000.00
1-1410-300-100-2800	OTHER BENEFITS	-		-	-
1-1410-300-100-2750	RETIREE HEALTH INSURANCE CREDIT	2,831.04	2,877.24	3,497.63	3,652.54
1-1410-300-100-2510	HYBRID DISABILITY INSURANCE	220.08	231.12	300.00	615.00
1-1410-300-100-2400	GROUP LIFE	3,135.12	3,186.16	3,873.40	4,044.96
1-1410-300-100-2300	HEALTH INSURANCE	16,314.00	18,900.00	31,944.00	33,541.20
1-1410-300-100-2220	VRS - RETIREMENT - HYBRID	11,054.02	11,606.40	-	
1-1410-300-100-2210	VRS - RETIREMENT	27,832.32	27,911.80	48,041.77	50,169.63
1-1410-300-100-2100	FICA/ MEDICARE	17,411.66	17,843.95	22,572.09	23,551.52
1-1410-300-100-1621	TAKERS/CONCESSION/SCHOLA STIC HELP	920.00	6,625.00	6,000.00	6,000.00
	TICKET				
1-1410-300-100-1620	SUPPLEMENT SUPPLEMENT	6,957.84	6,000.00	6,500.00	3,250.00
1-1410-300-100-1520	COMPENSATION OF SUBS-OFFICE OF PRINCIPAL	_		_	_
1-1410-300-100-1150	COMP. OF HS SECRETARY	67,591.88	69,934.00	92,929.00	100,365.00
1-1410-300-100-1660	BONUS - ACHS ADMIN. STAFF		,		,
1-1410-300-100-1127	ASST.PRINC/COMP.OF ATHLETIC DIR	74,640.00	65,504.98	84,505.00	84,711.00
	COMP. OF				

ACCOUNT CODE	ACCOUNT DESCRIPTION	2021 Actual	2022 Actual	2023 Budget - 1540	2024 Budget - 1565
r					r
1-2110-900-100-1111	COMP. BOARD MEMBERS	31,200.00	29,700.00	31,200.00	31,200.00
1-2110-900-100-2100	FICA/ MEDICARE	2,387.28	2,272.45	2,386.80	2,386.80
1-2110-900-100-5500	BOARD REGISTRATION	2,975.00	4,665.00	3,000.00	5,000.00
1-2110-900-100-5501	BOARD LODGING	1,575.00	4,706.48	3,000.00	3,000.00
	DUES/MEMBERSHIPS/CONFER				
1-2110-900-100-5801	ENCES	-	5,316.00	5,000.00	5,000.00
	OTHER EXPENSES OF THE				
1-2110-900-100-6019	BOARD	2,052.02	1,059.69	2,000.00	2,000.00
1-2110-900-100-6030	EMPLOYEE RECOGNITION	7,475.65	25,706.86	12,000.00	12,000.00
	COMPENSATION OF				
1-2120-900-100-1112	SUPERINTENDENT	144,549.92	146,527.90	156,785.00	169,328.00
	COMP OF DIRECTOR OF				
1-2120-900-100-1113	INSTRUCTION	101,274.96	111,058.40	123,963.00	133,879.00
	COMP OF DIRECTOR OF				
1-2120-900-100-1114	HUMAN RESOURCES	32,738.40	97,969.92	106,797.00	115,338.00
	COMP OF FED PROGRAMS				
1-2120-900-100-1130	(40%)	23,695.16	24,654.10	27,370.50	47,296.00
	COMP. OF EXECUT.				
1-2120-900-100-1150	SECRETARIES.	109,975.08	73,906.75	100,860.00	104,435.00
	SUBSTITUTE - CENTRAL				
1-2120-900-100-1520	OFFICE	273.63	2,824.25	1,000.00	1,000.00
	COMP OF SUPT CAR				
1-2120-900-100-1600	ALLOWANCE	6,000.00	6,000.00	6,000.00	6,000.00
1-2120-900-100-1621	SUPPLEMENT	6,806.02	8,590.38	14,812.50	11,500.00
1-2120-900-100-2100	FICA/ MEDICARE	30,585.38	34,318.76	41,125.48	45,041.36
1-2120-900-100-2210	VRS- RETIREMENT	68,374.21	71,014.23	85,721.89	94,779.87
1-2120-900-100-2220	VRS - RETIREMENT - HYBRID	-	4,877.11	-	-
1-2120-900-100-2300	HEALTH INSURANCE	55,722.00	63,630.00	78,000.00	81,900.00
1-2120-900-100-2400	GROUP LIFE	5,512.52	6,170.79	6,911.39	7,641.70
	HYBRID DISABILITY	, , , , , , , , , , , , , , , , , , ,	,	,	,
1-2120-900-100-2510	INSURANCE	-	92.74	75.00	211.00

	RETIREE HEALTH INSURANCE				
1-2120-900-100-2750	CREDIT	4,977.27	5,525.01	6,240.88	6,900.34
1-2120-900-100-2800	OTHER BENEFITS	-		-	-
1-2120-900-100-3120	PURCHASED LEGAL SERVICES	48,321.03	43,754.50	50,000.00	50,000.00
1-2120-900-100-3180	PURCHASED AUDIT SERVICES	-	-	5,000.00	5,000.00
1-2120-900-100-3321	PURCHASED SERVICES	55,503.38	39,569.80	30,000.00	30,000.00
1-2120-900-100-5500	TRAVEL AND REGISTRATION	4,861.00	12,308.79	8,000.00	8,000.00
1-2120-900-100-5501	ADMIN. LODGING	-	755.24	3,000.00	3,000.00
	DUES MEMBERSHIPS				
1-2120-900-100-5801	LUNCHEONS	9,507.67	6,864.74	8,500.00	8,500.00
1-2120-900-100-6001	OFFICE SUPPLIES	23,271.31	9,232.35	10,000.00	10,000.00
1-2130-900-100-3000	TRANSLATION SERVICES				5,000.00
	PURCHASED SERVICES				
1-2140-900-100-3310	ADVERTISING	10,457.75	11,517.22	15,000.00	15,000.00
	PURCHASED SERVICES				
1-2140-900-100-3800	IMMUNIZATION	456.50	1,938.17	2,000.00	3,000.00
	PURCHASED SERV. LAW				
1-2140-900-100-3801	ENFORCE.	1,902.00	3,679.00	2,500.00	5,000.00
	RECRUITMENT &				
1-2140-900-100-5501	REGISTRATION FEES	1,968.31	1,340.71	3,000.00	6,000.00
	RECRUITMENT MATERIALS &				
1-2140-900-100-6001	SUPPLIES	2,208.10	630.00	1,000.00	2,500.00
1-2160-900-100-1150	COMP OF FINANCE DIRECTOR	86,190.96	94,384.60	100,629.00	109,747.00
	COMP OF ACCOUNTING				
1-2160-900-100-1190	MANAGER	51,502.08	54,127.04	57,862.00	62,489.00
	COMP OF PAYROLL				
1-2160-900-100-1195	SPECIALIST	48,143.04	51,930.96	57,068.00	61,632.00
1-2160-900-100-1620	SUPPLEMENT	-		-	-
1-2160-900-100-2100	FICA/ MEDICARE	13,938.81	15,163.86	16,490.26	17,890.90
1-2160-900-100-2210	VRS- RETIREMENT	16,591.81	17,620.34	35,825.91	38,868.86
1-2160-900-100-2220	VRS - RETIREMENT - HYBRID	14,353.14	15,335.90	-	-
1-2160-900-100-2300	HEALTH INSURANCE	17,614.00	10,684.00	12,000.00	12,600.00
1-2160-900-100-2400	GROUP LIFE	2,490.24	2,657.04	2,888.49	3,133.83

	DISABILITY INSURANCE				
1-2160-900-100-2510	HYBRID	285.36	305.40	360.00	-
	RETIREE HEALTH INSURANCE				
1-2160-900-100-2750	CREDIT	2,248.56	2,399.30	2,608.26	2,829.80
1-2160-900-100-2800	OTHER BENEFITS	-		-	-
	PURCHASED ACTIVITY AUDIT				
1-2160-900-100-3180	SERVICE	6,635.00	13,866.33	8,250.00	8,250.00
	TRAVEL TRAINING &				
1-2160-900-100-5500	REGISTRATION	50.00	-	750.00	750.00
1-2220-200-200-3170	PROFESSIONAL SERVICES	-	3,276.00	3,500.00	3,500.00
1-2220-900-100-1131	COMP. OF SCHOOL NURSE/LPN	139,593.44	145,265.40	162,541.00	183,769.00
r				· · · · · · · · · · · · · · · · · · ·	,
1-2220-900-100-1620	NURSE - SUPPLEMENTS	2,500.08	1,500.00	1,500.00	2,500.00
1-2220-900-100-1660	BONUS - ACPS NURSING STAFF				
1-2220-900-100-2100	FICA/ MEDICARE	10,228.48	10,705.91	12,549.14	14,249.58
1-2220-900-100-2210	VRS- RETIREMENT	12,465.12	13,101.98	27,014.31	30,708.61
1-2220-900-100-2220	VRS - RETIREMENT - HYBRID	10,439.33	11,317.06	-	-
1-2220-900-100-2300	HEALTH INSURANCE	21,686.00	24,572.00	28,200.00	29,610.00
1-2220-900-100-2400	GROUP LIFE	1,846.08	1,968.88	2,178.05	2,475.90
	HYBRID DISABILITY				
1-2220-900-100-2510	INSURANCE	207.60	226.70	300.00	426.00
	RETIREE HEALTH INSURANCE				
1-2220-900-100-2750	CREDIT	1,666.80	1,777.94	1,966.75	2,235.70
1-2220-900-100-2800	OTHER BENEFITS	15.04		-	-
1-2220-900-100-5500	TRAVEL	-	-	750.00	750.00
1-2220-900-100-6001	MEDICAL SUPPLIES	15,044.31	7,571.54	7,000.00	7,000.00
1-2240-900-200-1132	COMP OF SPEECH	32,560.76	33,077.06	34,498.00	38,195.00
1-2240-900-200-2100	FICA/MEDICARE	2,409.94	2,446.10	2,639.10	2,921.92
1-2240-900-200-2210	VRS - RETIREMENT	5,231.76	5,493.36	5,733.57	6,348.01
1-2240-900-200-2220	VRS - RETIREMENT - HYBRID	-		-	-
1-2240-900-200-2300	HEALTH INSURANCE	4,131.50	4,548.50	5,600.00	5,880.00
1-2240-900-200-2400	GROUP LIFE	421.92	443.00	462.27	511.81

	RETIREE HEALTH INSURANCE				
1-2240-900-200-2750	CREDIT	380.88	400.12	417.43	462.16
1-2240-900-200-2800	SPED OTHER BENEFITS	1.88		-	-
	PURCHASED SERVICES -				
1-2240-900-200-3310	CONTRACTED SPEECH	-	21,210.00	55,175.02	55,174.85
r				,	
	TOTAL ADMIN, ATTEND,				
AREA	HEALTH	1,317,480.47	1,429,553.66	1,599,006.00	1,741,747.00
A CCOUNT CODE	A CCOUNT DESCRIPTION	2021 4 4 1	2022 A 4 1	2022 D. 1. 4. 1540	2024 D. L. 4 1565
ACCOUNT CODE	ACCOUNT DESCRIPTION	2021 Actual	2022 Actual	2023 Budget - 1540	2024 Budget - 1565
1-3200-900-100-1170	COMP. OF BUS DRIVERS	486,559.93	526,019.20	603,646.00	641,828.00
1-3200-900-100-1171	COMP BUS MONITORS	42,177.12	-	002,010.00	011,020.00
1-3200-900-100-1570	COMP. OF SUB. BUS DRIVERS	-	69,556.34	97,420.00	97,420.00
1-3200-900-100-1590	SIGNING BONUS	-	-	5,000.00	5,000.00
1-3200-900-100-1621	OVERTIME COMPENSATION	-		-	-
1-3200-900-100-1660	BONUS - BUS DRIVERS				
1-3200-900-100-1670	COMP. OF FIELD TRIP DRIVERS	3,459.66	16,331.25	28,000.00	28,000.00
	COMP. OF SUMMER SCH.	,		,	
1-3200-900-100-1672	DRIVERS	12,577.50	28,040.00	15,000.00	15,000.00
	COMP. OF AFTER SCHOOL				
1-3200-900-100-1673	DRIVERS	425.00		-	-
1-3200-900-100-2100	FICA/ MEDICARE	34,654.14	42,552.68	57,303.55	60,224.47
1-3200-900-100-2210	VRS- RETIREMENT	15,560.24	15,733.89	13,219.85	14,056.03
1-3200-900-100-2220	VRS - RETIREMENT - HYBRID	10,542.50	11,794.74	-	-
1-3200-900-100-2300	HEALTH INSURANCE	226,140.06	229,258.20	277,600.00	291,480.00
1-3200-900-100-2400	GROUP LIFE	6,355.71	6,822.36	8,088.86	8,600.50
	HYBRID DISABILITY				
1-3200-900-100-2510	INSURANCE	602.58	710.89	900.00	998.00
	RETIREE HEALTH INSURANCE				
1-3200-900-100-2750	CREDIT	4,529.85	5,399.97	6,338.28	7,766.12
1-3200-900-100-2800	OTHER BENEFITS	15.04		-	-
1-3200-900-100-3110	PURCHASED MEDICAL	1,475.00	1,040.00	1,750.00	1,750.00

	SERVICES				
	PAYMENT OF PRIVATE				
1-3200-900-100-3420	CARRIERS	-	19,980.00	-	20,000.00
1-3200-900-100-3430	DRIVER DRUG TESTING	1,873.81	2,106.91	3,500.00	3,500.00
	FLEET INSURANCE BUSES				
1-3200-900-100-5309	AND CARS	22,832.00	21,359.00	26,985.00	28,334.25
	TRAVEL MILEAGE FOR				
1-3200-900-100-5501	DRIVERS	-	-	2,000.00	2,000.00
	TRAINING SUPPLIES &				
1-3200-900-100-5504	LUNCHEONS	-	165.00	500.00	500.00
1-3200-900-100-6014	OPERATIONAL SUPPLIES	10.00	1,751.15	1,200.00	1,200.00
1-3400-900-100-1150	COMP. OF TRANSPORT.CLERK	-		-	17,375.00
	COMP. OF TRANSPORTATION				
1-3400-900-100-1165	SUPERVISOR	49,332.01	55,700.00	59,546.00	64,309.00
1-3400-900-100-1180	COMP. OF MECHANIC	85,273.60	78,676.88	102,724.00	112,392.00
1-3400-900-100-1181	COMP. OF DRIVER TRAINER	1,350.00	5,220.00	2,000.00	5,000.00
1-3400-900-100-2100	FICA/ MEDICARE	9,826.60	9,595.64	12,566.66	15,229.31
1-3400-900-100-2210	VRS- RETIREMENT	8,074.55	9,249.12	6,734.21	8,054.15
1-3400-900-100-2220	VRS - RETIREMENT - HYBRID	3,630.16	3,027.24	-	-
1-3400-900-100-2300	HEALTH INSURANCE	27,806.50	37,131.00	36,000.00	37,800.00
1-3400-900-100-2400	GROUP LIFE	1,796.20	1,723.14	2,174.42	2,600.62
	HYBRID DISABILITY				
1-3400-900-100-2510	INSURANCE	275.04	241.44	360.00	374.00
	RETIREE HEALTH INSURANCE				
1-3400-900-100-2750	CREDIT	587.84	673.44	1,963.47	2,138.08
1-3400-900-100-2800	OTHER BENEFITS	-		-	-
1-3400-900-100-3310	PURCHASED SERVICES	100.00	12,465.74	5,000.00	8,000.00
1-3400-900-100-5500	TRAVEL	44.00	79.46	500.00	500.00
1-3400-900-100-6001	BUS SHOP OFFICE SUPPLIES	436.35	1,140.83	1,192.71	1,192.50
1-3400-900-100-6008	GAS OIL AND LUBRICANTS	88,808.33	153,642.10	373,000.00	300,000.00
	BUS REPAIR PARTS/SUPPLIES				
1-3400-900-100-6009	CORTEZ	77,507.35	104,501.80	95,000.00	95,000.00
1-3400-900-100-6014	OTHER OPERATING SUPPLIES	-	23.73	2,000.00	2,000.00

1-3400-900-100-8105	BUS REPLACEMENT	736,937.79	698,542.40	145,275.99	223,275.97
1-3400-900-100-8207	NEW EQUIPMENT CAMERA	80,448.60	700.00		-
					
AREA	TOTAL TRANSPORTATION	2,042,025.06	2,170,955.54	1,994,489.00	2,122,898.00
		· · · · · · · · · · · · · · · · · · ·			
ACCOUNT CODE	ACCOUNT DESCRIPTION	2021 Actual	2022 Actual	2023 Budget - 1540	2024 Budget - 1565
[COMP OF ODED ATIONS				
1-4100-900-100-1160	COMP OF OPERATIONS DIRECTOR (50%)	52,630.04	45,826.21	50,384.50	54,415.00
1-4100-900-100-1100	` ′			*	
	FICA/ MEDICARE VRS- RETIREMENT	4,022.87	3,512.04	3,854.41	4,162.75
1-4100-900-100-2210		9,070.68	7,617.97	8,373.90	9,043.77
1-4100-900-100-2220	VRS - RETIREMENT - HYBRID	-		-	-
1-4100-900-100-2300	HEALTH INSURANCE	-	-	-	-
1-4100-900-100-2400	GROUP LIFE	731.31	614.16	675.15	729.16
44400 000 400 0770	RETIREE HEALTH INSURANCE	660.26	77161	600.65	650.40
1-4100-900-100-2750	CREDIT	660.36	554.64	609.65	658.42
1-4100-900-100-5500	TRAVEL	-		1,000.00	1,000.00
	COMP. OF MAINTENANCE	54.400.44	54 54 7 00		-4.545.00
1-4200-900-100-1110	SUPERVISOR	64,439.11	64,647.92	69,120.00	74,646.00
1 1000 000 100 1100	COMP. OF MAINTENANCE	55 (01 04	00 702 00	1.12.100.00	46440500
1-4200-900-100-1160	TECH	77,681.04	88,793.00	143,490.00	164,107.00
1 4200 000 100 1200	COMP. OF PART-TIME				7 000 00
1-4200-900-100-1380	LABORER	-		-	5,000.00
1 4200 000 100 1620	ENERGY EDUCATION	2 257 24			
1-4200-900-100-1620	SUPPLEMENT SUPPLEMENTS/OVERTIME	3,357.24		-	-
1-4200-900-100-1621	COMP			500.00	500.00
1-4200-900-100-1021	FICA/ MEDICARE	10,808.15	11,673.80	16,302.92	18,685.35
1-4200-900-100-2100		· · ·	·		·
	VRS- RETIREMENT	11,470.20	12,069.34	8,823.32	9,908.25
1-4200-900-100-2220	VRS - RETIREMENT - HYBRID	2,126.17	2,352.10	20,000,00	21 000 00
1-4200-900-100-2300	HEALTH INSURANCE	8,701.00	9,498.00	20,000.00	21,000.00
1-4200-900-100-2400	GROUP LIFE	1,885.04	2,055.52	2,848.97	3,199.29
1-4200-900-100-2510	HYBRID DISABILITY	157.68	176.64	240.00	420.00

	INSURANCE				
	RETIREE HEALTH INSURANCE				
1-4200-900-100-2750	CREDIT	744.40	781.68	2,572.58	2,888.91
1-4200-900-100-2800	OTHER BENEFITS	-		-	-
	PURCHASED REPAIRS AND				
1-4200-900-100-3310	MAINTENANCE.	593,432.28	288,449.70	76,350.85	91,350.85
	PURCHASED MAINTENANCE				
1-4200-900-100-3320	CONTRACT	47,393.66	27,120.10	60,000.00	60,000.00
	CUSTODIAL CONTRACTUAL				
1-4200-900-100-3321	SERVICES	404,574.00	401,424.00	467,000.00	490,357.90
1-4200-900-100-5101	ELECTRICAL SERVICE	323,430.92	404,790.60	395,000.00	529,000.00
1-4200-900-100-5103	WATER AND SEWER SERVICE	32,199.99	44,053.51	33,000.00	45,000.00
1-4200-900-100-5201	POSTAL SERVICE	17,674.43	14,670.89	12,000.00	12,000.00
1-4200-900-100-5203	TELEPHONE SERVICE	59,127.13	67,586.01	74,800.00	74,800.00
1-4200-900-100-5302	FIRE INSURANCE	24,174.00	24,449.00	31,817.00	33,407.85
1-4200-900-100-5306	SURETY INSURANCE	925.00	925.00	675.00	3,150.00
	PUBLIC OFFICIALS' LIABILITY				
1-4200-900-100-5307	INSURANCE	1,819.00	1,819.00	1,791.00	1,880.55
1-4200-900-100-5310	WORKERS COMP. INSURANCE	38,754.25	54,743.75	63,000.00	63,000.00
1-4200-900-100-5311	STUDENT INSURANCE	9,437.00	9,207.00	9,500.00	9,500.00
1-4200-900-100-5401	RENTAL OF EQUIPMENT	-		1,800.00	1,800.00
1-4200-900-100-6005	PAPER AND SUPPLIES	27,396.85	31,739.40	27,500.00	27,500.00
	DESKS AND CHAIRS FOR				
1-4200-900-100-6006	SCHOOLS	298,286.20	280,513.20	-	-
	BUILDING REPAIR MATERIAL				
1-4200-900-100-6007	& SUPPLIES	196,225.82	79,960.11	49,500.00	59,500.00
	NEW MAINTENANCE				
1-4200-900-100-8201	EQUIPMENT	738.33		10,000.00	10,000.00
	SCHOOL CONSTRUCTION				
1-4200-900-100-8300	GRANTS	-		1,389,924.00	1,389,924.00
	COMP. OF PART-TIME				
1-4300-900-100-1380	LABORER	-	240.00	-	-

ACCOUNT CODE	ACCOUNT DESCRIPTION	2021 Actual	2022 Actual	2023 Budget - 1540	2024 Budget - 1565
AREA	TOTAL MAINTENANCE	2,408,051.85	2,099,223.79	3,158,887.00	3,443,794.00
1-4600-900-100-6007	UNIFORMS	1,297.41	-	499.18	499.12
1-4600-900-100-2800	OTHER BENEFITS			-	
1-4600-900-100-2750	CREDIT	292.80	647.48	745.17	1,094.53
	RETIREE HEALTH INSURANCE				
1-4600-900-100-2510	HYBRID DISABILITY INSURANCE	80.16	165.38	210.00	192.0
1-4600-900-100-2400	GROUP LIFE	324.48	717.13	825.23	1,212.12
1-4600-900-100-2300	HEALTH INSURANCE	8,564.00	14,334.00	22,000.00	31,827.0
1-4600-900-100-2220	VRS - RETIREMENT - HYBRID	3,983.39	8,855.25	-	
1-4600-900-100-2210	VRS- RETIREMENT	-	-	2,555.74	3,753.9
1-4600-900-100-2100	FICA/ MEDICARE	2,225.23	3,604.90	5,514.43	7,723.2
1-4600-900-100-1621	OVERTIME COMPENSATION	1,475.00	325.00	1,500.00	1,500.0
1-4600-900-100-1505	COMP OF PART-TIME AUDITORIUM SECURITY	6,350.00	4,594.38	9,000.00	9,000.0
1-4600-900-100-1160	COMP. OF SECURITY GUARD	22,991.02	45,102.34	61,584.00	90,457.0
1-4400-900-100-6007	EQUIP. REPAIR MATERIALS & SUPPLIES	15,263.41		12,000.00	12,000.0
1-4400-900-100-3311	PURCHASED TECH. EQUIPMENT SERV	-		2,000.00	2,000.0
1-4400-900-100-3310	PURCHASED EQUIPMENT SERVICES	-	267.00	2,000.00	2,000.0
1-4300-900-100-6030	BALLFIELD MAINT - INCLUDING PARKS & REC	7,068.33	6,656.61	2,000.00	2,000.0
1-4300-900-100-6007	GROUNDS SERVICES AND SUPPLIES	12,107.47	20,686.67	2,000.00	4,000.0
1-4300-900-100-3310	PURCHASED REPAIRS AND MAINTENANCE	1,955.00	11,385.00	2,000.00	2,000.0
1-4300-900-100-2100	FICA/ MEDICARE	-	18.36	-	

1-5100-900-100-6002	ELEMENTARY BREAKFAST	42,000.00		-	-
AREA	TOTAL FOOD SERVICE	42,000.00	-	-	-
ACCOUNT CODE	ACCOUNT DESCRIPTION	2021 Actual	2022 Actual	2023 Budget - 1540	2024 Budget - 1565
1-8200-900-100-1152	COMP. OF TECHNICIAN (50%)	39,359.40	45,825.83	50,384.50	54,415.00
1-8200-900-100-1153	COMP. OF TECHNICAL HELPER	89,743.60	95,198.98	103,894.00	174,023.00
1-8200-900-100-1352	COMP. OF PART-TIME TECH. HELP	-		-	-
1-8200-900-100-2100	FICA/MEDICARE	9,643.33	10,516.01	11,802.31	17,475.51
1-8200-900-100-2210	VRS - RETIREMENT	15,508.70	17,262.41	25,641.09	37,966.40
1-8200-900-100-2220	VRS - RETIREMENT - HYBRID	5,606.54	6,161.76	-	-
1-8200-900-100-2300	HEALTH INSURANCE	16,420.00	18,052.00	21,400.00	31,197.00
1-8200-900-100-2400	GROUP LIFE	1,702.17	1,888.62	2,067.33	3,061.07
1-8200-900-100-2510	HYBRID DISABILITY INSURANCE	111.60	122.64	150.00	150.00
1-8200-900-100-2750	RETIREE HEALTH INSURANCE CREDIT	1,537.40	1,705.22	1,866.77	2,764.10
1-8200-900-100-2800	OTHER BENEFITS	22.56	1,703.22	1,000.77	2,701.10
1-8200-900-100-6040	SOFTWARE	232,885.51	184,366.10	178,500.00	222,499.92
1-8200-900-100-6050	TECHNOLOGY MATERIALS AND SUPPLIES	557.211.57	14,340.09	15,000.00	,
1-8200-900-100-8000	VPSA	557,311.57 184,258.01	66,901.32	128,000.00	22,000.00
1-8200-900-100-8000	20% MATCH FOR VPSA	1,163.22	15,953.00	25,600.00	128,000.00 25,600.00
1 0200 900 100 0200		1,103.22	15,755.00	22,000.00	23,000.00
AREA	TOTAL TECHNOLOGY	1,157,294.61	478,293.98	564,306.00	719,152.00
ACCOUNT CODE	ACCOUNT DESCRIPTION	2021 Actual	2022 Actual	2023 Budget - 1540	2024 Budget - 1565
2 1100 210 502 1121	TITLE I COMPOSTE ACHERO	00 105 70	41 252 00	100 025 00	112 107 00
2-1100-210-502-1121	TITLE I - COMP OF TEACHERS	99,185.70	41,352.80	108,035.00	113,197.00
2-1100-210-502-1151 2-1100-210-502-1155	TITLE I - COMP OF PARA TITLE I - TUTOR/REMEDIATION	72,948.00	76,639.70 56,200.00	83,265.00	89,918.00 16,542.70
2-1100-210-302-1133	TITLE 1- TO TOK KEWIEDIATION	-	30,200.00		10,342.70

2-1100-210-502-1620	TITLE I - SUPPLEMENTS	-	7,002.24	7,685.00	9,570.00
2-1100-210-502-2100	TITLE I - FICA	13,168.23	13,537.94	15,222.35	17,535.92
2-1100-210-502-2210	TITLE I - VRS RETIREMENT	28,608.62	21,170.25	33,071.31	35,348.25
2-1100-210-502-2220	TITLE I - VRS HYBRID	-	377.44	-	-
2-1100-210-502-2300	TITLE I - HEALTH INSURANCE	46,333.72	37,295.26	33,610.22	35,290.73
2-1100-210-502-2400	TITLE I - GROUP LIFE	2,306.59	1,733.15	2,666.40	2,849.98
2-1100-210-502-2510	TITLE I - HYBRID DISABILITY	100.00	7.44	130.00	247.00
	TITLE I - RETIREE HEALTH				
2-1100-210-502-2750	INSURANCE CRE	2,082.82	1,564.79	2,407.72	2,573.49
	TITLE I - PURCHASED				
2-1100-210-502-3110	SERVICES	12,400.00	18,475.00	12,400.00	17,367.93
	TITLE I - MATERIALS &				
2-1100-210-502-6030	SUPPLIES	4,695.38	55,757.10	-	-
2-1100-210-503-1625	TITLE II - TEACHER TRAINING	26,112.20	12,040.00	20,000.00	15,000.00
2-1100-210-503-2100	TITLE II - FICA	1,997.58	262.76	1,530.00	1,147.50
2-1100-210-503-2210	TITLE II - VRS RETIREMENT	4,339.85		-	-
2-1100-210-503-2400	TITLE II - GROUP LIFE	349.90		-	-
	HYBRID DISABILITY				
2-1100-210-502-2510	INSURANCE				243.00
	TITLE II - RETIREE HEALTH				
2-1100-210-503-2750	INSURANCE CRE	315.96		-	-
	TITLE II - PURCHASED				
2-1100-210-503-3171	SERVICES	20,884.51	14,929.03	24,026.00	37,585.00
	TITLE II - PURCHASED				
2-1100-900-503-3171	SERVICES	-	2,098.47	-	-
	TITLE II - CURRICULUM				
2-1310-900-503-1121	DEVELOPMENT	-	382.50	-	
	TITLE II - MATERIALS AND				
2-1310-900-503-6030	SUPPLIES	1,500.00	735.59	3,000.00	3,735.50
2 1100 000 050 2150	TITLE III - PURCHASED		206.52	4.000.00	4.000.00
2-1100-900-079-3170	SERVICES	-	286.62	4,000.00	4,000.00
2 1100 000 070 (020	TITLE III - MATERIALS AND		0.50.50	1 007 00	2 002 00
2-1100-900-079-6030	SUPPLIES	-	959.50	1,087.00	2,083.00

	TITLE IV -				
2-1100-220-505-1155	TUTOR/REMEDIATION	7,800.00	3,976.96	3,460.00	10,000.00
2-1100-220-505-2100	TITLE IV - FICA	596.70	297.21	264.70	765.00
	TITLE IV - PURCHASED				
2-1100-900-095-3170	SERVICES	14,973.80	-	15,962.30	10,000.00
2-1100-900-505-5500	TITLE IV - TRAVEL	599.13		-	-
	TITLE IV - MATERIALS AND				
2-1100-220-505-6030	SUPPLIES	2,000.00	-	2,000.00	922.00
2-1100-210-202-1121	IDEA - COM OF TEACHERS	42,031.00	47,957.14	48,451.00	52,327.00
	IDEA - COMP OF				
2-1100-210-202-1124	COORDINATOR	67,498.00	76,961.90	82,111.50	70,944.00
2-1100-210-202-1120	IDEA - COMP OF SPEECH	30,705.50	33,077.10	34,498.00	38,195.00
2-1100-210-202-1151	IDEA - COMP OF PARA	-	11,585.50	-	23,091.00
	IDEA - COMP OF				
2-1100-210-202-1132	PSYCHOLOGIST	67,935.00	63,050.00	67,140.00	72,803.00
2-1100-210-202-1620	IDEA - SUPPLEMENTS	-	1,050.00	5,275.00	7,187.50
2-1100-210-202-2100	IDEA - FICA	15,924.97	17,134.11	18,119.38	20,237.88
2-1100-210-202-2210	IDEA - VRS RETIREMENT	23,306.97	20,212.28	39,468.43	43,967.79
2-1100-210-202-2220	IDEA - VRS HYBRID	- .	16,970.54	-	-
2-1100-210-202-2300	IDEA - HEALTH INSURANCE		24,384.91	24,000.00	25,200.00
2-1100-210-202-2400	IDEA - GROUP LIFE	1,879.14	3,089.32	3,182.17	3,544.94
2-1100-210-202-2510	IDEA - HYBRID DISABILITY	800.00	147.70	800.00	255.00
	IDEA - RETIREE HEALTH				
2-1100-210-202-2750	INSURANCE CRE	1,696.84	2,789.61	2,061.06	2,320.11
2-1100-210-202-2800	IDEA - OTHER BENEFITS	-		-	-
2-1100-210-202-3140	IDEA - PURCHASED SERVICES	150,000.00	94,290.64	120,000.00	103,253.78
2-1100-210-202-6030	IDEA - MAT & SUPPLIES	9,000.00	6,458.29	2,568.15	2,000.00
2-1100-220-202-6030	IDEA - MAT & SUPPLIES	9,000.00	1,561.39	2,568.15	2,000.00
2-1100-300-202-6030	IDEA - MAT & SUPPLIES	9,000.00	2,814.92	2,568.16	2,000.00
2-1100-300-302-3000	CARL PERKINS - PURCHASED SERVICES			-	17,973.76

2-1100-300-302-5500	CARL PERKINS - TRAVEL			-	10,000.00
	CARL PERKINS - EQUIPMENT				
2-1100-300-302-8100	REPLACEMENT	31,034.00	39,781.19	32,905.00	3,934.24
	IDEA - PREK - COMP OF				
2-1100-900-802-2300	TEACHER	13,102.00	2,279.62	13,833.00	14,388.00
AREA	TOTAL FEDERAL PROGRAMS	836,212.11	832,677.91	873,372.00	941,545.00
ACCOUNT CODE	ACCOUNT DESCRIPTION	2021	2022	2023 Budget - 1540	2024 Budget - 1565
r				,	r
3-1100-210-100-6020	ELEMENTARY TEXTBOOKS	20,000.00	3,833.09	20,000.00	20,000.00
2 1100 210 100 6040	ELEMENTARY ELECTRONIC	20,000,00	11 002 20	20,000,00	20,000,00
3-1100-210-100-6040	TEXT	20,000.00	11,983.38	20,000.00	20,000.00
3-1100-210-102-6020	ELEMENTARY - TEXTBOOKS - SOL	17,675.67	28,710.00	27,955.34	29,058.00
3-1100-210-102-0020	MIDDLE TEXTBOOKS	20,000.00	7,972.98	20,000.00	20,000.00
3-1100-220-100-0020	MIDDLE SOFTWARE	20,000.00	1,912.90	20,000.00	20,000.00
3-1100-220-100-6040	ELECTRONIC TEXT	20,000.00	13,801.13	20,000.00	20,000.00
3-1100-220-102-6020	MIDDLE TEXTBOOK - SOL	17,675.66	34,445.95	27,955.33	29,058.00
3-1100-300-100-6020	HIGH TEXTBOOKS	20,000.00	7,436.51	20,000.00	20,000.00
	HIGH SOFTWARE ELECTRONIC	.,	.,	.,	.,
3-1100-300-100-6040	TEXT	20,000.00	14,615.63	20,000.00	20,000.00
3-1100-300-102-6020	HIGH TEXTBOOKS - SOL	17,675.67	29,823.25	27,955.33	29,058.00
AREA	TOTAL TEXTBOOK	173,027.00	152,621.92	203,866.00	207,174.00
ACCOUNT CODE	ACCOUNT DESCRIPTION	2021	2022	2023 Budget - 1540	2024 Budget - 1565
[COMP OF ELEM. CAFETERIA				[
6-5100-210-900-1160	MANAGER	26,905.00	300.04	-	-
	COMP OF ELEM. CAFETERIA				
6-5100-210-900-1190	WORKERS	25,643.00	28,450.46	31,910.00	19,438.00
6-5100-210-900-1621	STIPEND	-		-	-
6-5100-210-900-2100	FICA	4,019.92	2,079.49	2,441.12	1,487.01

6-5100-210-900-2210	VRS - RETIREMENT	2,180.74	1,160.26	1,324.27	806.68
6-5100-210-900-2300	HEALTH INSURANCE	18,955.20	9,097.00	20,916.00	21,961.80
6-5100-210-900-2400	GROUP LIFE	704.14	374.62	427.59	260.47
	RETIREE HEALTH INSURANCE				
6-5100-210-900-2750	CREDIT	-	218.00	386.11	235.20
	COMP OF MIDDLE CAFETERIA				
6-5100-220-900-1160	MANAGER	33,487.00	35,042.00	37,441.00	40,153.00
	COMP OF MIDDLE CAFETERIA				
6-5100-220-900-1190	WORKERS	12,561.00	13,881.26	-	16,628.00
6-5100-220-900-2100	FICA	3,522.67	3,143.75	2,864.24	3,071.70
6-5100-220-900-2210	VRS - RETIREMENT	1,910.99	2,027.32	1,553.80	1,666.35
6-5100-220-900-2300	HEALTH INSURANCE	11,267.30	25,060.00	17,207.00	18,067.35
6-5100-220-900-2400	GROUP LIFE	617.04	654.46	501.71	538.05
	RETIREE HEALTH INSURANCE				
6-5100-220-900-2750	CREDIT	-	381.06	453.04	485.85
	COMP OF HIGH CAFETERIA				
6-5100-300-900-1190	WORKERS	12,124.00	13,570.83	-	-
6-5100-300-900-2100	FICA	927.49	1,038.14	-	-
6-5100-300-900-2210	VRS - RETIREMENT	503.15	550.80	-	-
6-5100-300-900-2400	GROUP LIFE	146.70	177.75	-	-
	COMP OF CAFETERIA				
6-5100-900-900-1180	MANAGER	-	1,860.17	-	-
	RETIRED CAFÉ HEALTH				
6-5100-900-900-2000	INSURANCE	16,090.00	10,157.52	16,090.00	11,000.00
6-5100-900-900-2001	SEVERANCE BENEFITS	-	5,405.00	-	
6-5100-900-900-2100	FICA	-	731.08	-	-
6-5100-900-900-3000	PURCHASED SERVICES	11,000.00	7,760.15	11,000.00	11,000.00
6-5100-900-900-3160	CHARTWELLS' SERVICES	581,114.66	848,876.10	950,000.00	960,915.14
6-5100-900-900-6001	OFFICE SUPPLIES	1,000.00	13,160.98	1,000.00	999.40
6-5100-900-900-6002	FOOD SUPPLIES	-	47,643.53	-	-
6-5100-900-900-8105	EQUIPMENT REPLACEMENT	-		60,478.12	-
AREA	TOTAL FOOD SERVICE	764,730.00	1,072,801.77	1,155,994.00	1,108,714.00