## Form **990-EZ**

### **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

B Creat represents:	AF	or the	2023 calenda	ar year, or tax year beginning 01/01/2023 and en	aing 1	2/31/20	23
Number and street price   Number   Number and street price   Number   Num	<b>B</b> 0	heck if ap	oplicable:	C Name of organization	D Em	ployer ic	entification number
To Kensett Drive	=						
Trial trainformentation   Application pending   Giv or form, state or province, country, and ZiP or foreign postal code   F Group Exemption   Number			ephone n	umber			
City or town, state or province, country, and zill of toreign postal code   F Circup Exemption Number   Wilton, CT 06897   Wilton, CT 06897   Website: www.wiltonrocks.com   Wilton, CT 06897   Website: www.wiltonrocks.com   Website: www.wiltonrocks.com   Website: www.wiltonrocks.com   Website: www.wiltonrocks.com   Circup   Website: www.wiltonrocks.com   Website: www.w	=					20	)3-644-6620
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)   Cherck if the organization is not required to attach Schedule B   Form 990.   Form 990	=			City or town, state or province, country, and ZIP or foreign postal code	<b>F</b> Gr	oup Exe	mption
Website: www.wittonrocks.com	=			Wilton, CT 06897	Nu	mber	
Website: www.wittonrocks.com	G A	Account	ting Method:	✓ Cash ☐ Accrual Other (specify):	H Check	if the	e organization is <b>not</b>
Comporation   Trust   Association   Other:   Association   Other:   Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ   \$121,310	I V	<b>Vebsite</b>	: www.wilte	onrocks.com			
Name   Composition   Composition   Trust   Association   Other:   Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	J Ta	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) ( ) (insert no.) 🔲 4947(a)(1) or 🗆	527 (Form	990).	
Part     Part   Part     Part							
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)					e, or if total assets	S	
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)   Check if the organization used Schedule O to respond to any question in this Part I	(Par	t II, col	umn (B)) are \$	6500,000 or more, file Form 990 instead of Form 990-EZ		. \$	121,310
Check if the organization used Schedule O to respond to any question in this Part I    Contributions, gifts, grants, and similar amounts received	Pa	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances	(see the instru	uctions	
1   Contributions, gifts, grants, and similar amounts received   1   47,550   2   58,790   3   Membership dues and assessments   3   3   0   0   4   1   1   1   1   1   1   1   1   1							
3   0   0   4   Investment income   4   0   0   5   0   0   5   0   0   0   0		1					
A Investment income  5a Gross amount from sale of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)  c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)  6 Gaming and fundraising events:  a Gross income from gaming (attach Schedule 6 if greater than \$15,000)  b Gross income from fundraising events (not including \$47,550 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  A Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)  O Other revenue (describe in Schedule O)  Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  Professional fees and other payments to independent contractors  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Goupancy, rent, utilities, and maintenance  13 60  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 9,932  Other changes in net assets or fund balances (explain in Schedule O)  10 Cother expenses found and assets or fund balances (explain in Schedule O)  10 Cother expenses in net assets or fund balances (explain in Schedule O)  10 Cother expenses found balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		2	Program se	ervice revenue including government fees and contracts		2	58,790
A Investment income  5a Gross amount from sale of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)  c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)  6 Gaming and fundraising events:  a Gross income from gaming (attach Schedule 6 if greater than \$15,000)  b Gross income from fundraising events (not including \$47,550 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  A Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)  O Other revenue (describe in Schedule O)  Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  Professional fees and other payments to independent contractors  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Goupancy, rent, utilities, and maintenance  13 60  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 9,932  Other changes in net assets or fund balances (explain in Schedule O)  10 Cother expenses found and assets or fund balances (explain in Schedule O)  10 Cother expenses in net assets or fund balances (explain in Schedule O)  10 Cother expenses found balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		3	Membershi	ip dues and assessments		3	0
b Less: cost or other basis and sales expenses . 5b   0   0   6   0   0   6   6   Gamin or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . 5c   0   0   6   6   6   6   6   6   6   6		4		· · · · · · · · · · · · · · · · · · ·		4	0
b Less: cost or other basis and sales expenses . 5b   0   0   6   0   0   6   6   Gamin or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . 5c   0   0   6   6   6   6   6   6   6   6		5a	Gross amo	ount from sale of assets other than inventory		0	
C Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		b				0	
6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ 47,550 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances. 7a Gross sales of inventory, less returns and allowances. 7b 0  c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 0  8 Other revenue (describe in Schedule O) 7b 0  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 0  13 Professional fees and other payments to independent contractors 13 House of the payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 7f from line 9) 18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 9,932 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O).		С		· · · · · · · · · · · · · · · · · · ·	5c	0	
\$15,000)		6					
\$15,000)		а	Gross inco	ome from gaming (attach Schedule G if greater than			
sum of such gross income and contributions exceeds \$15,000) . 6b 14,970 c Less: direct expenses from gaming and fundraising events . 6c 10,750 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	ne					0	
sum of such gross income and contributions exceeds \$15,000) . 6b 14,970 c Less: direct expenses from gaming and fundraising events . 6c 10,750 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	/en	b	Gross inco	me from fundraising events (not including \$ 47,550 of c	ontributions		
sum of such gross income and contributions exceeds \$15,000) . 6b 14,970 c Less: direct expenses from gaming and fundraising events . 6c 10,750 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	Se.		from fundra	aising events reported on line 1) (attach Schedule G if the			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold 7b 0  c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 0  8 Other revenue (describe in Schedule O) 8 0  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 110,560  10 Grants and similar amounts paid (list in Schedule O) 10 53,200  11 Benefits paid to or for members 11 0 53,200  12 Salaries, other compensation, and employee benefits 11 0 0  13 Professional fees and other payments to independent contractors 12 0 0  14 Occupancy, rent, utilities, and maintenance 14 0 0  15 Printing, publications, postage, and shipping 15 944  16 Other expenses (describe in Schedule O) 15 944  17 Total expenses. Add lines 10 through 16 17 from line 9) 18 55,982  18 Excess or (deficit) for the year (subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 9,932  20 Other changes in net assets or fund balances (explain in Schedule O) 20 0	_		sum of suc	th gross income and contributions exceeds \$15,000)   6b	14,97	0	
Iline 6c)   Ged   4,220   Ta   Gross sales of inventory, less returns and allowances   Ta   0   0   0   0   0   0   0   0   0		С	Less: direc	t expenses from gaming and fundraising events <b>6c</b>	10,75	0	
Ta Gross sales of inventory, less returns and allowances		d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6	b and subtract		
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 0 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 9,932 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0			line 6c) .			6d	4,220
C Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7a	Gross sales	s of inventory, less returns and allowances		0	
8 Other revenue (describe in Schedule O)		b	Less: cost	of goods sold		0	
Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8         9         110,560           10         Grants and similar amounts paid (list in Schedule O)         10         53,200           11         Benefits paid to or for members         11         0           12         Salaries, other compensation, and employee benefits         12         0           13         Professional fees and other payments to independent contractors         13         60           14         Occupancy, rent, utilities, and maintenance         14         0           15         Printing, publications, postage, and shipping         15         944           16         Other expenses (describe in Schedule O)         16         374           17         Total expenses. Add lines 10 through 16         17         54,578           18         Excess or (deficit) for the year (subtract line 17 from line 9)         18         55,982           19         Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)         19         9,932           20         Other changes in net assets or fund balances (explain in Schedule O)         20         0		С	Gross profi	it or (loss) from sales of inventory (subtract line 7b from line 7a)		7с	0
Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8         9         110,560           10         Grants and similar amounts paid (list in Schedule O)         10         53,200           11         Benefits paid to or for members         11         0           12         Salaries, other compensation, and employee benefits         12         0           13         Professional fees and other payments to independent contractors         13         60           14         Occupancy, rent, utilities, and maintenance         14         0           15         Printing, publications, postage, and shipping         15         944           16         Other expenses (describe in Schedule O)         16         374           17         Total expenses. Add lines 10 through 16         17         54,578           18         Excess or (deficit) for the year (subtract line 17 from line 9)         18         55,982           19         Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)         19         9,932           20         Other changes in net assets or fund balances (explain in Schedule O)         20         0		8	Other rever	nue (describe in Schedule O)		8	0
Total expenses. Add lines 10 through 16 the year (subtract line 17 from line 9)  Record of the year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other expenses in net assets or fund balances (explain in Schedule O)  Other expenses in net assets or fund balances (explain in Schedule O)  Other expenses in net assets or fund balances (explain in Schedule O)  Other expenses in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other chang		9				9	110,560
Salaries, other compensation, and employee benefits		10	Grants and	I similar amounts paid (list in Schedule O)		10	53,200
Professional fees and other payments to independent contractors		11	Benefits pa	aid to or for members		11	0
16 Other expenses (describe in Schedule O)	es	12	Salaries, ot	ther compensation, and employee benefits		12	0
16 Other expenses (describe in Schedule O)	ÜŽ	13	Professiona	al fees and other payments to independent contractors		13	60
16 Other expenses (describe in Schedule O)	Сре	14	Occupancy	y, rent, utilities, and maintenance		14	0
Total expenses. Add lines 10 through 16	ũ	15				15	944
Total expenses. Add lines 10 through 16		16	Other expe	enses (describe in Schedule O)	<u></u> .	16	374
18 Excess or (deficit) for the year (subtract line 17 from line 9)		17	Total expe	enses. Add lines 10 through 16		17	54,578
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	Ŋ	18				18	55,982
end-of-year figure reported on prior year's return)	set	19			-		
To Z20Other changes in net assets or fund balances (explain in Schedule O)	As		end-of-yea	r figure reported on prior year's return)		19	9,932
2 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 65,914	et	20	Other chan	nges in net assets or fund balances (explain in Schedule O)	<u></u>	20	0
	<u>z</u>	21				21	65,914

Form 990-EZ (2023) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II . . . . (A) Beginning of year (B) End of year 9,932 22 22 Cash, savings, and investments 65,914 0 23 23 Land and buildings . . . . . . . 0 24 Other assets (describe in Schedule O) . . . . . . 0 24 0 9,932 25 25 65,914 Total liabilities (describe in Schedule O) . . 0 26 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 27 9.932 27 65,914 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? Raise money to benefit area Food Banks 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. The money benefits Connecticut Foodshare and the Wilton Food Pantry, which provides thousands of meals to food insecure residents of Connecticut. 28a (Grants \$ ) If this amount includes foreign grants, check here 29 29a ) If this amount includes foreign grants, check here 30 ) If this amount includes foreign grants, check here 30a 0) If this amount includes foreign grants, check here . . . . 0 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV . . . . . (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (Forms W-2/1099-MISC/ (a) Name and title hours per week benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) **Andrew Schlesinger Director Kimberly Pearson** Member

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Fait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		162	NO
	detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b C	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	000		
	during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911:0; section 4912:0; section 4955:0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	401-		
•	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		~
С	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
44	transaction? If "Yes," complete Form 8886-T	40e		•
41 42a		203-64	1 4420	
7 <b>2</b> 0	Located at: 70 Kensett Drive, Wilton, CT 06897 ZIP + 4	068		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).	40-		
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		<b>/</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
_	completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	4 41:		
^	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		<b>/</b>
c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	740		
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45h	1	<b>1</b>

Form 990-EZ	(2023)						Pa	age -
							Yes	No
	the organization engage, directly or in							
	candidates for public office? If "Yes," o		, Part I			. 46		<b>/</b>
Part VI	Section 501(c)(3) Organizations		-t: 47 40b			- 4-l-l <b>f</b>	C	
	All section 501(c)(3) organization	s must answer que	Stions 47–49b ar	ia 52, and	complete th	e tables to	or line	es
	50 and 51.	andula O ta raanand	lta amu au aatiam i	n thin Dout	V/I			
	Check if the organization used Sch	riedule O to respond	to any question i	n inis Pari	<u>VI</u>	<u> </u>	Yes	
<b>47</b> Did	I the organization engage in lobbying	activities or have a	section 501(b) elec	ction in offe	et during the	tav	res	No
	ar? If "Yes," complete Schedule C, Par				or during the	. 47		./
-	he organization a school as described in				 . E	. 48		1
	I the organization make any transfers to					. 49a		~
	Yes," was the related organization a se	-	_			. 49b		_
	mplete this table for the organization's				fficers, direct		es. and	d ke
	ployees) who each received more than							
		(b) Average	(c) Reportable		alth benefits,			
	(a) Name and title of each employee	hours per week	compensation (Forms W-2/1099-MIS		ons to employee ans, and deferred	(e) Estimate other com		
		devoted to position	1099-NEC)		npensation	Other Com	ірепзап	OH
None								
		4						
<b>51</b> Cor \$10	ral number of other employees paid over mplete this table for the organization' 00,000 of compensation from the organ (a) Name and business address of each independent	s five highest compenization. If there is no	ensated independene, enter "None."			h received		thar
<u>'</u>	(4) a a a a a	A CONTRACTOR	(2) 1)		(0)			
None			_					
		<del></del>						
		*						
			1					
			1					
<b>d</b> Tot	al number of other independent contra	actors each receiving	over \$100,000 .					
	I the organization complete Schedumpleted Schedule A	ıle A? <b>Note:</b> All se	ection 501(c)(3) or	_	must attacl	h a . <b>☑ Yes</b>		lo
Under penalti	ies of perjury, I declare that I have examined this r	eturn, including accompan	ying schedules and stat	ements, and to	the best of my k			it is
true, correct,	and complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	rer has any kno	wledge.			
Sign	Signature of officer				Date			
Here	Andrew Schlesinger, Principal							
	Type or print name and title	1-	-	_				
Paid	Print/Type preparer's name	Preparer's signature		Date	Check _	] if PTIN		
Prepare	r				self-emplo	yed		
Use Onl	y Firm's name				Firm's EIN			
N 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Firm's address				Phone no.			
iviay the IH	RS discuss this return with the preparer	snown above? See I	INSTRUCTIONS			.   Yes	N	lo 💮

### SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

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

WILTON ROCKS FOR FOOD 85-3877691 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) 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.) ☐ 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 IL) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% 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 33½% 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). 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 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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) d 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 III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . .

		0																					
	g Provide the following information about the supported organization(s).																						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization (listed in your governing document?		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governin		listed in your governing		listed in your governing		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No																		
(A)																							
(B)																							
(C)																							
(D)																							
(E)																							
Tota	al																						
ГаиГ	Donomically Dodination Act Notice and	the lucturetions (	Farm 000 av 000 F7		0 1 11	440055																	

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization'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 . . . . **Total.** Add lines 1 through 3 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . Net income from unrelated business 9 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.) . . . . . . **Total support.** Add lines 7 through 10 11 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . % Public support percentage from 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")				92,470		92,470
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				63,065		63,065
3	Gross receipts from activities that are not an unrelated trade or business under section 513						•
4	Tax revenues levied for the						0
4	organization's benefit and either paid						
	to or expended on its behalf				0		0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				0		0
6	<b>Total.</b> Add lines 1 through 5	0	0	0	155,535	0	155,535
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				0		0
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000		4				
	or 1% of the amount on line 13 for the year				0		0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from				_	-	
	line 6.)						155,535
	on B. Total Support					·	
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
9	Amounts from line 6	0	0	0	155,535	0	155,535
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources				0		0
b	Unrelated business taxable income (less				0		0
-	section 511 taxes) from businesses	7					
	acquired after June 30, 1975 ,				0		0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on				0		0
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,				0		0
	and 12.)	0	0	0	155,535	0	155,535
14	First 5 years. If the Form 990 is for the			-			
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8		-			15	100 %
16 Saati	Public support percentage from 2022 Sch					16	100 %
	on D. Computation of Investment In			v line 10 ect	mn (fl)	17	0.0/
17 10	Investment income percentage for <b>2023</b> (Investment income percentage from <b>2022</b> )			-		17	0 %
18 19a	33 <sup>1</sup> /3% support tests—2023. If the organ						
ısa	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	33¹/3% support tests—2022. If the organiz	_	_	-		_	_
	line 18 is not more than 331/3%, check this						
	Private foundation. If the organization di	_	_		· · · · · ·	-	_

Schedule A (Form 990) 2023 Page 4

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of 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.)

### Se

<b>.</b>	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	Ito
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	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 <b>Part VI</b> .	9c		
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.	10a		

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.)

10b

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c 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 Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations 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 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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

Scheau	e A (Form 990) 2023			Page C
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	$\Box$ Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Section	<del> </del>
Sect	on 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	Ó	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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	ally	integrated Type III support	ting organization
	(see instructions).			

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions** Section E—Distribution Allocations (see instructions) **Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 . . . . . From 2019 **c** From 2020 **d** From 2021 From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) i j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 Excess from 2023 . . .

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### **SCHEDULE G** (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name o	Name of the organization Employer identification number						ation number	
	ON ROCKS FOR FOOD							3877691
Par	<b>Fundraising Activities.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1	Indicate whether the organizatio	n raised funds tl	hrough any		_			
а	Mail solicitations		e [		on of non-govern		-	
b	Internet and email solicitation	าร	f L		on of government	-	ts	
C	☐ Phone solicitations		g L	Special f	undraising events	6		
d	In-person solicitations							
2a	Did the organization have a writ or key employees listed in Form	990, Part VII) or	entity in co	onnection v	vith professional f	undra	aising services?	Yes No
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pu	irsuant to agreem	ients i	under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody o contrib	draiser have r control of utions?	(iv) Gross receipts from activity	) (o	Amount paid to r retained by) draiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No	0,			
2				. 6				
3								
4				3				
5								
6			<b>W</b>					
7								
8		7 0						
9								
10								
Total								
3	List all states in which the orga registration or licensing.	nization is regis	tered or lic	ensed to s	olicit contribution	s or h	nas been notifi	ed it is exempt from

**Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 wilton rocks	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne			, ,,,	· · · · · ·	, ,	
Revenue	1	Gross receipts	58,790			58,790
ď	2	Less: Contributions	0			0
	3	Gross income (line 1 minus line 2)	58,790			58,790
	4	Cash prizes	0			0
	5	Noncash prizes	0		0	0
ses	6	Rent/facility costs	8,750		0.	8,750
zxben	7	Food and beverages	500	6	0	500
Direct Expenses	8	Entertainment	0	6	0	0
	9	Other direct expenses .	374			374
	10	Direct expense summary. Ac		olumn (d)		9,624
	11	Net income summary. Subtra				49,166
Pa	rt II		e organization answe			or reported more than
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(o) other garming	col. (a) through col. (c)
Rev	_	0.4222.422.42				
-		Gross revenue				
ses	2	Cash prizes	-63			
Exper	3	Noncash prizes	_			
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	a I	Enter the state(s) in which the or Is the organization licensed to co If "No," explain:	onduct gaming activities	s in each of these states		$\square$ Yes $\square$ No
	Oa Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax yea  b If "Yes," explain:					

ocnedu	ile Q (1 0111 330) 2023		rage
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
40			
16	Gaming manager information:		
	Name		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year \$		
Part			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	nal infor	mation
	See instructions.		

# SCHEDULE O (Form 990)

### 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.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
WILTON ROCKS FOR FOOD	85-3877691
Form 990-EZ, Part I, Line 10 - donations to area food pantries	
Form 990-EZ, Part I, Line 16 - liability insurance	
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