EXTENDED TO MAY 15, 2025

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

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

C Name of organization
SECOND HARVEST FOOD BANK OF NW PA, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1507 GRIMM DRIVE

City or town, state or province, country, and ZIP or foreign postal code
ERIE, PA 16501

F Name and address of principal officer: KAREN SEGGI
SAME AS C ABOVE

D Employer identification number
25-1405798

E Telephone number
814-459-3663

G Gross receipts $ 22645734.

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.NWPAFOODBANK.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

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

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	55
6	Total number of volunteers (estimate if necessary)	6	1683
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	18997864.	22141104.
9	Program service revenue (Part VIII, line 2g)	369679.	314253.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	237182.	190377.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19604725.	22645734.
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13800613.	16005698.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2339161.	2556305.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 508464.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4280240.	4141868.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20420014.	22703871.
19	Revenue less expenses. Subtract line 18 from line 12	-815289.	-58137.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	13339807.	14027893.
21	Total liabilities (Part X, line 26)	932238.	963844.
22	Net assets or fund balances. Subtract line 21 from line 20	12407569.	13064049.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer Karen Seggi Date 05/14/2025

KAREN SEGGI, CHIEF EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name NATALIE HEBERLEIN, CPA Preparer's signature Date Check if self-employed PTIN P01053604

Firm's name HEBERLEIN & FALK, P.C. Firm's EIN 26-0001555

Firm's address 2306 PENINSULA DRIVE
ERIE, PA 16506 Phone no. 814-838-6095

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF THE SECOND HARVEST FOOD BANK OF NORTHWEST PENNSYLVANIA IS TO PROVIDE FOOD TO THOSE IN NEED WITHIN ELEVEN COUNTIES OF NORTHWEST PENNSYLVANIA WHILE CREATING AWARENESS AND EDUCATING THE COMMUNITY ON THE REALITIES OF HUNGER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses $ 21369434. including grants of $ 16005698.) (Revenue $ 314253.)
COLLECTION, STORAGE, AND DISTRIBUTION OF FOOD TO PEOPLE IN NEED THROUGH A NETWORK OF NONPROFIT CHARITABLE AGENCIES.

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe on Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses 21369434.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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		X
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	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	X	
e	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 Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	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 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 foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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 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% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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 noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 55			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? N/A **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	16		
	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 1b	16		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	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	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed PA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

KAREN SEGGI - 814-459-3663

1507 GRIMM DRIVE, ERIE, PA 16501

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN SEGGI CEO	40.00					X		136329.	0.	12662.
(2) ANNE O'NEILL DIRECTOR	2.00	X						0.	0.	0.
(3) DAVID HUGAR DIRECTOR	2.00	X						0.	0.	0.
(4) SONYA BYES DIRECTOR	2.00	X						0.	0.	0.
(5) RYAN SALVO SECRETARY	2.00	X		X				0.	0.	0.
(6) VINCENT HALUPCZYNSKI TREASURER	2.00	X		X				0.	0.	0.
(7) HEATHER KLAN DIRECTOR	2.00	X						0.	0.	0.
(8) NINA FERRARO DIRECTOR	2.00	X						0.	0.	0.
(9) MARISSA THOMAS DIRECTOR	2.00	X						0.	0.	0.
(10) NANCY SENNETT DIRECTOR	2.00	X						0.	0.	0.
(11) DOUGLAS STARR PRESIDENT	2.00	X		X				0.	0.	0.
(12) KEITH SCHMIDT DIRECTOR	2.00	X						0.	0.	0.
(13) LUCINDA HENDRICKSON DIRECTOR	2.00	X						0.	0.	0.
(14) DANIEL MILLER VICE PRESIDENT	2.00	X		X				0.	0.	0.
(15) HAROLD SIMMONS DIRECTOR	2.00	X						0.	0.	0.
(16) PAMELA FORSYTH DIRECTOR	2.00	X						0.	0.	0.
(17) GEORGE GREIG DIRECTOR	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								136329.	0.	12662.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								136329.	0.	12662.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 1

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	491363.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21649741.			
	g	Noncash contributions included in lines 1a-1f	1g	$ 15628990.			
	h	**Total.** Add lines 1a-1f			22141104.		
Program Service Revenue			Business Code				
	2a	SERVICE FEES	624210	314253.	314253.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f			314253.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		190377.			190377.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a					
	b	Less: cost or other basis and sales expenses 7b					
	c	Gain or (loss) 7c					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d					
	12	**Total revenue.** See instructions		22645734.	314253.	0.	190377.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16005698.	16005698.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	138230.		96761.	41469.
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	1722441.	1285483.	244565.	192393.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	121833.	84065.	22344.	15424.
9 Other employee benefits	422573.	291575.	77500.	53498.
10 Payroll taxes	151228.	104974.	27735.	18519.
11 Fees for services (nonemployees):				
a Management				
b Legal	12761.		12761.	
c Accounting	24875.		24875.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	39017.		39017.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	182043.	20696.	37173.	124174.
12 Advertising and promotion				
13 Office expenses	94683.	21777.	21777.	51129.
14 Information technology				
15 Royalties				
16 Occupancy	278360.	188024.	90336.	
17 Travel	29446.	15606.	13840.	
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	280770.	252693.	28077.	
23 Insurance	50702.	26872.	23830.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD PURCHASES	2696210.	2696210.		
b FREIGHT AND TRUCKING	208791.	208791.		
c SUPPLIES	131758.	63244.	56656.	11858.
d MISCELLANEOUS	93887.	93887.		
e All other expenses	18565.	9839.	8726.	
25 **Total functional expenses.** Add lines 1 through 24e	22703871.	21369434.	825973.	508464.
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)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	295216.	1	391313.
	2	Savings and temporary cash investments	552506.	2	263113.
	3	Pledges and grants receivable, net	422089.	3	635113.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1395770.	8	1389874.
	9	Prepaid expenses and deferred charges	3090.	9	1874.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 7181092.			
	b	Less: accumulated depreciation — 10b: 3667775.	3675463.	10c	3513317.
	11	Investments - publicly traded securities	6491824.	11	7118369.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	503849.	15	714920.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	13339807.	16	14027893.
Liabilities	17	Accounts payable and accrued expenses	819805.	17	282261.
	18	Grants payable		18	
	19	Deferred revenue	112433.	19	681583.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	932238.	26	963844.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	11834825.	27	12610843.
	28	Net assets with donor restrictions	572744.	28	453206.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	12407569.	32	13064049.
	33	Total liabilities and net assets/fund balances	13339807.	33	14027893.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22645734.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22703871.
3	Revenue less expenses. Subtract line 2 from line 1	3	-58137.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12407569.
5	Net unrealized gains (losses) on investments	5	714618.
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	13064050.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

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

2023

Open to Public Inspection

Name of the organization

SECOND HARVEST FOOD BANK OF NW PA, INC.

Employer identification number

25-1405798

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16232476.	21471356.	15243278.	18997864.	22141104.	94086078.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	16232476.	21471356.	15243278.	18997864.	22141104.	94086078.
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.						94086078.

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	16232476.	21471356.	15243278.	18997864.	22141104.	94086078.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	154489.	170065.	307703.	237182.	190377.	1059816.
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						95145894.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	98.89 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	98.82 %

16a **33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ☒

b **33 1/3% support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ☐

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 organization ..... ☐

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 organization ..... ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box 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.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
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).*	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* **Part VI** *when and how the organization made the determination.*	3b		
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.*	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.*	4a		
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.*	4b		
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.*	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* **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).*	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		
c	**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? *If "Yes," provide detail in* **Part VI.**	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* **Part VI.**	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? *If "Yes," provide detail in* **Part VI.**	9b		
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.**	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		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described 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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

		Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	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		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	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		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (*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		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	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	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 Other distributions (*describe in* **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 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.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 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 B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

SECOND HARVEST FOOD BANK OF NW PA, INC.

Employer identification number

25-1405798

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

SECOND HARVEST FOOD BANK OF NW PA, INC.

Employer identification number

25-1405798

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WAL-MART WAREHOUSE #6027 100 WAL-MART DRIVE WOODLAND, PA 16881	$ 808348.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: SECOND HARVEST FOOD BANK OF NW PA, INC.

Employer identification number: 25-1405798

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD DONATIONS	$ 808348.	06/30/24
		$	
		$	
		$	
		$	
		$	

Name of organization

SECOND HARVEST FOOD BANK OF NW PA, INC.

Employer identification number

25-1405798

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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(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

2023

Open to Public Inspection

Name of the organization

SECOND HARVEST FOOD BANK OF NW PA, INC.

Employer identification number

25-1405798

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements 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 easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	459873.	445789.	465738.	365427.	337182.
b Contributions	33225.		33162.	2209.	24083.
c Net investment earnings, gains, and losses	29111.	29963.	-31276.	108889.	11723.
d Grants or scholarships					
e Other expenditures for facilities and programs		14275.	17450.	6778.	4914.
f Administrative expenses	4008.	1604.	4385.	4009.	2647.
g End of year balance	518201.	459873.	445789.	465738.	365427.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 100 %
b Permanent endowment _____ %
c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)	X	
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		173139.		173139.
b Buildings		4559325.	1665762.	2893563.
c Leasehold improvements				
d Equipment		2448628.	2002013.	446615.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				3513317.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ERIE COMMUNITY FOUNDATION ASSETS	264305.
(2) CASH RESTRICTED FOR SPECIFIC GRANTS	196719.
(3) DEPOSIT - WARREN COMMUNITY FOUNDATION	253896.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	714920.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	23360352.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	714618.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	714618.
3	Subtract line 2e from line 1			3	22645734.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	22645734.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	22703872.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	22703872.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	22703872.

Part XIII Supplemental Information

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

PART V, LINE 4:

THE BOARD OF DIRECTORS DESIGNATED AN ENDOWMENT FUND WITH EARNINGS, INCLUDING DIVIDENDS AND APPRECIATION, TO BE USED FOR OPERATIONS.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD.

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

SECOND HARVEST FOOD BANK OF NW PA, INC.

Employer identification number

25-1405798

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [X] Mail solicitations
b [ ] Internet and email solicitations
c [ ] Phone solicitations
d [ ] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [ ] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
RKD - 8001 S 13TH STREET, LINCOLN, NE 68512	ASSIST IN DEVELOPING OF SOLICITATION MATERIALS AND		X	530005.	128417.	401588.
Total				530005.	128417.	401588.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

PA

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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

12500514 787839 2NDHARVEST 2023.05040 SECOND HARVEST FOOD BANK OF 2NDHARV1

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

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 $ _____

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RKD

(I) ADDRESS OF FUNDRAISER: 8001 S 13TH STREET, LINCOLN, NE 68512

(II) ACTIVITY: ASSIST IN DEVELOPING OF SOLICITATION MATERIALS AND MAILING

Part IV **Supplemental Information** *(continued)*

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

SECOND HARVEST FOOD BANK OF NW PA, INC.

Employer identification number

25-1405798

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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
BETHANY LUTHERAN CHURCH-F.P. 254 EAST 10TH STREET ERIE, PA 16503	25-0969415	501(C)(3)	0.	398333.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
BLESSED SACRAMENT-F.P. 1626 W. 26TH STREET ERIE, PA 16508	25-1017577	501(C)(3)	0.	62433.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
BROOKVILLE-F.P. 336 MADISON AVE. BROOKVILLE, PA 15825	25-1569264	501(C)(3)	0.	658337.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
CAMERON COUNTY COMMUNITY-F.P. 135 WEST 4TH STREET EMPORIUM, PA 15834	25-1202846	501(C)(3)	0.	146889.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
CATHEDRAL OF ST. PAUL-F.P 134 WEST 7TH STREET ERIE, PA 16501	25-0977888	501(C)(3)	0.	197157.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
CENTER FOR FAMILY SERVICES-F.P. 213 W. CENTER STREET MEADVILLE, PA 16335	25-0965238	501(C)(3)	0.	342541.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 125.

3 Enter total number of other organizations listed in the line 1 table .....

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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
CHRISTIAN CUPBOARD-FP 42 CHURCH STREET GIRARD, PA 16417	53-0196605	501(C)(3)	0.	156067.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
CHRISTIAN FOOD BANK - F.P. 817 SOUTH MICHAEL STREET ST MARYS, PA 15857	25-1430554	501(C)(3)	0.	470092.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
CHURCH OF THE NATIVITY-F.P. 109 GERMAN STREET ERIE, PA 16507	25-6072206	501(C)(3)	0.	29366.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
CITY MISSION SHELTER -S.K. 1023 FRENCH STREET ERIE, PA 16501	25-0987217	501(C)(3)	0.	411178.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
CLARION FIRST UNITED METHODIST CHURCH - F.P. - 600 WOOD STREET CLARION, PA 16214	25-1051732	501(C)(3)	0.	50656.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
CLEARFIELD MINISTERIUM - F.P. 121 S. SECOND STREET CLEARFIELD, PA 16830	25-1187858	501(C)(3)	0.	200201.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
CLIMATE CHANGERS - F.P. 314 EAST 11TH STREET ERIE, PA 16503	81-0699420	501(C)(3)	0.	111432.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
COMMUNITY OF CARING-SHELTER 245 EAST 8TH STREET ERIE, PA 16512	25-1449427	501(C)(3)	0.	84229.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
COMMUNITY PANTRY PROJECT - F.P. 211 FRANKLIN STREET CLINTONVILLE, PA 16372	25-1386113	501(C)(3)	0.	71450.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
COMMUNITY SERVICES OF VENANGO COUNTY-F.P. - 206 SENECA STREET OIL CITY, PA 16301	25-1240475	501(C)(3)	0.	110229.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
COMMUNITY SHELTER SERVICES-ON-SITE 652 WEST 17TH STREET ERIE, PA 16502	25-1365966	501(C)(3)	0.	87057.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
CONNEAUT VALLEY-F.P. 140 SOUTH MAIN STREET SPRINGBORO, PA 16435	23-7378743	501(C)(3)	0.	157059.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
CORNERSTONE CHURCH OF GOD - F.P. 134 PINE STREET FAIRMOUNT CITY, PA 16224	25-1473825	501(C)(3)	0.	16127.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
CORRY AREA-F.P. 13841 W. MAIN ST. CORRY, PA 16407	25-1470013	501(C)(3)	0.	390217.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
CRANBERRY - F.P. 224 SOUTH MAIN STREET SENECA, PA 16346	23-7235910	501(C)(3)	0.	265021.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
CROSS TOWN - F.P. 201 WOODLAND AVE PUNXSUTAWNEY, PA 15767	25-1120372	501(C)(3)	0.	167505.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
DESTINATIONS BRADFORD - FP 1 MAIN STREET BRADFORD, PA 16701	61-1663573	501(C)(3)	0.	66139.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
DUBOIS - F.P. 400 LIBERTY BLVD DUBOIS, PA 15801	25-1187858	501(C)(3)	0.	60598.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
DUKE CENTER UNITED METHODIST CHURCH - FP - 26 OIL VALLEY ROAD - DUKE CENTER, PA 16729	25-1007933	501(C)(3)	0.	90503.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
EDINBORO EMERGENCY -F.P. 124 MEADVILLE STREET EDINBORO, PA 16412	25-1802459	501(C)(3)	0.	655649.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
ELLA COCHRAN-F.P. 837 BARTLETT ROAD HARBORCREEK, PA 16421	25-1563277	501(C)(3)	0.	299850.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
EMMANUEL CHURCH OF THE NAZARENE - SK - 569 FORSYTH ROAD - DUBOIS, PA 15801	25-6085251	501(C)(3)	0.	8169.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
EMMAUS-F.P 216 EAST 11TH STREET ERIE, PA 16503	25-1638638	501(C)(3)	0.	703099.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
FAIRVIEW PRESBYTERIAN - F.P. 4264 AVONIA ROAD FAIRVIEW, PA 16415	25-1857718	501(C)(3)	0.	73761.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
FIRST ALLIANCE CHURCH - F.P. 2939 ZIMMERLY ROAD ERIE, PA 16506	23-7182567	501(C)(3)	0.	41023.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
FIRST CHURCH OF THE NAZARENE - F.P. - 907 PENNSYLVANIA AVENUE E - WARREN, PA 16365	25-1116613	501(C)(3)	0.	89430.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
FIRST PRESBYTERIAN CHURCH OF CLARION - FP - 700 WOOD STREET - CLARION, PA 16214	25-1024342	501(C)(3)	0.	36300.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
FOOD FOR THE SOUL 306 SOUTH SPRUCE STREET EMPORIUM, PA 15834	25-0463240	501(C)(3)	0.	116408.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
FRIENDSHIP TABLE, INC. - S.K. 21 EAST CORYDON STREET BRADFORD, PA 16701	23-2938038	501(C)(3)	0.	185983.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
GATHERED FROM THE GROVE 12 KNAPP ROAD PORT ALLEGANY, PA 16743	47-5110171	501(C)(3)	0.	91596.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
GLENWOOD UM CHURCH - F.P. 2931 MYRTLE STREET ERIE, PA 16508	25-1094919	501(C)(3)	0.	108185.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
HELPING HANDS OF ELK CO. - F.P. 409 CENTER STREET JOHNSONBURG, PA 15845	25-1526573	501(C)(3)	0.	28671.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
HOLY TRINITY LUTHERAN CHURCH-F.P. 643 WEST 17TH STREET ERIE, PA 16502	25-6048731	501(C)(3)	0.	15637.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
HOLY TRINITY LUTHERAN SOUP AND PASTA KITCHEN - 643 WEST 17TH STREET - ERIE, PA 16502	25-6048731	501(C)(3)	0.	6493.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
HOME HOUSE OF ERIE - F.P. 1861 BUFFALO ROAD ERIE, PA 16510	27-1691378	501(C)(3)	0.	538842.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
ISLAMIC ASSOCIATION OF ERIE - F.P. 2419 HOLLAND STREET ERIE, PA 16503	23-2917589	501(C)(3)	0.	650326.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
KANE AREA COMMUNITY CENTER 46 FRALEY STREET KANE, PA 16735	25-1826255	501(C)(3)	0.	110547.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
KEARSARGE AREA - F.P. 2402 WEST GRANDVIEW BLVD. ERIE, PA 16509	25-1312581	501(C)(3)	0.	84382.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
KEYSTONE SMILES LEARNING CENTER 420 MAIN STREET PO BOX 352 KNOX, PA 16232	25-1764570	501(C)(3)	0.	10320.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
KNOX CLARION CO. FOOD DISTRIBUTION - F.P. - 260 HIGH POINT ROAD - KNOX, PA 16232	41-2069157	501(C)(3)	0.	186122.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
LINESVILLE - F.P. 401 SOUTH MERCER STREET LINESVILLE, PA 16424	25-1363219	501(C)(3)	0.	42367.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
LIVING BREAD MINISTRIES - F.P. 628 DAISY STREET CLEARFIELD, PA 16830	41-2264124	501(C)(3)	0.	258301.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
LOWVILLE - F.P. 13427 RT 8 WATTSBURG, PA 16442	25-1351302	501(C)(3)	0.	98675.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MARIA HOUSE PROJECTS 1218 FRENCH STREET ERIE, PA 16501	23-7397914	501(C)(3)	0.	11039.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MERCY CENTER FOR WOMEN 1039 EAST 27TH STREET ERIE, PA 16504	25-1695659	501(C)(3)	0.	23617.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING

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MERCYHURST CHILD LEARNING 2703 ASH STREET ERIE, PA 16504	25-1529249	501(C)(3)	0.	75372.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MHEDS - F.P. 2928 PEACH STREET ERIE, PA 16508	25-1313134	501(C)(3)	0.	41214.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MILITARY SHARE - JEFFERSON 1514 PA-28 BROOKVILLE, PA 15825	25-1405798	501(C)(3)	0.	83744.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FO - EASTMINSTER CHURCH 1507 GRIMM DRIVE ERIE, PA 16501	25-1405798	501(C)(3)	0.	131395.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - CENTERVILLE FM CHURCH 18786 ERIE STREET CENTERVILLE, PA 16404	25-1001655	501(C)(3)	0.	55963.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - CHAPEL ON THE HILL 1507 GRIMM DRIVE ERIE, PA 16501	25-1405798	501(C)(3)	0.	49203.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - CHURCH OF THE ASCENSION - 26 CHAUTAUQUA PLACE - BRADFORD, PA 16701	25-1035661	501(C)(3)	0.	98076.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - CORRY 1507 GRIMM DRIVE ERIE, PA 16501	25-1405798	501(C)(3)	0.	201625.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - EASTBROOK APARTMENTS 1507 GRIMM DRIVE ERIE, PA 16501	25-1405798	501(C)(3)	0.	80217.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING

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MOBILE FP - FEDERATED CHURCH OF E. SPRINGFIELD - 11995 MAIN STREEET - EAST SPRINGFIELD, PA 16411	25-1073133	501(C)(3)	0.	85455.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - FIRST LUTHERAN CHURCH 109 WEST 3RD AVE. WARREN, PA 16365	25-0981524	501(C)(3)	0.	90554.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - JOHN HORAN GARDEN APT. 1507 GRIMM DRIVE ERIE, PA 16501	25-1405798	501(C)(3)	0.	95805.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - MEADVILLE 800 THURSTON ROAD MEADVILLE, PA 16335	25-1405798	501(C)(3)	0.	189014.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - MILITARY SHARE ERIE VA 1507 GRIMM DRIVE ERIE, PA 16501	25-1405798	501(C)(3)	0.	122536.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - MILITARY SHARE FRANKLIN - 1507 GRIMM DRIVE - ERIE, PA 16501	25-1405798	501(C)(3)	0.	167447.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - MILITARY SHARE WARREN VA - 1507 GRIMM DRIVE - ERIE, PA 16501	25-1405798	501(C)(3)	0.	49194.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - NORTH EAST 1507 GRIMM DRIVE ERIE, PA 16501	25-1405798	501(C)(3)	0.	252225.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - OTTERBEIN UNITED METHODIST CHURCH - 258 DALRYMPLE STREET - PITTSFIELD, PA 16340	25-1371958	501(C)(3)	0.	51032.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING

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MOBILE FP - PLEASANTVILLE UMC 102 MERRICK STREET PLEASANTVILLE, PA 16341	25-1407147	501(C)(3)	0.	80070.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - RIDGWAY 30 NORTH BROAD STREET RIDGWAY, PA 15853	25-1405798	501(C)(3)	0.	60174.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - ST ELIZABETH OF HUNGARY - 307 FRANKIN STREET - SMETHPORT, PA 16749	25-1448513	501(C)(3)	0.	32521.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - ST. PAUL'S LUTHERAN CHURCH - 233 CHURCH STREET - CAMBRIDGE SPRINGS, PA 16403	25-1317412	501(C)(3)	0.	74943.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - STRATTANVILLE UMC 401 WASHINGTON STREET STRATTANVILLE, PA 16258	25-1295564	501(C)(3)	0.	81011.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - TIDIOTE FIRE HALL 1507 GRIMM DRIVE ERIE, PA 16501	25-1405798	501(C)(3)	0.	36080.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - UNION CITY 1507 GRIMM DRIVE ERIE, PA 16501	25-1405798	501(C)(3)	0.	106891.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
MOBILE FP - WARREN 1507 GRIMM DRIVE ERIE, PA 16501	25-1405798	501(C)(3)	0.	78145.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
NEW LIFE CENTER - F.P. 111 S. SECOND STREET PHILIPSBURG, PA 16866	80-0673080	501(C)(3)	0.	319955.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING

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NORTH CLARION/MARIENVILLE - F.P. 201 NORTH FOREST STREET MARIENVILLE, PA 16239	25-1159534	501(C)(3)	0.	61548.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
NORTHWESTERN - F.P. 1 ROBB & POWELL AVE ALBION, PA 16401	36-2167731	501(C)(3)	0.	410308.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
OIL VALLEY - F.P. 11994 CHURCH RUN ROAD TITUSVILLE, PA 16354	25-1500749	501(C)(3)	0.	237665.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
OUR LADY OF MOUNT CARMEL - F.P. 1553 EAST GRANDVIEW BLVD. ERIE, PA 16510	25-1125384	501(C)(3)	0.	77516.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
RED BANK - F.P. 300 BROAD STREET NEW BETHLEHEM, PA 16242	25-1599039	501(C)(3)	0.	139600.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
REYNOLDSVILLE AID, INC. - F.P. 329 JACKSON ST. REYNOLDSVILLE, PA 15851	25-1310810	501(C)(3)	0.	58488.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
REYNOLDSVILLE AREA - F.P. 344 EAST MAIN STREET REYNOLDSVILLE, PA 15851	25-1429058	501(C)(3)	0.	190358.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
SACRED HEART - F.P. 816 WEST 26TH STREET ERIE, PA 16508	25-1118940	501(C)(3)	0.	153558.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
SAFENET SHELTER P.O. BOX 1436 ERIE, PA 16512	25-1269524	501(C)(3)	0.	21206.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING

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SALVATION ARMY - CORRY - S.K. 127 WEST WASHINGTON STREET CORRY, PA 16407	13-5562351	501(C)(3)	0.	88838.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
SALVATION ARMY - DUBOIS - F.P. 119 SOUTH JARED STREET DUBOIS, PA 15801	13-5562351	501(C)(3)	0.	98219.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
SALVATION ARMY - FRANKLIN - F.P. 302 13TH STREET FRANKLIN, PA 16323	13-5562351	501(C)(3)	0.	35911.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
SALVATION ARMY - OIL CITY - F.P. 217 SYCAMORE STREET OIL CITY, PA 16301	13-5562351	501(C)(3)	0.	41915.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
SALVATION ARMY - RIDGWAY - F.P. 245 MAIN STREET RIDGWAY, PA 15853	13-5562351	501(C)(3)	0.	71364.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
SALVATION ARMY OF MEADVILLE 1087 PARK AVE. MEADVILLE, PA 16335	13-5562351	501(C)(3)	0.	107807.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
SALVATION ARMY SOCIAL SERVICES - F.P. - 1022 LIBERTY STREET - ERIE, PA 16502	13-5562351	501(C)(3)	0.	492728.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
SCHOOL PANTRY - BEATTY WARREN MIDDLE SCHOOL - 2 EAST THIRD AVENUE - WARREN, PA 16365	25-1405798	501(C)(3)	0.	255000.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
SHEFFIELD AREA - FP 407 MAIN STREET SHEFFIELD, PA 16347	83-0453561	501(C)(3)	0.	35896.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING

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SHILOH BAPTIST - FP 901 EAST 5TH STREET ERIE, PA 16507	25-1456295	501(C)(3)	0.	24567.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
SISTER PASCAL - F.P. 130 EAST 4TH STREET ERIE, PA 16507	25-1021801	501(C)(3)	0.	378547.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
SMETHPORT - FP 201 FULTON STREET SMETHPORT, PA 16749	25-1387445	501(C)(3)	0.	57116.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
ST ANDREW - F.P. 1116 WEST 7TH STREET ERIE, PA 16502	25-1031945	501(C)(3)	0.	210812.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
ST ANN CHURCH - F.P 1153 EAST 9TH STREET ERIE, PA 16503	25-1038792	501(C)(3)	0.	113501.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
ST BONIFACE - F.P. 9333 TATE ROAD ERIE, PA 16509	25-1031947	501(C)(3)	0.	121172.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
ST ELIZABETH CENTER - F.P. 311 EMERALD STREET OIL CITY, PA 16301	65-1242515	501(C)(3)	0.	127884.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
ST GEORGE - F.P. 5145 PEACH STREET ERIE, PA 16509	25-1055326	501(C)(3)	0.	86035.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
ST JAMES COMMUNITY - S.K. 112 E. MAIN STREET TITUSVILLE, PA 16354	25-0989250	501(C)(3)	0.	37746.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING

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ST JOHN EPISCOPAL CHURCH - F.P. 513 12TH STREET FRANKLIN, PA 16323	25-1101841	501(C)(3)	0.	127181.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
ST JOSEPH CHURCH - S.K. 600 PENNSYLVANIA AVE WEST WARREN, PA 16365	25-1010306	501(C)(3)	0.	6796.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
ST LOUIS FOOD BANK 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	43-1253102	501(C)(3)	0.	83523.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
ST MARTIN CENTER - F.P. 1701 PARADE STREET ERIE, PA 16503	25-1211464	501(C)(3)	0.	737407.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
ST PATRICK CHURCH - F.P. 949 LIBERTY STREET FRANKLIN, PA 16323	25-1007951	501(C)(3)	0.	92143.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
SUGAR GROVE FREE METHODIST CHURCH - F.P. - 210 JAMESTOWN STREET - SUGAR GROVE, PA 16350	25-1396817	501(C)(3)	0.	69644.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
SUMMIT UNITED METHODIST CHURCH - F.P. - 1510 TOWN HALL RD. W. - ERIE, PA 16509	36-2167731	501(C)(3)	0.	74829.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
SUPPORTIVE LIVING SERVICES-GROUP HOME - 2559 EAST 32ND STREET - ERIE, PA 16510	25-1439680	501(C)(3)	0.	34957.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
UNION CITY - F.P. PO BOX 523 UNION CITY, PA 16438	25-1665226	501(C)(3)	0.	114204.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING

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(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
UNITED FAITH FELLOWSHIP - F.P. 561 STATE STREET MEADVILLE, PA 16335	25-1758080	501(C)(3)	0.	50583.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
VICTORY FAMILY CHURCH - FP 868 WATER STREET MEADVILLE, PA 16335	25-1665973	501(C)(3)	0.	362143.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
WATERFORD - F.P. 116 WEST 3RD STREET WATERFORD, PA 16441	25-1633777	501(C)(3)	0.	130181.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
WESLEYVILLE INTERFAITH - F.P. 3308 SOUTH STREET ERIE, PA 16510	52-1506260	501(C)(3)	0.	138571.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
WEST BRANCH - F.P. 369 ALLPORT CUTOFF MORRISDALE, PA 16858	36-2167731	501(C)(3)	0.	149058.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
WEST MILLCREEK - F.P. 3642 WEST 26 ST ERIE, PA 16506	25-6011474	501(C)(3)	0.	260463.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
WESTERN FOREST COUNTY - F.P. 219 ELM STREET TIONESTA, PA 16353	25-1292866	501(C)(3)	0.	71490.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
YOUNGSVILLE EVANGELICAL UM CHURCH - F.P. - 18 SECOND STREET - YOUNGSVILLE, PA 16371	25-1379330	501(C)(3)	0.	49018.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
YOUNGSVILLE FREE METHODIST CHURCH - F.P. - 179 DAVIS STREET - YOUNGSVILLE, PA 16371	35-0877568	501(C)(3)	0.	85980.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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
ZION BAPTIST CHURCH JESUS - F.P. 114 ZION ROAD CLARION, PA 16214	25-1285377	501(C)(3)	0.	289228.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING
ASSOCIATED CHARITIES -F.P. 409 E CENTRAL AVE TITUSVILLE, PA 16354	25-0977886	501(C)(3)	0.	119610.	NATIONWIDE SURVEY BY KPMG	FOOD	SECOND HARVEST FOOD BANK OF NW PA, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 141 FEEDING

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOOD BANK VISITS THE LOCATIONS AND REQUIRES DOCUMENTATION REGARDING RECIPIENTS OF THE FOOD.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: SECOND HARVEST FOOD BANK OF NW PA, INC.

Employer identification number: 25-1405798

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	500	8735725.	SALVAGE VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used 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 policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

SECOND HARVEST FOOD BANK OF NW PA, INC.

Employer identification number

25-1405798

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

THE MISSION OF THE SECOND HARVEST FOOD BANK OF NORTHWEST PENNSYLVANIA IS TO PROVIDE FOOD TO THOSE IN NEED WITHIN ELEVEN COUNTIES OF NORTHWEST PENNSYLVANIA WHILE CREATING AWARENESS AND EDUCATING THE COMMUNITY ON THE REALITIES OF HUNGER.

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

A DRAFT COPY OF THE FORM 990 AND ALL RELATED SCHEDULES ARE PROVIDED TO THE FINANCE COMMITTEE IN ADVANCE OF FILING. THE FINANCE COMMITTEE IS PROVIDED AT LEAST ONE WEEK TO REVIEW THE FORM 990 AND PROVIDE COMMENTS TO MANAGEMENT FOR ANY EDITS/CORRECTIONS. THE FORM 990 IS FILED AFTER ALL EDITS ARE MADE.

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

THE FOOD BANK REGULARLY AND CONSISTENTLY MONITORS ITS CONFLICT OF INTEREST POLICY. ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO ANNUALLY READ THE POLICY AND COMPLETE AN "ANNUAL AFFIRMATION OF COMPLIANCE AND DISCLOSURE STATEMENT".THE EXECUTIVE DIRECTOR COMPILES ALL DISCLOSED CONFLICTS AND PROVIDES THE LIST TO ALL BOARD MEMBERS SO THEY ARE AWARE OF ALL CONFLICTS. BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO UPDATE THE DISCLOSURE STATEMENT IF A NEW CONFLICT ARISES DURING THE YEAR, AND THIS IS THEN DISCLOSED TO THE BOARD OF DIRECTORS.

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

OUR EXECUTIVE DIRECTOR'S (OUR TOP MANAGEMENT OFFICIAL) COMPENSATION IS EVALUATED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. AS

Name of the organization: SECOND HARVEST FOOD BANK OF NW PA, INC.

Employer identification number: 25-1405798

PART OF THIS EVALUATION THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION OF OTHER EXECUTIVE DIRECTORS OF SIMILAR SIZED TAX-EXEMPT ORGANIZATIONS IN NORTHWEST PA. COMPENSATION OF OTHER EXECUTIVE DIRECTORS OF COMPARABLE SIZE FOOD BANKS IN THE FEEDING AMERICA NETWORK ARE ALSO REVIEWED. TYPICALLY OUR DIRECTOR IS PAID MORE THAN THE LOWEST LEVEL BUT BELOW THE HIGHEST LEVEL OF COMPARABLE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOOD BANK MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. THE MOST RECENT AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE WEBSITE. ALL OTHER DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST TO OUR EXECUTIVE DIRECTOR. WE ALSO MAKE CERTAIN SUMMARIZED INFORMATION AVAILABLE IN OUR ANNUAL REPORT WHICH IS PROVIDED TO THE PUBLIC AND IS POSTED ON OUR WEBSITE.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR SELECTION OF OVERSIGHT OF THE INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR