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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

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 country, and ZIP + 4
Erie, PA 16501

D Employer identification number
25-1405798

E Telephone number
(814) 459-3663

G Gross receipts $ 11,712,435

F Name and address of Principal Officer
Kevin Karg
1507 Grimm Drive
Erie, PA 16501

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www eriefoodbank org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1982

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Collection, storage and distribution of salvageable food to charitable agencies which feed the needy

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of employees (Part V, line 2a)	5	24
6	Total number of volunteers (estimate if necessary)	6	680
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,867,483	10,181,886
9	Program service revenue (Part VIII, line 2g)	685,539	533,288
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	208,262	-92,291
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,581	20,420
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,894,366	10,643,303
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,048,557	8,101,962
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	568,362	881,862
16a	Professional fundraising fees (Part IX, column (A), line 11e)	95,975	23,400
b	(Total fundraising expenses, Part IX, column (D), line 25 133,776)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,527,414	1,340,675
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	10,240,308	10,347,899
19	Revenue less expenses Subtract line 18 from line 12	3,654,058	295,404

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	11,189,202	10,012,136
21	Total liabilities (Part X, line 26)	3,163,490	2,118,766
22	Net assets or fund balances Subtract line 21 from line 20	8,025,712	7,893,370

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

Please Sign Here

****** | 2010-02-19
Signature of officer | Date

Kevin Karg President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Joseph P Maloney CPA CFE	Date	Check if self-empolyed ▶ ☑	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Maloney Reed Scarpitti & Company LLP 3703 West 26th Street Erie, PA 165062038			EIN ▶ Phone no ▶ (814) 833-8545

May the IRS discuss this return with the preparer shown above? (See instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

Collection, storage and distribution of salvageable food to charitable agencies which feed the needy

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 9,791,019 including grants of $ 8,101,962) (Revenue $ 533,501)

Collection, storage, and distribution of salvageable food to social agencies which feed the needy

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 9,791,019 *Must equal Part IX, Line 25, column (B).*

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		No
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 questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) 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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	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**		No
37	Did the organization conduct more than 5 percent 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**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	6		
b	Enter the number of Forms W-2G included in 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**		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**	24		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**		No
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**		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*		**5c**		No
6a	Did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		No
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**		No
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?		**9a**		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		No
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?		**12a**		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 21		
b	Enter the number of voting members that are independent . .	1b 21		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b		No
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		No
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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 in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

Beth Keil
1507 Grimm Drive
Erie, PA 16501
(814) 459-3663

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(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			

Additional Data

Software ID:
Software Version:
EIN: 25-1405798
Name: Second Harvest Food Bank of NW PA Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
William Trice DDS , Secretary	2 00	X		X				0	0	0
Vincent Halupczynski , Director	2 00	X						0	0	0
Tom Dombrowski , Director	2 00	X						0	0	0
Tom Birkmire , Director	2 00	X		X				0	0	0
Thomas R Kirkwood , Treasurer	2 00	X		X				0	0	0
Robert K Lemon , Director	2 00	X						0	0	0
Robert D Crowley , Director	2 00	X						0	0	0
Rev John Phillips , Director	2 00	X						0	0	0
Patrick O'Dell , Director	2 00	X						0	0	0
Nancy Sennett , Director	2 00	X						0	0	0
Michael Malpiedi , Vice President	2 00	X		X				0	0	0
Maryann Yochim , Director	2 00	X						0	0	0
Kevin Karg , President	4 00	X		X				0	0	0
Karen Skarupski , Director	2 00	X						0	0	0
Karen Seggi , Executive Direc	40 00			X				65,730	0	6,573
James P Renshaw Jr , Director	2 00	X						0	0	0
James E Gehrlein , Director	2 00	X						0	0	0
Douglas M Starr , Director	2 00	X						0	0	0
Daryl Georger , Director	2 00	X						0	0	0
Cheri Kobel , Director	2 00	X						0	0	0
Anne O'Neill-Klemensic , Director	2 00	X						0	0	0

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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 Total ▶								65,730		6,573

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		No
4	For any individual listed online 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*		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		No

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 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 927,065				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 9,254,821				
	g	Noncash contributions included in lines 1a-1f $ 7,920,737				
	h	**Total (Add lines 1a-1f)** ▶	10,181,886			
Program Service Revenue		Business Code				
	2a	Service fees	533,288	533,288		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 533,288				
	3	Investment income (including dividends, interest other similar amounts) ▶	100,426			100,426
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶	0			
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 876,415				
	b	Less cost or other basis and sales expenses: 1,069,132				
	c	Gain or (loss): -192,717				
	d	Net gain or (loss) ▶	-192,717			-192,717
Other Revenue	8a	Gross income from fundraising events (not including $ 3,894 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶	3,894			3,894
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	Vehicle reimbursement	2,777			2,777
	b	Miscellaneous	13,749			13,749
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $ 16,526				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	10,643,303	533,288		-71,871

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	8,101,962	8,101,962		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	65,730		52,584	13,146
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	556,460	340,900		51,099
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	39,647	27,290	8,391	3,966
9 Other employee benefits	164,532	83,249	64,188	17,095
10 Payroll taxes	55,493	29,949	19,384	6,160
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	48,895		48,895	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	23,400			23,400
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	21,990	21,990		
14 Information technology	0			
15 Royalties	0			
16 Occupancy	139,196	125,276	13,920	
17 Travel	6,354	6,354		
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	3,435			3,435
20 Interest	82,722	74,450	8,272	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	162,382	146,649	15,733	
23 Insurance	0			
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Wholesale food	315,703	315,703		
b Special projects	41,899	41,899		
c Postage and Shipping	101,852	101,852		
d Grant expenses	423,886	423,886		
e Food purchases	62,163	62,163		
f All other expenses	-69,802	-112,553	27,276	15,475
25 **Total functional expenses.** Add lines 1 through 24f	10,347,899	9,791,019	423,104	133,776
26 **Joint Costs.** Check ☑ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		46	1	49
	2	Savings and temporary cash investments		360,203	2	437,374
	3	Pledges and grants receivable, net		2,483,327	3	1,879,407
	4	Accounts receivable, net		126,038	4	108,601
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges		10,394	9	14,112
	10a	Land, buildings, and equipment cost basis	10a 4,458,680			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 475,510	4,102,811	10c	3,983,170
	11	Investments—publicly traded securities		2,907,677	11	2,446,272
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	0
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		1,198,706	15	1,143,151
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		11,189,202	16	10,012,136
Liabilities	17	Accounts payable and accrued expenses		140,427	17	200,771
	18	Grants payable			18	
	19	Deferred revenue		3,424	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,000,068	23	1,893,449
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		19,571	25	24,546
	26	**Total liabilities.** *Add lines 17 through 25*		3,163,490	26	2,118,766
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,738,721	27	5,406,966
	28	Temporarily restricted net assets		3,286,991	28	2,486,404
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		8,025,712	33	7,893,370
	34	Total liabilities and net assets/fund balances		11,189,202	34	10,012,136

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

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 (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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)

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

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	9,047,326	8,321,194	10,771,892	12,867,483	9,659,613	50,667,508
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add line 1-3	9,047,326	8,321,194	10,771,892	12,867,483	9,659,613	50,667,508
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						2,249,762
6 **Public Support** subtract line 5 from line 4						48,417,746

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	9,047,326	103,988	10,771,892	12,867,483	9,659,613	50,667,508
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68,137	103,988	178,616	207,893	-92,991	465,643
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	7,493	5,483	1,854	6,360	20,418	41,608
11 **Total Support** (Add lines 7 through 10)						51,174,759

12	Gross receipts from related activities, etc (See instructions)	12	

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

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**94.610 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**82.570 %**

16a **33 1/3% Test - 2008.** 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% Test - 2007.** If the organization did not check the 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 - 2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10% Facts and Circumstances Test - 2007.** 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 IV 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in 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 accession and other records, check any of the following that are a 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 programs
- e ☐ Other

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

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	1,200,000				
b Contributions	187,500				
c Investment earnings or losses	-37,240				
d Grants or scholarships	8,008				
e Other expenditures for facilities and programs					
f Administrative expenses	886				
g End of year balance	1,341,366				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 89 400 %
- b Permanent endowment ▶ 10 600 %
- c Term endowment ▶

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)	Yes	
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		173,139		173,139
b Buildings		3,581,842	112,103	3,469,739
c Leasehold improvements		7,953	625	7,328
d Equipment		580,196	308,179	272,017
e Other		115,550	54,603	60,947
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				3,983,170

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Food Inventory - TEFAP	70,580
Food Inventory - Purchased food	133,034
Food inventory	936,537
Assets not in service	3,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,143,151

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Compensated absences	24,546
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	24,546

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,643,303
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,347,899
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	295,404
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-427,746
9	Total adjustments (net) Add lines 4 - 8	9	-427,746
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-132,342

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

1	Total revenue, gains, and other support per audited financial statements			1	10,215,557
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-427,746		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-427,746
3	Subtract line **2e** from line **1**			3	10,643,303
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	10,643,303

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

1	Total expenses and losses per audited financial statements			1	10,347,899
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	10,347,899
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	10,347,899

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	UNREALIZED INVESTMENT LOSSES $ -427746
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	$1,200,000 of the endowment is to be held as operating capital The Board of Directors have designated this amount as an endowment The remaining endowment is being to provide for investment income for operations

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

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" to Form 990, Part IV, line 17.

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

- **a** ☑ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a 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 activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name 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
Total			▶			

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

PA

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. 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 Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses				
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to 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 Non-cash 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 Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide 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? **15a**		
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		
	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? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

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? . . . . . ☑ 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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 254

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		The Food Bank visits location and requires documentation regarding recipients of the food

Additional Data Return to Form

Software ID: 08000091
Software Version: 2008v2.7
EIN: 25-1405798
Name: Second Harvest Food Bank of NW PA Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash 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-FP114 ZION ROAD CLARION,PA 16214	25-1285377		0	61,290	salvage value	Food	Feed the hungry
Youngville Evangelical UM Church FP18 Second street Youngsville,PA 16371	25-1379330		0	7,203	Salvage Value	Food	Feed the Hungry
YMCA31 West 10th Street Erie,PA 16501	25-0965621		0	47,572	Salvage value	Food	Feed the Hungry
Womens Care Center Union City13 North Main Street Union City,PA 16438	25-1433389		0	30,244	Salvage Value	Food	Feed the Hungry
WESTERN FOREST COUNTY FOOD PANTRY219 ELM STREET TIONESTA,PA 16353	25-1292866		0	28,757	salvage value	Food	Feed the hungry
WEST MILLCREEK-FP3642 WEST 26 STREET ERIE,PA 16506	25-6011474		0	36,443	salvage value	Food	Feed the hungry
WESLEYVILLE INTERFAITH-FP3308 SOUTH STREET ERIE,PA 16510	52-1506260		0	10,810	salvage value	Food	Feed the hungry
WAYNE PARK BAPTIST-FP 923 EAST 6TH STREET ERIE,PA 16507	25-1124437		0	38,612	salvage value	Food	Feed the hungry
WATERFORD-FP116 WEST 3RD STREET WATERFORD,PA 16441	25-1633777		0	34,898	salvage value	Food	Feed the hungry
Victory Family Worship Center10670 Highway 18N Conneaut LAke,PA 16316	23-2944116		0	19,750	Salvage value	Food	Feed the Hungry

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION CITY-FPPO BOX 523 UNION CITY,PA 16438	25-1665226		0	7,849	salvage value	Food	Feed the hungry
TRIUMPHANT LIFE CHURCH-FP5651 PERRY HIGHWAY ERIE,PA 16509	36-4623771		0	78,851	salvage value	Food	Feed the hungry
Titusville Community Cafe 714 East Main Street Titusville,PA 16354	25-1339303		0	8,252	Salvage value	Food	Feed the Hungry
Titusville Area Food Pantry134 W Central Avenue Titusville,PA 16354	25-1438433		0	90,275	Salvage Value	Food	Feed the Hungry
TIMES NEWSIES205 WEST 12TH STREET ERIE,PA 16534	25-6070411		0	20,580	salvage value	Food	Feed the hungry
Timber Ridge Child Care 1015 Nain Street Conneautville,PA 16406	86-1110653		0	14,634	Salvage Value	Food	Feed the Hungry
The Refuge1027 East 26th Street Erie,PA 16504	25-1494750		0	8,303	Salvage Value	Food	Feed the Hungry
Supportive Living Services Inc3907 Wagner Avenue Erie,PA 16510	25-1439680		0	5,699	Salvage Value	Food	Feed the Hungry
SUMMIT UNITED METHODIST CHURCH-FP1510 TOWN HALL RD W ERIE,PA 16509	36-2167731		0	21,929	salvage value	Food	Feed the hungry
SUGAR VALLEY LODGE-OSNE323 CAUSEWAY DRIVE FRANKLIN,PA 16323	25-1685893		0	51,222	salvage value	Food	Feed the hungry

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Joseph Church Warren Food Pantry600 Pennsylvania Avenue West Warren, PA 16365	25-1010306		0	24,900	Salvage Value	Food	Feed the Hungry
St John Missionary Baptist Church792 North Main Street Meadville, PA 16335	25-1572304		0	11,820	Salvage Value	Food	Feed the Hungry
St James Food Pantry 2635 Buffalo Road Erie, PA 16510	25-1067298		0	7,845	Salvage Value	Food	Feed the Hungry
ST PETER CATHEDRAL FP230 WEST 10 STREET ERIE, PA 16501	25-0965537		0	83,397	salvage value	Food	Feed the hungry
ST PAUL ROMAN CATHOLIC CHURCH-FP 1617 WALNUT STREET ERIE, PA 16502	25-1190095		0	94,921	salvage value	Food	Feed the hungry
ST PATRICK CHURCH-FP 949 LIBERTY STREET FRANKLIN, PA 16323	25-1007951		0	41,636	salvage value	Food	Feed the hungry
ST MICHAELS FOOD PANTRY18766 Rt 208 FRYBURG, PA 16326	25-1054123		0	87,584	salvage value	Food	Feed the hungry
ST MARTIN CENTER OCY1701 PARADE STREET ERIE, PA 16503	25-1211464		0	225,436	salvage value	Food	Feed the hungry
ST JOSEPH BREAD OF LIFE COMMUNITY-FP 147 WEST 24TH STREET ERIE, PA 16502	25-1026849		0	21,372	salvage value	Food	Feed the hungry
St JohnHoly Rosary Extended care504 East 27th Street Erie, PA 16504	25-1209801		0	9,195	Salvage value	Food	Feed the Hungry

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St John Lutheran Church Food Pantry2216 Peach Street Erie,PA 16502	25-0966577		0	11,958	Salvage Value	Food	Feed the Hungry
ST JOHN EPISCOPAL CHURCH-FP513 12TH STREET FRANKLIN,PA 16323	25-1101841		0	35,786	salvage value	Food	Feed the hungry
ST GEORGE-FP5145 PEACH ST ERIE,PA 16509	25-1055326		0	16,767	salvage value	Food	Feed the hungry
ST ELIZABETH CENTER-FP311 EMERALD STREET OIL CITY,PA 16301	65-1242515		0	39,442	salvage value	Food	Feed the hungry
ST BONIFACE-FP9333 TATE ROAD ERIE,PA 16509	25-1031947		0	43,954	salvage value	Food	Feed the hungry
ST BENEDICT EDUCATION CENTER FP - ERIE330 E 10TH STREET ERIE,PA 16503	25-1212395		0	90,904	salvage value	Food	Feed the hungry
St Ann Church Food Pantry913 Fulton Street Erie,PA 16503	25-1038792		0	40,937	Salvage value	Food	Feed the Hungry
ST ANDREW-FP1116 WEST 7TH STREET ERIE,PA 16502	25-1031945		0	22,346	salvage value	Food	Feed the hungry
SISTER PASCAL-FP130 EAST 4TH STREET ERIE,PA 16507	25-1021801		0	277,674	salvage value	Food	Feed the hungry
SHILOH BAPTIST-FP 901 EAST 5 STREET ERIE,PA 16507	25-1456295		0	28,434	salvage value	Food	Feed the hungry

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sheffield Food Pantry407 Main Street Sheffield, PA 16347	83-0453561		0	20,602	Salvage value	Food	Feed the Hungry
SECOND BAPTIST CHURCH-FP757 EAST 26TH STREET ERIE, PA 16504	25-0469515		0	56,447	salvage value	Food	Feed the hungry
SALVATION ARMY Adult Rehab1209 SASSAFRAS STREET ERIE, PA 16501	25-0965552		0	40,163	salvage value	Food	Feed the hungry
SALVATION ARMY - CORRY -SK127 WEST WASHINGTON STREET CORRY, PA 16407	13-5562351		0	196,976	salvage value	Food	Feed the hungry
Saint Luke Food Pantry 425 East 38 Street Erie, PA 16504	25-1044104		0	18,082	Salvage value	Food	Feed the Hungry
Safenet ShelterP O Box 1436 Erie, PA 16512	25-1269524		0	33,422	Salvage vallue	Food	Feed the Hungry
Safe Horizons25 West High Street Union City, PA 16438	25-1426587		0	9,541	Salvage value	Food	Feed the Hungry
Safe Haven II314 East 11th Street Erie, PA 16503	25-1848645		0	6,701	Salvage value	Food	Feed the Hungry
SACRED HEART FOOD PANTRY816 WEST 26TH STREET ERIE, PA 16508	25-1118940		0	84,464	salvage value	Food	Feed the hungry
Reynoldsville Aid Inc329 Jackson Street Reynoldsville, PA 15851	25-1310810		0	6,483	Salvage Value	Food	Feed the Hungry

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RED BANK FOOD PANTRY 300 BROAD STREET NEW BETHLEHEM, PA 16242	25-1599039		0	53,290	salvage value	Food	Feed the hungry
R Ben Wiley Community Charter School1446 East Lake Road Erie, PA 16507	25-6068246		0	9,602	Salvage value	Food	Feed the Hungry
Project Hope - Liberty House550 West 7th Street Erie, PA 16502	25-1494750		0	10,641	Salvage value	Food	Feed the Hungry
Pine Oak Personal Care Home50 Congress Street Bradford, PA 16701	30-0160278		0	6,685	Salvage Value	Food	Feed the Hungry
Perseus House516 West 7th Street Erie, PA 16502	23-7123683		0	61,864	Salvage value	Food	Feed the Hungry
OUR LADY OF MOUNT CARMEL-FP1553 EAST GRANDVIEW BLVD ERIE, PA 16510	25-1125384		0	19,083	salvage value	Food	Feed the hungry
Osceola Mills Food Bank Free Supper303 Curtain Street Osceola, PA 16666	20-5334299		0	6,748	Salvage value	Food	Feed the Hungry
ONE IN CHRIST INTERNATIONAL CHURCH324 EAST 18TH STREET ERIE, PA 16503	20-8407886		0	29,598	salvage value	Food	Feed the hungry
OIL VALLEY-FP11994 CHURCH RUN ROAD TITUSVILLE, PA 16354	25-1500749		0	204,394	salvage value	Food	Feed the hungry
NORTHWESTERN-FP1 ROBB POWELL AVE ALBION, PA 16401	36-2167731		0	9,812	salvage value	Food	Feed the hungry

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH EAST COMMUNITY EMERGENCY-FP30 BOTHEL ST NORTH EAST, PA 16428	20-0145829		0	100,689	salvage value	Food	Feed the hungry
NORTH CLARIONMARIENVILLE-FP 201 NORTH FOREST STREET MARIENVILLE, PA 16239	25-1159534		0	65,566	salvage value	Food	Feed the hungry
New Jerusalem Lutheran Church254 East 10th Street Erie, PA 16503	25-1847663		0	7,725	Salvage value	Food	Feed the Hungry
NEW BEGINNINGS GOSPEL CHURCH-FP7195 WEST RIDGE ROAD FAIRVIEW, PA 16415	25-1533368		0	85,564	salvage value	Food	Feed the hungry
Neighborhood Watch#13 Snoops Assoc FP556 East 14th Street Erie, PA 16503	31-1681351		0	7,633	Salvage value	Food	Feed the Hungry
Mount Saint Benedict6101 East Lake Road Erie, PA 16511	25-0965501		0	11,599	Salvage value	Food	Feed the Hungry
Mircle Mountain Ranch Mission101 Rodeo Drive Sprink Creek, PA 16436	25-1448556		0	27,052	Salvage value	Food	Feed the Hungry
Miller World Wide Ministries Inc482 Shadybrook Circle Girard, PA 16417	20-8903569		0	19,128	Salvage Value	Food	Feed the Hungry
MHEDS Food Pantry2928 Peach Street Erie, PA 16508	25-1313134		0	29,156	Salvage value	Food	Feed the Hungry
Mercy Center for Women 1039 East 27th Street Erie, PA 16504	25-1695659		0	18,691	Salvage value	Food	Feed the Hungry

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MENTAL HEALTH ASSOCIATION OF NW PA-FP1101 PEACH STREET ERIE,PA 16501	25-1741274		0	66,459	salvage value	Food	Feed the hungry
MARTIN LUTHER KING CENTER-FP312 CHESTNUT STREET ERIE,PA 16507	25-6085619		0	25,979	salvage value	Food	Feed the hungry
Maria House Projects1218 French Street Erie,PA 16501	23-7397914		0	11,553	Salvage Value	Food	Feed the Hungry
LOWVILLE-FP13427 RT 8 WATTSBURG,PA 16442	25-1351302		0	44,047	salvage value	Food	Feed the hungry
LITTLE ITALY KIDS CAFE 462 WEST 18TH STREET ERIE,PA 16502	25-1738322		0	9,750	salvage value	Food	Feed the hungry
LINESVILLE-FP401 SOUTH MERCER STREET LINESVILLE,PA 16424	25-1363219		0	42,995	salvage value	Food	Feed the hungry
Keystone Smiles Learning Center420 Main Street Knox,PA 16232	25-1764570		0	13,727	Salvage Value	Food	Feed the Hungry
KEARSARGE AREA-FP 5312 PEACH ST ERIE,PA 16509	25-1312581		0	40,187	salvage value	Food	Feed the hungry
John F Kennedy Kids Cafe 2021 East 20th Street Erie,PA 16510	23-7063735		0	9,078	Salvage value	Food	Feed the Hungry
JOEL II RESTORATION OUTREACH INC-FP2201 REED STREET ERIE,PA 16503	56-2308155		0	31,407	salvage value	Food	Feed the hungry

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
House of Healing146 West 25th Street Erie,PA 16502	25-1803320		0	8,281	Salvage value	Food	Feed the ungry
HOLY TRINITY LUTHERAN CHURCH-FP 643 WEST 17TH STREET ERIE,PA 16502	25-6048731		0	28,574	salvage value	Food	Feed the hungry
Holy Trinity Church of God in Christ FP1703 Holland Street Erie,PA 16503	25-1757434		0	12,556	Salvage value	Food	Feed the Hungry
Hispanic American Council FP554 East 10th Street Erie,PA 16503	25-1271293		0	24,207	Salvage value	Food	Feed the Hungry
Hermitage House25493 Highway 99 Cambridge Spring,PA 16403	25-1711516		0	6,590	Salvage value	Food	Feed the Hungry
HENDERSON METHODIST CHURCH-FP 2004 CAMPHAUSEN ERIE,PA 16510	36-2167731		0	46,335	salvage value	Food	Feed the hungry
Harborcreek Youth Services5712 Iroquois Avenue Harborcreek,PA 16421	25-0993380		0	25,517	Salvage Value	Food	Feed the Hungry
Greater Calvary Full Gospel Baptist FP2624 German Street Erie,PA 16504	25-1648084		0	12,231	Salvage value	Food	Feed the Hungry
Gaudenzia - Community House521West 7th Street Erie,PA 16502	23-3083410		0	21,752	Salvage value	Food	Feed the Hungry
Friends of Arche337 East 8th Street Erie,PA 16507	23-7322321		0	8,058	Salvage value	Food	Feed the Hungry

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Fish and Food Loaves Food Pantry240 East 4th Street Emporium, PA 15834	36-4574775		0	5,186	Salvage vale	Food	Feed the Hungry
FIRST PRESBYTERIAN CHURCH OF GIRARD260 EAST MAIN STREET GIRARD, PA 16417	25-1424177		0	49,340	salvage value	Food	Feed the hungry
FIRST PRESB CHURCH OF THE COVENANT250 WEST 7TH STREET ERIE, PA 16501	25-0965296		0	29,992	salvage value	Food	Feed the hungry
First Church of the Nazarene FP907 Pennsylvania Avenue E Warren, PA 16365	25-1116613		0	14,527	Salvage Value	Food	Feed the Hungry
First Assembly of God 8150 Oliver Road Erie, PA 16509	23-7347838		0	8,538	Salvage Value	Food	Feed the Hungry
FIRST ALLIANCE CHURCH-FP2939 ZIMMERLY ROAD ERIE, PA 16506	23-7182567		0	78,651	salvage value	Food	Feed the hungry
Family Service & Children Aid716 East Second Street Oil City, PA 16301	25-1239928		0	17,497	Salvage value	Food	Feed the Hungry
Faith & Fellowship Food Pantry561 State Street Meadville, PA 16335	25-1758080		0	12,844	Salvage value	Food	Feed the Hungry
FAIRVIEW PRESBYTERIAN-FP4264 AVONIA ROAD FAIRVIEW, PA 16415	25-1857718		0	33,860	salvage value	Food	Feed the hungry
Evangelical Wesleyan Bible 6605 E Wayne Road Cooperstown, PA 16317	87-0800808		0	9,036	Salvage value	Food	Feed the Hungry

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Erie Youth for Christ918 West 8th Street Erie,PA 16502	25-1075528		0	6,024	Salvage value	Food	Feed the Hungry
ERIE TENANT COUNCIL-FP1015 A TACOMA ROAD ERIE,PA 16511	25-1665001		0	25,526	salvage value	Food	Feed the hungry
EPISCOPAL CHURCH OF THE HOLY SPIRIT-FP501 WEST 31ST STREET ERIE,PA 16508	23-7273791		0	70,648	salvage value	Food	Feed the hungry
EMMAUS-FP216 EAST 11 TH ST ERIE,PA 16503	25-1638638		0	419,814	salvage value	Food	Feed the hungry
ELLA COCHRAN-FP837 BARTLETT RD HARBORCREEK,PA 16421	25-1563277		0	104,909	salvage value	Food	Feed the hungry
EDINBORO EMERGENCY -FP124 MEADVILLE ST EDINBORO,PA 16412	25-1802459		0	319,506	salvage value	Food	Feed the hungry
Eastside Food Pantry2701 East Avenue Erie,PA 16504	25-1072147		0	9,913	Salvage value	Food	Feed the Hungry
ECCO - FP538 E 10TH ST ERIE,PA 16503	25-1424601		0	55,944	salvage value	Food	Feed the hungry
Cross & Crown Church Camp24450 Maranatha Lane Union City,PA 16438	25-1427487		0	60,799	Salvage Value	Food	Feed the Hungry
CRANBERRY AREA FOOD PANTRY224 SOUTH MAIN ST SENECA,PA 16346	23-7235910		0	55,635	salvage value	Food	Feed the hungry

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Corry Baptist Church Food Pantry462 Hatch Street Corry,PA 16407	25-1464669		0	12,681	Salvage value	Food	Feed the Hungry
CORRY AREA-FP13841 WEST MAIN ST EXT CORRY,PA 16407	25-1470013		0	246,559	salvage value	Food	Feed the hungry
Corry Alliance Childcare 721 Hatch Street Corry,PA 16407	23-7316360		0	13,420	Salvage Value	Food	Feed the Hungry
Conneaut Valley Food Pantry140 S Main St Springboro,PA 16435	23-7378743		0	6,078	Slavage value	Food	Feed the hungry
COMMUNITY SHELTER SERVICES-ON-SITE652 WEST 17TH STREET ERIE,PA 16502	25-1365966		0	38,798	salvage value	Food	Feed the hungry
COMMUNITY SERVICES OF VENANGO COUNTY-FP206 SENECA STREET OIL CITY,PA 16301	25-1240475		0	13,569	salvage value	Food	Feed the hungry
COMMUNITY OF CARING -FP249 EAST 21ST STREET ERIE,PA 16503	25-1449427		0	294,729	salvage value	Food	Feed the hungry
CITY MISSION SHELTER -SK1023 FRENCH STREET ERIE,PA 16501	25-0987217		0	156,221	salvage value	Food	Feed the hungry
CHURCH OF THE NATIVITY-FP109 GERMAN STREET ERIE,PA 16507	25-6072206		0	33,803	salvage value	Food	Feed the hungry
Center For Family Services213 W Center Street Meadville,PA 16335	25-0965238		0	10,479	Salvage Value	Food	Feed the Hungry

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CATHEDRAL OF ST PAUL-FP134 WEST 7TH STREET ERIE,PA 16501	25-0977888		0	33,023	salvage value	Food	Feed the hungry
CASCADE UNITED METHODIST CHURCH-FP1001 WEST 21 STREET ERIE,PA 16502	25-1002935		0	15,068	salvage value	Food	Feed the hungry
Caring for Children Daycare8850 Route 18 Cransville,PA 16410	42-1602348		0	36,241	Salvage Value	Food	Feed the Hungry
BROOKVILLE-FP336 MADISON AVE BROOKVILLE,PA 15825	25-1569264		0	75,404	salvage value	Food	Feed the hungry
Booker T Washington Center Kids Cafe1720 Holland Street Erie,PA 16503	25-0989247		0	17,890	Slavage Value	Food	Feed the Hungry
BLESSED SACRAMENT-FP1626 W 26TH ST ERIE,PA 16508	25-1017577		0	39,277	salvage value	Food	Feed the hungry
Bethesda Youth Services 15667 State Highway 86 Meadville,PA 16335	25-1738322		0	15,086	Salvage value	Food	Feed the Hungry
BETHANY LUTHERAN CHURCH-FP254 EAST 10TH STREET ERIE,PA 16503	25-0969415		0	143,218	salvage value	Food	Feed the Hungry
Associated Charities Food Pantry409 E Central Ave Titusville,PA 16354	25-0977886		0	8,916	Slavage value	Food	Feed the Hungry
Anchor House310 West Church Street Corry,PA 16407	25-1322122		0	7,545	Salvage value	Food	Feed the Hungry

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AMERICAN RED CROSS - WEST COUNTY260 EAST MAIN STREET GIRARD,PA 16417	53-0196605		0	133,488	salvage value	Food	Feed the hungry
Abundant Life Ministries 806 Parade Street Erie,PA 16503	31-1246332		0	21,622	Salvage value	Food	Feed the Hungry

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	X	1	13,425	Costs
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	150	7,882,712	salvage value
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe Presto Stacker)		1	3,425	Cost
26	Other (describe Professional Se)		1	21,175	Market
27	Other (describe)				
28	Other (describe)				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes", describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
b	If "Yes", describe in Part II		
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Second Harvest Food Bank of NW PA Inc

Employer identification number
25-1405798

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The Food Bank makes its governing documents, conflict of interest policy, and audited financial statements available to the public These 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 web site

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Our Executive Director's (our top management official) compensation is evaluated annually by the Executive Committee of the Board of Directors As 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

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The Food Bank regularly and consistently monitors its conflict of interest policy ("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

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	A draft copy of the form 990 and all related schedules are provided to the board of directors in advance of filing The board of directors 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