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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ 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 $ 12499480.

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 Website: ▶ WWW.ERIEFOODBANK.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

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

SCANNED DEC 21 2010

Part I Summary

1	Briefly describe the organization's mission or most significant activities: See Schedule O		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of employees (Part V, line 2a)	5	27
6	Total number of volunteers (estimate if necessary)	6	680
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Activities & Governance

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10181886.	12047417.
9	Program service revenue (Part VIII, line 2g)	533288.	452063.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-92291.	
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20420.	
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10643303.	12499480.

Revenue

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8101962.	9732729.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	881862.	1010504.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	23400.	
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 148725.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1340675.	1313733.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10347899.	12056966.
19	Revenue less expenses. Subtract line 18 from line 12	295404.	442514.

Expenses

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APR 28 2010
IRS
OGDEN, UT

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	10012136.	8893495.
21	Total liabilities (Part X, line 26)	2118766.	301352.
22	Net assets or fund balances. Subtract line 21 from line 20	7893370.	8592143.

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 11/11/10

▶ KEVIN KARG, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 11/8/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
FELIX & GLOEKLER, P.C.
2306 PENINSULA DRIVE
ERIE, PA 16506

EIN ▶

Phone no. ▶ (814)838-6095

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.
COLLECTION, STORAGE, AND DISTRIBUTION OF FOOD TO PEOPLE IN NEED THROUGH A NETWORK OF NONPROFIT CHARITABLE AGENCIES.

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 501(c)(4) organizations and section 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 $ 11672879. including grants of $ 9732729.) (Revenue $ 452063.)
COLLECTION, STORAGE, AND DISTRIBUTION OF FOOD TO PEOPLE IN NEED THROUGH A NETWORK OF NONPROFIT CHARITABLE AGENCIES.

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

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

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

4e **Total program service expenses ▶ $** 11672879.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
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		
6	Did the organization maintain any donor advised funds or any similar funds or 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
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		X
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		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
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		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	5		
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		
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	27		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	17		
b	Enter the number of voting members that are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," 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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (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

[X] Own website [X] Another's website [X] 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

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

BETH KEIL - 814-459-3663
1507 GRIMM DRIVE, ERIE, PA 16501

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. Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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 current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
KEVIN KARG PRESIDENT	4.00	X		X				0.	0.	0.
MICHAEL MALPIEDI VICE PRESIDENT	2.00	X		X				0.	0.	0.
WILLIAM TRICE, DMD SECRETARY	2.00	X		X				0.	0.	0.
THOMAS KIRKWOOD TREASURER	2.00	X		X				0.	0.	0.
KAREN SEGGI EXECUTIVE DIRECTOR	40.00	X		X				63001.	0.	0.
THOMAS BIRKMIRE DIRECTOR	2.00	X						0.	0.	0.
ROBERT CROWLEY DIRECTOR	2.00	X						0.	0.	0.
JAMES GEHRLEIN DIRECTOR	2.00	X						0.	0.	0.
DARYL GEORGER DIRECTOR	2.00	X						0.	0.	0.
VINCENT HALUPCZYNSKI DIRECTOR	2.00	X						0.	0.	0.
CHERYL KOBEL DIRECTOR	2.00	X						0.	0.	0.
ROBERT LEMON DIRECTOR	2.00	X						0.	0.	0.
PATRICK O'DELL DIRECTOR	2.00	X						0.	0.	0.
ANNE O'NEILL DIRECTOR	2.00	X						0.	0.	0.
JAMES RENSHAW DIRECTOR	2.00	X						0.	0.	0.
NANCY SENNETT DIRECTOR	2.00	X						0.	0.	0.
DOUGLAS STARR DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
MARYANN YOCHIM DIRECTOR	2.00	X						0.	0.	0.
1b Total ▶								63001.	0.	0.

2 Total number of individuals (including but not limited to those listed above) 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*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. NONE

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

2 Total number of independent contractors (including but not limited to those listed above) 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 sections 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	1143528.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10903889.			
	g Noncash contributions included in lines 1a-1f $ 10075257.					
	h Total. Add lines 1a-1f		12047417.			
Program Service Revenue		Business Code				
	2a SERVICE FEES	624210	452063.	452063.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		452063.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities					
	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					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue See instructions.		12499480.	452063.	0.	0.

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	9732729.	9732729.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	73497.	7349.	58798.	7350.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	608188.	516527.	18281.	73380.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	46125.	35516.	5074.	5535.
9 Other employee benefits	216553.	166746.	23821.	25986.
10 Payroll taxes	66141.	50929.	7275.	7937.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	33175.		33175.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19607.	18987.	620.	
g Other	44333.		44333.	
12 Advertising and promotion	9560.			9560.
13 Office expenses	21462.	21462.		
14 Information technology				
15 Royalties				
16 Occupancy	126320.	113688.	12632.	
17 Travel	5820.	5820.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14576.		10108.	4468.
20 Interest	30043.	27039.	3004.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	182410.	164169.	18241.	
23 Insurance				
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 GRANT EXPENSES	389419.	389419.		
b WHOLESALE FOOD	256514.	256514.		
c POSTAGE AND SHIPPING	69236.	69236.		
d VEHICLE EXPENSE	61284.	61284.		
e FOOD PURCHASES	25321.	25321.		
f All other expenses	24653.	10144.		14509.
25 Total functional expenses. Add lines 1 through 24f	12056966.	11672879.	235362.	148725.
26 Joint costs. Check here ▶ ☐ 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		49.	1	56857.
	2	Savings and temporary cash investments		437374.	2	48894.
	3	Pledges and grants receivable, net		1879407.	3	1019258.
	4	Accounts receivable, net		108601.	4	79175.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1143151.	8	1344352.
	9	Prepaid expenses and deferred charges		14112.	9	15263.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4706236.			
	b	Less: accumulated depreciation	10b 628796.	3983170.	10c	4077440.
	11	Investments - publicly traded securities		2446272.	11	2252256.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		10012136.	16	8893495.
Liabilities	17	Accounts payable and accrued expenses		200771.	17	125044.
	18	Grants payable			18	
	19	Deferred revenue			19	176308.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables 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		1893449.	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		24546.	25	
	26	**Total liabilities.** Add lines 17 through 25		2118766.	26	301352.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5406966.	27	6793274.
	28	Temporarily restricted net assets		2486404.	28	1798869.
	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		7893370.	33	8592143.
	34	Total liabilities and net assets/fund balances		10012136.	34	8893495.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
SECOND HARVEST FOOD BANK OF NW PA, INC.	25-1405798

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

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

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

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

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

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

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

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

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

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

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

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 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 supported organization(s).

(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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	8321194.	10771892.	12867483.	9659613.	12047417.	53667599.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	8321194.	10771892.	12867483.	9659613.	12047417.	53667599.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						53667599.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8321194.	10771892.	12867483.	9659613.	12047417.	53667599.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	103988.	178616.	207893.	-92991.		397506.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	5483.	1854.	6360.	20418.		34115.
11 **Total support.** Add lines 7 through 10						54099220.

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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.20 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	94.60 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** 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 - 2008.** 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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** 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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2009

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included 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 tax year ▶ _____

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 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 acquisition, 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 Escrow and Custodial Arrangements. Complete if 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 the arrangement 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	1200000.	1200000.			
b	Contributions	0.	223891.			
c	Net investment earnings, gains, and losses	246585.	-217837.			
d	Grants or scholarships					
e	Other expenditures for facilities and programs	239519.				
f	Administrative expenses	7066.	6054.			
g	End of year balance	1200000.	1200000.			

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

a Board designated or quasi-endowment ▶ 100.00 %
b Permanent endowment ▶ _____ %
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		X
(ii)	related organizations		X
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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) Accumulated depreciation	(d) Book value
1a	Land		173139.		173139.
b	Buildings		3601980.	202236.	3399744.
c	Leasehold improvements		7953.	1212.	6741.
d	Equipment		923164.	425348.	497816.
e	Other				
Total.	Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4077440.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must 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. (Col (b) must 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. FIN 48 Footnote. 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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12499480.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12056966.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	442514.
4	Net unrealized gains (losses) on investments	4	256259.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	256259.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	698773.

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	12755739.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	256259.		
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	256259.
3	Subtract line 2e from line 1			3	12499480.
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	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	12499480.

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

1	Total expenses and losses per audited financial statements			1	12056966.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	12056966.
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	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	12056966.

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 IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4: THE BOARD OF DIRECTORS DESIGNATED $1,200,000 AS AN ENDOWMENT FUND WITH EARNINGS, INCLUDING DIVIDENDS AND APPRECIATION, TO BE USED FOR OPERATIONS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

SECOND HARVEST FOOD BANK OF NW PA, INC.

Employer identification number

25-1405798

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 (Form 990) 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 ATTACHED		501(c)(3)	0.	7426219.	SALVAGE VALUE	FOOD	FEED THE HUNGRY

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 183.

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

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

Schedule I (Form 990) 2009

932101 02-02-10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and 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

Schedule I, Part I, Line 2: THE FOOD BANK VISITS THE LOCATIONS AND REQUIRES DOCUMENTATION REGARDING RECIPIENTS OF THE FOOD.

Sch. F

EIN #	AGENCY NAME	ADDRESS	ADDRESS #2	CITY	ST	ZIP	VALUE OF DON FOOD
31-1246332	ABUNDANT LIFE MINISTRIES-S K	806 PARADE STREET		ERIE	PA	16503	$10,097
53-0196605	AMERICAN RED CROSS - WEST COUNTY	260 EAST MAIN STREET		GIRARD	PA	16417	$57,894
25-0977886	ASSOCIATED CHARITIES-F.P	409 E. CENTRAL AVE		TITUSVILLE	PA	16354	$5,889
25 0969415	BETHANY LUTHERAN CHURCH-F P.	254 EAST 10TH STREET		ERIE	PA	16503	$106,520
25-1738322	BETHESDA YOUTH SERVICES	15667 STATE HWY 86		MEADVILLE	PA	16335	$25,472
25-1017577	BLESSED SACRAMENT-F P.	1626 W. 26TH ST		ERIE	PA	16508	$23,043
25-1569264	BROOKVILLE-F.P	PO BOX 62	336 MADISON AVE	BROOKVILLE	PA	15825	$153,068
42-1602348	CARING FOR CHILDREN DAYCARE	8850 ROUTE 18		CRANESVILLE	PA	16410	$18,593
25-1002935	CASCADE UNITED METHODIST CHURCH-F.P	1001 WEST 21 STREET		ERIE	PA	16502	$10,724
25-0977888	CATHEDRAL OF ST. PAUL-F.P	134 WEST 7TH STREET		ERIE	PA	16501	$32,121
25-0965238	CENTER FOR FAMILY SERVICES-F P.	213 W. CENTER STREET		MEADVILLE	PA	16335	$167,988
25-6072206	CHURCH OF THE NATIVITY-F P ^	109 GERMAN STREET		ERIE	PA	16507	$36,030
25-0987217	CITY MISSION SHELTER -S.K	1023 FRENCH STREET		ERIE	PA	16501	$112,496
25-0987217	CITY MISSION-F.P	717 FRENCH STREET		ERIE	PA	16501	$70,192
25-1197199	COMMUNITY COUNTRY DAY SCHOOL	5800 OLD ZUCK ROAD		ERIE	PA	16506	$11,443
25-1386113	COMMUNITY PANTRY PROJECT - F P.	211 FRANKLIN ST.	P.O BOX 248	CLINTONVILLE	PA	16372	$8,699
25-1449427	COMMUNITY OF CARING DIABETIC-F.P.	249 EAST 21ST STREET		ERIE	PA	16503	$65,809
25-1449427	COMMUNITY OF CARING-F.P	249 EAST 21ST STREET		ERIE	PA	16503	$139,086
25-1449427	COMMUNITY OF CARING-SHELTER	P O BOX 204	245 EAST 8TH STREET	ERIE	PA	16512	$66,915
25-1240475	COMMUNITY SERVICES OF VENANGO COUNTY-F.P	206 SENECA STREET		OIL CITY	PA	16301	$7,241
25-1365966	COMMUNITY SHELTER SERVICES-ON-SITE	652 WEST 17TH STREET		ERIE	PA	16502	$38,497
23-7316360	CORRY ALLIANCE CHILDCARE	721 HATCH STREET		CORRY	PA	16407	$5,460
25-1470013	CORRY AREA-F.P.	P O. BOX 236	13841 WEST MAIN ST. EXT	CORRY	PA	16407	$226,424
25-1464669	CORRY BAPTIST CHURCH-F.P	462 HATCH STREET	PO BOX 532	CORRY	PA	16407	$19,179
23-7235910	CRANBERRY AREA FOOD PANTRY	224 SOUTH MAIN ST	P O BOX 446	SENECA	PA	16346	$112,838
25-1427487	CROSS & CROWN CHURCH CAMP	24450 MARANATHA LANE		UNION CITY	PA	16438	$30,731
25-1120372	CROSS TOWN FOOD PANTRY	WOODLAND AVE UM CHURCH	201 WOODLAND AVE	PUNXSUTAWNEY	PA	15767	$7,001
25-1424601	E C.C O - F P.	538 E. 10TH ST.		ERIE	PA	16503	$56,062
25-1072147	EASTSIDE-F.P	2701 EAST AVE			PA	16504	$8,174
25-1802459	EDINBORO EMERGENCY -F P.	124 MEADVILLE ST		EDINBORO	PA	16412	$249,404
25-1563277	ELLA COCHRAN-F P	837 BARTLETT RD		HARBORCREEK	PA	16421	$90,254
25-1638638	EMMAUS-F P	216 EAST 11 TH ST		ERIE	PA	16503	$337,660
25-1638638	EMMAUS-S.K.	218 EAST 11 STREET		ERIE	PA	16503	$52,347
23-7273791	EPISCOPAL CHURCH OF THE HOLY SPIRIT-F.P.^	501 WEST 31ST STREET		ERIE	PA	16508	$59,681
25-1665001	ERIE TENANT COUNCIL-F P ^	1015 A TACOMA ROAD		ERIE	PA	16511	$26,752
25-1075528	ERIE YOUTH FOR CHRIST	918 WEST 8 TH ST		ERIE	PA	16502	$5,086
87-0808087	EVANGELICAL WESLEYAN BIBLE COLLEGE FP	6605 E WAYNE RD		COOPERSTOWN	PA	16317	$8,289
25-1857718	FAIRVIEW PRESBYTERIAN-F P.	4264 AVONIA ROAD	P.O. BOX 340	FAIRVIEW	PA	16415	$48,480
25-1758080	FAITH AND FELLOWSHIP FOOD PANTRY	561 STATE STREET	P.O BOX 92	MEADVILLE	PA	16335	$29,572
25-1239928	FAMILY SERVICE & CHILDRENS AID SOCIETY	716 EAST SECOND STREET		OIL CITY	PA	16301	$6,299
23-7182567	FIRST ALLIANCE CHURCH-F P.	2939 ZIMMERLY ROAD		ERIE	PA	16506	$103,644
23-7347838	FIRST ASSEMBLY OF GOD-F P.	8150 OLIVER ROAD		ERIE	PA	16509	$6,556
25-1116613	FIRST CHURCH OF THE NAZARENE-F.P	907 PENNSYLVANIA AVENUE E		WARREN	PA	16365	$39,939
25-1424177	FIRST PRESBYTERIAN CHURCH OF GIRARD	260 EAST MAIN STREET		GIRARD	PA	16417	$12,500
23-7322321	FRIENDS OF L'ARCHE-HOSPITALITY HOUSE	337 EAST 8TH STREET		ERIE	PA	16503	$5,697
23-7322321	FRIENDS OF L'ARCHE-JOURNEY	1408 SUMNER DRIVE		ERIE	PA	16505	$8,809
23-2938038	FRIENDSHIP TABLE, INC. - S K.	21 EAST CORYDON ST	PO BOX 1245	BRADFORD	PA	16701	$85,276
23-3083410	GAUDENZIA - COMMUNITY HOUSE O S	521 WEST 7 STREET		ERIE	PA	16502	$40,094
25-1648084	GREATER CALVARY FULL GOSPEL BAPTIST-F P.	2624 GERMAN STREET		ERIE	PA	16504	$9,835
25-0993380	HARBORCREEK YOUTH SERVICES	5712 IROQUOIS AVENUE		HARBORCREEK	PA	16421	$20,782
23-2936642	HEAVENLY PENTECOSTAL MISSION, INC F.P.	1612 SASSAFRAS ST PO BOX 345		ERIE	PA	16512	$6,006
36-2167731	HENDERSON METHODIST CHURCH-F.P ^	2004 CAMPHAUSEN		ERIE	PA	16510	$36,801
25-6048731	HOLY TRINITY LUTHERAN CHURCH-F.P.^	643 WEST 17TH STREET		ERIE	PA	16502	$12,760

25-6048731	HOLY TRINITY LUTHERAN SOUP AND PASTA KITCHEN	643 WEST 17TH STREET		ERIE	PA	16502	$17,452.
25-1803320	HOUSE OF HEALING	146 WEST 25 TH		ERIE	PA	16502	$6,371
56-2308155	JOEL II RESTORATION OUTREACH INC.-F P	2201 REED STREET		ERIE	PA	16503	$12,040
23-7063735	JOHN F KENNEDY CENTER BACKPACK PROGRAM	2021 EAST 20TH STREET		ERIE	PA	16510	$7,419.
23-7063735	*JOHN F KENNEDY KIDS CAFÉ*	*2021 EAST 20TH STREET*		*ERIE*	*PA*	*16510*	*$7,844*
25-1312581	KEARSARGE AREA-F.P	ABIDING HOPE LUTHERAN CHURCH	5312 PEACH ST.	ERIE	PA	16509	$39,424
25-1764570	KEYSTONE SMILES LEARNING CENTER	420 MAIN STREET PO BOX 352		KNOX	PA	16232	$16,012.
25-1363219	LINESVILLE-F P	401 SOUTH MERCER STREET		LINESVILLE	PA	16424	$27,998
41-2264124	LIVING BREAD MINISTRIES, INC S.K.	628 DAISY STREET		CLEARFIELD	PA	16830	$177,424
25-1351302	LOWVILLE-F P	13427 RT 8		WATTSBURG	PA	16442	$29,934
23-7397914	MARIA HOUSE PROJECTS	1218 FRENCH STREET	P.O. BOX 10682	ERIE	PA	16501	$6,902
25-6085619	MARTIN LUTHER KING AFTER SCHOOL PROGRAM	312 CHESTNUT STREET		ERIE	PA	16507	$16,460
25-6085619	MARTIN LUTHER KING CENTER-F P	312 CHESTNUT STREET		ERIE	PA	16507	$17,838
25-0969495	MEADVILLE FAMILY YMCA	356 CHESTNUT STREET		MEADVILLE	PA	16335	$8,755
25-1741274	MENTAL HEALTH ASSOCIATION OF NW PA-F.P.	1101 PEACH STREET		ERIE	PA	16501	$21,216
25-1741274	MENTAL HEALTH ASSOCIATION OF NW PA-O S N E	1101 PEACH STREET		ERIE	PA	16501	$22,372
25-1695659	MERCY CENTER FOR WOMEN	1039 EAST 27TH STREET		ERIE	PA	16504	$14,430
25-1313134	MHEDS-F P	2928 PEACH STREET		ERIE	PA	16508	$24,817
20-8903569	MILLER WORLD WIDE MINISTRIES, INC.	482 SHADYBROOK CIRCLE		GIRARD	PA	16417	$26,604
25-1448556	MIRACLE MOUNTAIN RANCH MISSION	RD 1 BOX 95B	101 RODEO DRIVE	SPRING CREEK	PA	16436	$40,195
25-0965501	MOUNT SAINT BENEDICT	6101 EAST LAKE ROAD		ERIE	PA	16511	$9,228
25-1271293	MULTICULTURAL COMM RESOURCE CTN	554 EAST 10TH ST		ERIE	PA	16503	$5,508
31-1681351	NEIGHBORHOOD WATCH #13 SNOOPS ASSOC -F P	556 E 14TH ST		ERIE	PA	16503	$6,910
25-1533368	NEW BEGINNINGS GOSPEL CHURCH-F P.	7195 WEST RIDGE ROAD		FAIRVIEW	PA	16415	$217,489
25-1159534	NORTH CLARION/MARIENVILLE-F P	201 NORTH FOREST STREET		MARIENVILLE	PA	16239	$57,432
20-0145829	NORTH EAST COMMUNITY EMERGENCY-F P.	30 BOTHEL ST	P O BOX 682	NORTH EAST	PA	16428	$75,457
25-1201846	NORTHERN ELK FOOD PANTRY	100 MAIN STREET		JOHNSONBURG	PA	15845	$141,809
36-2167731	NORTHWESTERN-F P.	1 ROBB & POWELL AVE		ALBION	PA	16401	$32,128
25-1500749	OIL VALLEY-F.P.	11994 CHURCH RUN ROAD		TITUSVILLE	PA	16354	$251,636
20-8407886	ONE IN CHRIST INTERNATIONAL CHURCH	324 EAST 18TH STREET		ERIE	PA	16503	$39,310
20-5334299	OSCEOLA MILLS FOOD BANK FREE SUPPER	303 CURTAIN STREET		OSCEOLA	PA	16666	$6,748
25-1125384	OUR LADY OF MOUNT CARMEL-F P.	1553 EAST GRANDVIEW BLVD		ERIE	PA	16510	$19,676
23-7123683	PERSEUS HOUSE - BRIGHTER HORIZONS	6101 WEST ROAD		MCKEAN	PA	16426	$12,872
23-7123683	PERSEUS HOUSE ANDROMEDA RTF	39132 MOUNT PLEASANT ROAD		SPARTANSBURG	PA	16434	$6,350
23-7123683	PERSEUS HOUSE BOYS ITP	516 WEST 7TH STREET		ERIE	PA	16502	$19,057
23-7123683	PERSEUS HOUSE/ ANDROMEDA ITU	39132 MOUNT PLEASANT ROAD		SPARTANSBURG	PA	16434	$9,942
23-7123683	PERSEUS HOUSE - ENHANCED RTF	432 WEST 3RD STREET		ERIE	PA	16507	$6,664
30-0160278	PINE OAK PERSONAL CARE HOME	50 CONGRESS STREET		BRADFORD	PA	16701	$6,848
25-1494750	PROJECT HOPE - LIBERTY HOUSE	550 WEST 7TH STREET		ERIE	PA	16502	$5,420
25-6068246	R. BEN WILEY COMMUNITY CHARTER SCHOOL	1446 EAST LAKE ROAD		ERIE	PA	16507	$14,985
25-1599039	RED BANK FOOD PANTRY	300 BROAD STREET	P.O BOX 75	NEW BETHLEHEM	PA	16242	$56,227
25-1310810	REYNOLDSVILLE AID, INC	TRINITY EVANGELICAL LUTHERAN CHU	329 JACKSON ST	REYNOLDSVILLE	PA	15851	$13,739
25-1118940	SACRED HEART FOOD PANTRY	816 WEST 26TH STREET		ERIE	PA	16508	$92,292
25-1848645	SAFE HAVEN I	2601 EAST AVENUE		ERIE	PA	16504	$5,011
25-1848645	SAFE HAVEN II - COMM COUNTRY DAY AFTER SCHOOL	314 EAST 11TH STREET		ERIE	PA	16503	$8,057
25-1426587	SAFE HORIZONS, SERVICES FOR WOMEN	25 WEST HIGH STREET		UNION CITY	PA	16438	$8,548
25-1269524	SAFENET SHELTER	P O BOX 1436		ERIE	PA	16512	$27,796
13-5562351	SALVATION ARMY - CORRY -S.K.	127 WEST WASHINGTON STREET		CORRY	PA	16407	$11,302
13-5562351	SALVATION ARMY - FRANKLIN-F P.	302 13TH STREET		FRANKLIN	PA	16323	$5,513
25-0965552	SALVATION ARMY ADULT REHABILITATION-S K.	1209 SASSAFRAS STREET		ERIE	PA	16501	$37,563
13-5562351	SALVATION ARMY OF MEADVILLE	1087 PARK AVE.		MEADVILLE	PA	16335	$6,584
13-5562351	SALVATION ARMY SOCIAL SERVICES-F.P	1022 LIBERTY STREET		ERIE	PA	16502	$122,326
25-0469515	SECOND BAPTIST CHURCH-F P	757 EAST 26TH STREET		ERIE	PA	16504	$57,718
75-042278	SHEFFIELD-F P.	407 MAIN ST	P.O. BOX 721	SHEFFIELD	PA	16347	$26,526
25-1456295	SHILOH BAPTIST-F.P	901 EAST 5 STREET		ERIE	PA	16507	$24,438
25-1021801	SISTER PASCAL-F P	130 EAST 4TH STREET		ERIE	PA	16507	$304,81

25-1853673	SISTERS OF ST JOSEPH NEIGHBORHOOD NETWORK	425 WEST 18TH STREET		ERIE	PA	16502	$5,505.
25-1031945	ST ANDREW-F.P.	1116 WEST 7TH STREET		ERIE	PA	16502	$19,614
25-1038792	ST ANN CHURCH-F.P^	913 FULTON ST.		ERIE	PA	16503	$18,316.
25-1212395	ST BENEDICT EDUCATION CENTER FP - CRAWFORD CO.	330 E 10TH STREET		ERIE	PA	16503	$5,299.
25-1212395	ST BENEDICT EDUCATION CENTER FP - ERIE	330 E 10TH STREET		ERIE	PA	16503	$20,475.
25-1031947	ST BONIFACE-F P	9333 TATE ROAD		ERIE	PA	16509	$36,244.
65-1242515	ST ELIZABETH CENTER-F.P	311 EMERALD STREET		OIL CITY	PA	16301	$31,028
25-1055326	ST GEORGE-F.P	5145 PEACH ST.		ERIE	PA	16509	$21,459
25-1067298	ST JAMES-F P.	2635 BUFFALO ROAD		ERIE	PA	16510	$5,459
25-1101841	ST JOHN EPISCOPAL CHURCH-F P	513 12TH STREET		FRANKLIN	PA	16323	$40,449
25-0966577	ST JOHN LUTHERAN CHURCH-F P.	2216 PEACH STREET		ERIE	PA	16502	$8,475
25-1572304	ST JOHN MISSIONARY BAPTIST CHURCH-F P.	792 NORTH MAIN ST		MEADVILLE	PA	16335	$9,502
25-1209801	ST JOHN/HOLY ROSARY SCHOOL	504 EAST 27TH STREET		ERIE	PA	16504	$6,355
25-1209801	ST JOHN/ HOLY ROSARY EXTENDED CARE	504 EAST 27TH STREET		ERIE	PA	16504	$15,028
25-1026849	ST JOSEPH BREAD OF LIFE COMMUNITY-F P.	147 WEST 24TH STREET		ERIE	PA	16502	$24,534
25-1010306	ST JOSEPH CHURCH -WARREN-F P.	600 PENNSYLVANIA AVENUE WEST		WARREN	PA	16365	$6,848
25-1010306	ST JOSEPH CHURCH-S.K.	600 PENNSYLVANIA AVE WEST		WARREN	PA	16365	$11,406
25-1044104	ST LUKE-F.P.	425 EAST 38 STREET		ERIE	PA	16504	$22,422
25-1211464	ST MARTIN CENTER BISHOPS BREAKFAST PROGRAM	1024 PEACH STREET	ST PAULS UNITED CHURCH OF	ERIE	PA	16503	$30,465
25-1211464	ST MARTIN CENTER/ O.C Y.	1701 PARADE STREET		ERIE	PA	16503	$78,276
25-1211464	ST MARTIN CENTER-F P.	1701 PARADE STREET		ERIE	PA	16503	$154,577
25-1054123	ST MICHAEL'S FOOD PANTRY	18766 ROUTE 208		FRYBURG	PA	16326	$65,408
25-1007951	ST PATRICK CHURCH-F.P.	949 LIBERTY STREET		FRANKLIN	PA	16323	$23,822
25-1190095	ST PAUL ROMAN CATHOLIC CHURCH-F P.^	1617 WALNUT STREET		ERIE	PA	16502	$58,057
25-0965537	ST PETER CATHEDRAL F P.	230 WEST 10 STREET		ERIE	PA	16501	$57,724
25-1685893	SUGAR VALLEY LODGE-O S N E.	323 CAUSEWAY DRIVE		FRANKLIN	PA	16323	$46,683
36-2167731	SUMMIT UNITED METHODIST CHURCH-F.P.	1510 TOWN HALL RD W		ERIE	PA	16509	$12,696
25-1439680	SUPPORTIVE LIVING SERVICES, INC.	3907 WAGNER AVENUE		ERIE	PA	16510	$25,419
25-1494750	THE REFUGE	1027 EAST 26 TH ST		ERIE	PA	16504	$5,529
86-1110653	TIMBER RIDGE CHILD CARE	1015 MAIN STREET		CONNEAUTVILLE	PA	16406	$13,731
25-6070411	TIMES NEWSIES	205 WEST 12TH STREET		ERIE	PA	16534	$36,000
25-1438433	TITUSVILLE AREA-F.P.	134 W CENTRAL AVE		TITUSVILLE	PA	16354	$84,417
25-1339303	TITUSVILLE COMMUNITY CAFÉ	714 EAST MAIN STREET		TITUSVILLE	PA	16354	$12,964
36-4623771	TRIUMPHANT LIFE CHURCH-F P	5651 PERRY HIGHWAY		ERIE	PA	16509	$74,864
25-1665226	UNION CITY-F.P.	PO BOX 523		UNION CITY	PA	16438	$5,630
25-1633777	WATERFORD-F P.	116 WEST 3RD STREET		WATERFORD	PA	16441	$26,176
25-1124437	WAYNE PARK BAPTIST-F P	923 EAST 6TH STREET		ERIE	PA	16507	$14,588
52-1506260	WESLEYVILLE INTERFAITH-F P.	3308 SOUTH STREET		ERIE	PA	16510	$17,801
25-6011474	WEST MILLCREEK-F P	WESTMINSTER PRESBYTERIAN CHUR(	3642 WEST 26 STREET	ERIE	PA	16506	$51,212
25-1292866	WESTERN FOREST COUNTY FOOD PANTRY	219 ELM STREET		TIONESTA	PA	16353	$18,214
25-1433389	WOMEN'S CARE CENTER UNION CITY-F P	13 NORTH MAIN STREET		UNION CITY	PA	16438	$24,673
25-0965621	YMCA - COUNTY-ELU	12285 YMCA DRIVE	301 DARROW RD	EDINBORO	PA	16412	$8,108
25-0965621	YMCA - DOWNTOWN	31 WEST 10 STREET		ERIE	PA	16501	$11,009
25-0965621	YMCA - EASTSIDE CHILD CARE	2101 NAGLE ROAD		ERIE	PA	16510	$11,742
25-0965621	YMCA OF GREATER ERIE	J HORAN GARDEN APTS./ERIE HEIGHT	C/O 31 W. 10TH STREET	ERIE	PA	16501	$12,608
25-1379330	YOUNGVILLE EVANGELICAL UM CHURCH-F P	18 SECOND ST		YOUNGSVILLE	PA	16371	$13,368
25-1285377	ZION BAPTIST CHURCH JESUS-F P	114 ZION ROAD		CLARION	PA	16214	$86,904
25-1607988	MOBILE FP - BROWN HILL UM CHURCH	22742 WILKIE ROAD		CAMBRIDGE SPRINC	PA	16403	$26,363
25-1405798	MOBILE FP - CAMBRIDGE SPRINGS	SECOND HARVEST FOOD BANK OF NW	1507 GRIMM DRIVE	ERIE	PA	16501	$23,235
25-1405798	MOBILE FP - CLARENDON	SECOND HARVEST FOOD BANK OF NW	1507 GRIMM DRIVE	ERIE	PA	16501	$100,088
25-1405798	MOBILE FP - GARLAND	SECOND HARVEST FOOD BANK OF NW	1507 GRIMM DRIVE	ERIE	PA	16501	$8,067
25-1405798	MOBILE FP - KNOX	SECOND HARVEST FOOD BANK OF NW	1507 GRIMM DRIVE	ERIE	PA	16501	$119,125
25-1405798	MOBILE FP - MT JEWETT	SECOND HARVEST FOOD BANK OF NW	1507 GRIMM DRIVE	ERIE	PA	16501	$16,467
25-1405798	MOBILE FP - NEW RICHMOND	SECOND HARVEST FOOD BANK OF NW	1507 GRIMM DRIVE	ERIE	PA	16501	$24,206
25-0998175	MOBILE FP - POLK	POLK FIRE AND RESCUE STATION	710 MAIN ST	POLK	PA	16342	$32,256
25-1427028	MOBILE FP - PUNXSUTAWNEY	FIRST ASSEMBLY OF GOD CHURCH	2785 WALSTON ROAD	PUNXSUTAWNEY	PA	15767	$58,246

25-1405798	MOBILE FP - VENANGO UM CHURCH	SECOND HARVEST FOOD BANK OF NW	1507 GRIMM DRIVE	ERIE	PA	16501	$9,027
25-1405798	MOBILE FP - SECOND HARVEST FOOD BANK OF NW PA	1507 GRIMM DR		ERIE	PA	16501	$12,081
25-1405798	MOBILE FP - LEWIS RUN	SECOND HARVEST FOOD BANK OF NW	1507 GRIMM DRIVE	ERIE	PA	16501	$10,147
25-1379330	MOBILE FP - YOUNGSVILLE	18 SECOND ST		YOUNGSVILLE	PA	16371	$19,910
25-1073133	MOBILE FP - FEDERATED CHURCH OF E. SPRINGFIELD	11995 MAIN STREEET		EAST SPRINGFIELD	PA	16411	$18,596
25-1285918	MOBILE FP - SPARTANSBURG	VALLEY VIEW MENNONITE CHURCH	24313 HIGHWAY 89 AND 77	SPARTANSBURG	PA	16434	$5,548
25-1837102	MOBILE FP - FAITH BIBLE CHURCH	FAITH BIBLE CHURCH	398 GRANDVIEW ROAD	CURWENSVILLE	PA	16833	$24,635
25-1405798	MOBILE FP - MORGAN VILLAGE	SECOND HARVEST FOOD BANK OF NW	1507 GRIMM DRIVE	ERIE	PA	16501	$9,894
25-6050508	MOBILE FP - NEW BEGINNINGS CHURCH	13226 LESLIE ROAD		MEADVILLE	PA	16335	$64,187
25-6050508	MOBILE FP - NEW BEGINNINGS CHURCH	THE RINK	45314 STATE HWY 27	TITUSVILLE	PA	16354	$62,734
25-1405798	MOBILE FP - EMPORIUM ARMS	SECOND HARVEST FOOD BANK OF NW	1507 GRIMM DRIVE	ERIE	PA	16501	$10,308
25-1427952	MOBILE FP - GLAD TIDINGS ASSEMBLY OF GOD	6449 CLEARFIELD-WOODLAND HIGHWAY		CLEARFIELD	PA	16830	$51,396
25-1405798	MOBILE FP - MILLER STATION RD UM CHURCH	SECOND HARVEST FOOD BANK OF NW	1507 GRIMM DRIVE	ERIE	PA	16501	$10,771
25-1405798	MOBILE FP - DERRICK CITY VOLUNTEER FIRE DEPT	SECOND HARVEST FOOD BANK OF NW	1507 GRIMM DRIVE	ERIE	PA	16501	$10,585
25-1396817	MOBILE FP - SUGAR GROVE	FREE METHODIST CHURCH	210 JAMESTOWN ST.- PO BOX 5	SUGAR GROVE	PA	16350	$18,148
25-1405798	MOBILE FP - W. HICKORY	SECOND HARVEST FOOD BANK OF NW	1507 GRIMM DRIVE	ERIE	PA	16501	$5,790
25-1583078	MOBILE FP - GETHSEMANE UM CHURCH	369 ALLPORT CUTOFF		ALLPORT	PA	16821	$34,352
25-1405798	MOBILE FP - WOODCOCK UM CHURCH	SECOND HARVEST FOOD BANK OF NW	1507 GRIMM DRIVE	ERIE	PA	16501	$11,456
25-1405798	MOBILE FP - TIDIOTE FIRE HALL	SECOND HARVEST FOOD BANK OF NW	1507 GRIMM DRIVE	ERIE	PA	16501	$5,808
				TOTAL VALUE OF DONATED FOOD			$7,426,219

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

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	2	178472.	COST
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	440	7426219.	SALVAGE VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment . 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		X
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a		X
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number: 25-1405798

Form 990, Part I, Line 1, Description of Organization Mission:

COLLECTION, STORAGE, AND DISTRIBUTION OF FOOD TO PEOPLE IN NEED THROUGH A NETWORK OF NONPROFIT CHARITABLE AGENCIES.

Form 990, Part VI, Section B, line 11: 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.

Form 990, Part VI, Section B, Line 12c: THE FOOD BANK REGULARLY AND CONSISTENTLY MONITORS ITS CONFLICT OF INTEREST POLICY. ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO ANNUALLY READ THE POLICY AND COMPLETE AN "ANNUAL AFFIRMATION OF COMPLIANCE AND DISCLOSURE STATEMENT".THE EXECUTIVE DIRECTOR COMPILES ALL DISCLOSED CONFLICTS AND PROVIDES THE LIST TO ALL BOARD MEMBERS SO THEY ARE AWARE OF ALL CONFLICTS. BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO UPDATE THE DISCLOSURE STATEMENT IF A NEW CONFLICT ARISES DURING THE YEAR, AND THIS IS THEN DISCLOSED TO THE BOARD OF DIRECTORS.

Form 990, Part VI, Section B, Line 15: OUR EXECUTIVE DIRECTOR'S (OUR TOP MANAGEMENT OFFICIAL) COMPENSATION IS EVALUATED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. AS 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

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

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

Employer identification number: 25-1405798

AMERICA NETWORK ARE ALSO REVIEWED. TYPICALLY OUR DIRECTOR IS PAID MORE THAN THE LOWEST LEVEL BUT BELOW THE HIGHEST LEVEL OF COMPARABLE COMPENSATION.

Form 990, Part VI, Section C, Line 19: THE FOOD BANK MAKES IT 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 PROVIDED TO THE PUBLIC AND IS POSTED ON OUR WEBSITE.