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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)	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	<div> <div>2011</div> <div>Open to Public Inspection</div> </div>

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		C Name of organization SECOND HARVEST FOOD BANK OF NORTHWEST NC INC		D Employer identification number 58-1457912	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Doing Business As		E Telephone number (336) 784-5770	
		Number and street (or P O box if mail is not delivered to street address) Room/suite 3655 REED STREET		G Gross receipts \$ 34,527,535	
		City or town, state or country, and ZIP + 4 WINSTONSALEM, NC 27107			
		F Name and address of principal officer CLYDE W FITZGERALD JR 3655 REED STREET WINSTONSALEM, NC 27107		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
				H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.HUNGERNWNC.ORG					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SECOND HARVEST FOOD BANK'S MISSION IS TO REDUCE HUNGER AND MALNUTRITION IN NORTHWEST NC		
	2 Check this box <input type="checkbox"/> 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	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	71
	6 Total number of volunteers (estimate if necessary)	6	14,197
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	218,467
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	15,662
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 19,620,224	Current Year 32,632,007
	9 Program service revenue (Part VIII, line 2g)	1,187,013	1,029,646
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,649	1,012
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	151,787	270,754
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,987,673	33,933,419
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,173,811
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,450,836	2,560,788
16a Professional fundraising fees (Part IX, column (A), line 11e)		85,389	90,370
16b Total fundraising expenses (Part IX, column (D), line 25) <u>559,126</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		2,472,178	3,903,721
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		21,182,214	33,875,797
19 Revenue less expenses Subtract line 18 from line 12		-194,541	57,622
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,679,011	End of Year 5,568,588
	21 Total liabilities (Part X, line 26)	493,771	320,804
	22 Net assets or fund balances Subtract line 21 from line 20	5,185,240	5,247,784

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			2013-05-13 Date	
	CLYDE W FITZGERALD JR EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	DAVID VOGLER	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00187735
	Firm's name (or yours if self-employed), address, and ZIP + 4	DIXON HUGHES GOODMAN LLP ONE WEST FOURTH STREET SUITE 700 WINSTONSALEM, NC 27101			EIN 56-0747981
					Phone no (336) 714-8100

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

SECOND HARVEST FOOD BANK'S MISSION IS TO REDUCE HUNGER AND MALNUTRITION IN NORTHWEST NORTH CAROLINA SEE SCHEDULE O FOR FURTHER DETAILS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 31,503,828 including grants of \$ 27,254,615) (Revenue \$ 1,029,646)

DONATED PRODUCTSEE SCHEDULE O

4b

(Code) (Expenses \$ 508,007 including grants of \$) (Revenue \$)

BACKPACK PROGRAMSEE SCHEDULE O

4c

(Code) (Expenses \$ 257,574 including grants of \$) (Revenue \$)

TRIAD COMMUNITY KITCHENSEE SCHEDULE O

(Code) (Expenses \$ 472,940 including grants of \$ 66,303) (Revenue \$ 47,916)

KIDS CAFE, THE FOOD PURCHASE AND SUMMER FEEDING PROGRAMS ARE DESCRIBED LATER IN SCHEDULE O

4d

Other program services (Describe in Schedule O)






















(Expenses \$ 472,940 including grants of \$ 66,303) (Revenue \$ 47,916)

4e

Total program service expenses \$ 32,742,349

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</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 U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . .	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 U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . .	16	No
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? <i>If "Yes," complete Schedule G, Part I.</i> 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	4
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	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	71
b	If at least one is reported on line 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 (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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 line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	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	
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	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
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	
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
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 made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made 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. LISA RICHARDSON, DIRECTOR OF FINANCE & OPERATIONS 3655 REED STREET WINSTONSALEM, NC 27107 (336) 784-5770

Check if Schedule O contains a response to any question in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	247,247	0	6,318

2 Total number of individuals (including but not limited to those l
\$100,000 of reportable compensation from the organization▶1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII

Statement of Revenue

				(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	211,398			
	b	Membership dues	1b				
	c	Fundraising events	1c	243,645			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,165,318			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	29,011,646			
	g	Noncash contributions included in lines 1a-1f \$ 27,245,131					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	HANDLING FEES	480000	1,029,646	1,029,646		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			1,029,646		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		834			834
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real		(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities		(ii) Other			
		267					
		89					
		178					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		178			178
	8a	Gross income from fundraising events (not including \$ 243,645 of contributions reported on line 1c) See Part IV, line 18			-3,772		-3,772
		a	44,809				
		b	48,581				
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19					
a							
b							
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances			47,916	47,916		
	a	593,362					
	b	545,446					
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	CATERING	722320	218,467		218,467		
b	MISCELLANEOUS	900099	8,143			8,143	
c							
d	All other revenue						
e	Total. Add lines 11a-11d			226,610			
12	Total revenue. See Instructions			33,933,419	1,077,562	218,467	5,383

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)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	27,320,918	27,320,918		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	253,565	111,309	80,363	61,893
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	1,783,499	1,406,409	192,951	184,139
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	43,264	33,432	6,707	3,125
9	Other employee benefits	307,560	253,534	27,526	26,500
10	Payroll taxes	172,900	135,647	20,086	17,167
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	32,568	3,257	29,311	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	90,370			90,370
f	Investment management fees	2,227		2,227	
g	Other				
12	Advertising and promotion				
13	Office expenses	173,073	55,426	84,266	33,381
14	Information technology				
15	Royalties				
16	Occupancy	188,135	172,172	15,963	
17	Travel	40,734	31,773	2,444	6,517
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,432	26,319	5,856	257
20	Interest	56		56	
21	Payments to affiliates	15,728	15,728		
22	Depreciation, depletion, and amortization	347,119	260,339	86,780	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	UNRELATED BUSINESS TAX	11,600		11,600	
b	TRANSPORTATION/PRODUCTS	2,842,664	2,842,664		
c	FUNDRAISING	91,238			91,238
d	PUBLIC RELATIONS	64,268	19,923		44,345
e					
f	All other expenses	61,879	53,499	8,186	194
25	Total functional expenses. Add lines 1 through 24f	33,875,797	32,742,349	574,322	559,126
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			10,831	1	19,811
	2	Savings and temporary cash investments			1,781,057	2	1,569,945
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			53,968	4	90,537
	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			503,717	8	500,220
	9	Prepaid expenses and deferred charges			931	9	834
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,654,259	2,799,688	10c	2,934,277
	b	Less: accumulated depreciation	10b	2,719,982			
	11	Investments—publicly traded securities			419,011	11	426,013
	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			109,808	15	26,951
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,679,011	16	5,568,588
Liabilities	17	Accounts payable and accrued expenses			136,515	17	148,354
	18	Grants payable				18	
	19	Deferred revenue			357,256	19	172,450
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			493,771	26	320,804
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			4,227,054	27	4,154,249
	28	Temporarily restricted net assets			866,186	28	1,001,535
	29	Permanently restricted net assets			92,000	29	92,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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			5,185,240	33	5,247,784
	34	Total liabilities and net assets/fund balances			5,679,011	34	5,568,588

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,933,419
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,875,797
3	Revenue less expenses Subtract line 2 from line 1	3	57,622
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,185,240
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,922
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,247,784

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	Yes	
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	Yes	

SCHEDULE A
(Form 990 or 990EZ)

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

2011

Open to Public
Inspection

Name of the organization SECOND HARVEST FOOD BANK OF NORTHWEST NC INC	Employer identification number 58-1457912
--	--

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 **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 Se**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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,313,017	14,674,174	18,306,593	19,620,224	32,632,007	95,546,015
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	10,313,017	14,674,174	18,306,593	19,620,224	32,632,007	95,546,015
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)						33,472,427
6 Public Support. Subtract line 5 from line 4						62,073,588

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	10,313,017	14,674,174	18,306,593	19,620,224	32,632,007	95,546,015
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46,846	12,015	6,772	2,144	834	68,611
9 Net income from unrelated business activities, whether or not the business is regularly carried on	4,267	7,942	18,963	35,519	16,662	83,353
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	184,643	170,313	4,734	6,117	8,143	373,950
11 Total support (Add lines 7 through 10)						96,071,929

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

127,004,233

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	64 610 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	65 740 %

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization SECOND HARVEST FOOD BANK OF NORTHWEST NC INC	Employer identification number 58-1457912
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,394
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			1,394
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		PART II-B, LINE 1(D), MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC SECOND HARVEST FOOD BANK ATTEMPTS TO INFLUENCE LEGISLATION REGARDING 1) THE STATE NUTRITION ASSISTANCE PROGRAM (SNAP-A STATE GRANT MADE TO THE SIX AMERICA'S SECOND HARVEST FOOD BANKS IN NORTH CAROLINA TO PURCHASE PRODUCT FOR DISTRIBUTION TO EMERGENCY ASSISTANCE AGENCIES SUCH AS SOUP KITCHENS, KIDS CAFES, FOOD PANTRIES, HOMELESS SHELTERS, RESCUE MISSIONS AND DOMESTIC VIOLENCE SHELTERS), 2) FEDERAL LEGISLATION-SUCH AS TEFAP ALLOCATION OF USDA COMMODITIES, AND 3) LOCAL ISSUES IN CITY AND COUNTY GOVERNMENT BY SENDING OUT A "CALL FOR ACTION" THROUGH EMAIL TO SECOND HARVEST FOOD BANK'S BOARD MEMBERS AND PARTNER AGENCIES ALONG WITH A LISTING OF THE STATE REPRESENTATIVES PART II-B, LINE 1(H), RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES OR ANY OTHER MEANS SECOND HARVEST FOOD BANK ENDEAVORS TO INFLUENCE LEGISLATION REGARDING THE STATE NUTRITION ASSISTANCE PROGRAM (SNAP-A STATE GRANT MADE TO THE SIX FEEDING AMERICA FOOD BANKS IN NORTH CAROLINA TO PURCHASE PRODUCT FOR DISTRIBUTION TO EMERGENCY ASSISTANCE AGENCIES SUCH AS SOUP KITCHENS, KIDS CAFES, FOOD PANTRIES, HOMELESS SHELTERS, RESCUE MISSIONS AND DOMESTIC VIOLENCE SHELTERS) BY SPEAKING TO THE NC LEGISLATURE TO INFORM THE MEMBERS ABOUT FOOD BANKING AND THE IMPORTANCE OF SNAP

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SECOND HARVEST FOOD BANK OF NORTHWEST NC INC

Employer identification number
58-1457912

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 a 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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, 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 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

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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 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 the arrangement in Part XIV and complete the following table
- | | |
|----------------------------------|--------|
| | Amount |
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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 | 419,011 | 352,101 | 297,221 | 369,495 | |
| b Contributions | 5,000 | | 25,000 | | |
| c Investment earnings or losses | 4,229 | 69,087 | 32,351 | -70,353 | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 2,227 | 2,177 | 2,471 | 1,921 | |
| g End of year balance | 426,013 | 419,011 | 352,101 | 297,221 | |
- 2 Provide the estimated percentage of the year end balance held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 000 %

c Term endowment ▶
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

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

3b		
----	--	--
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		120,064		120,064
b Buildings		2,504,784	880,124	1,624,660
c Leasehold improvements				
d Equipment		1,398,506	774,280	624,226
e Other		1,630,905	1,065,578	565,327
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				2,934,277

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	33,933,419
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	33,875,797
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	57,622
4	Net unrealized gains (losses) on investments	4	4,922
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 - 8	9	4,922
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	62,544

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	34,530,141
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	4,922
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	594,027
e	Add lines 2a through 2d	2e	598,949
3	Subtract line 2e from line 1	3	33,931,192
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	2,227
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	2,227
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	33,933,419

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	34,467,597
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	594,027
e	Add lines 2a through 2d	2e	594,027
3	Subtract line 2e from line 1	3	33,873,570
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	2,227
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	2,227
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	33,875,797

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, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS ARE INTENDED TO BE USED SOLELY FOR THE SUPPORT AND NEEDS OF SECOND HARVEST FOOD BANK AS DETERMINED BY ITS BOARD OF DIRECTORS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	SECOND HARVEST FOOD BANK ("SHFB") IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND IS ALSO EXEMPT FROM NORTH CAROLINA INCOME TAX. THEREFORE, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. SHFB HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2012. FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2009 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.
PART XII, LINE 2D - OTHER ADJUSTMENTS		RECLASS OF SPECIAL EVENT EXPENSES 48,581 RECLASS OF COST OF GOODS SOLD 545,446
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RECLASS OF SPECIAL EVENT EXPENSES 48,581 RECLASS OF COST OF GOODS SOLD 545,446

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SECOND HARVEST FOOD BANK OF NORTHWEST NC INC

Employer identification number
58-1457912

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

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☒

In-person solicitations

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 services?

☒ 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
RUSS REID 2 N LAKE AVENUE STE 600 PASADENA, CA 91101	MAIL SOLICITATIONS		No	89,028	90,370	-1,342
Total ▶				89,028	90,370	-1,342

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.

NC

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>GOLF TOURNAMENT</u>	<u>EMPTY BOWLS</u>	<u>3</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	118,868	89,329	80,257	288,454	
	2	Less Charitable contributions	106,589	65,854	71,202	243,645	
3	Gross income (line 1 minus line 2)	12,279	23,475	9,055	44,809		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes	2,607	2,000		4,607	
	6	Rent/facility costs	13,977	3,955		17,932	
	7	Food and beverages		976		976	
	8	Entertainment					
	9	Other direct expenses	5,239	9,691	10,136	25,066	
	10	Direct expense summary Add lines 4 through 9 in column (d). ►					(48,581)
	11	Net income summary Combine lines 3 and 10 in column (d). ►					-3,772

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity 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?

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

- ☐ Director/officer
- ☐ Employee
- ☐ Independent contractor

- 17

Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

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

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SECOND HARVEST FOOD BANK OF NORTHWEST NC INC

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
58-1457912

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" 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 ▶ ☐

(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
See Additional Data Table							

2

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

254

3

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

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 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 PARTNER AGENCIES OF SECOND HARVEST FOOD BANK OF NWNC ("SHFB") THAT OPERATE EMERGENCY FOOD PANTRIES ARE ELIGIBLE TO PARTICIPATE IN THE TEFAP PROGRAM THE PARTNER AGENCY MUST APPLY IN WRITING TO SHFB IN ORDER TO BECOME ELIGIBLE TO PARTICIPATE IN THE TEFAP PROGRAM THE PARTNER AGENCY MUST ALSO ATTEND AN AGENCY ORIENTATION SESSION AND HAVE A MONITORING VISIT TO ENSURE THERE IS PROPER STORAGE FOR THE TEFAP FOOD THE PARTNER AGENCY MUST SIGN A RECORD-KEEPING AGREEMENT SPECIFYING ALL OF THE REQUIREMENTS FOR RECEIVING, STORING, DISTRIBUTING AND REPORTING TEFAP PRODUCT ALL OF THIS DOCUMENTATION IS KEPT ON FILE AT SHFB INDIVIDUALS WHO RECEIVE TEFAP PRODUCT FROM OUR PARTNER AGENCIES MUST COMPLETE A TEFAP APPLICATION THAT INDICATES THEIR NAME, ADDRESS AND PHONE NUMBER, ALONG WITH THEIR HOUSEHOLD'S MONTHLY GROSS INCOME THESE APPLICATIONS MUST BE COMPLETED BY THE INDIVIDUALS EVERY MONTH THAT THEY RECEIVE TEFAP FOOD INDIVIDUALS MUST MEET THE INCOME ELIGIBILITY GUIDELINES ISSUED BY THE NC DEPARTMENT OF AGRICULTURE TO BE ELIGIBLE TO RECEIVE TEFAP FOOD THE INDIVIDUALS' APPLICATIONS ARE KEPT ON FILE AT THE PARTNER AGENCY THAT IS DISTRIBUTING THE PRODUCT THE PARTNER AGENCIES MUST SUBMIT MONTHLY SERVICE REPORTS BY THE TENTH OF THE FOLLOWING MONTH INDICATING THE NUMBER OF DUPLICATED AND UNDUPLICATED INDIVIDUALS SERVED AND THE NUMBER OF DUPLICATED AND UNDUPLICATED HOUSEHOLDS SERVED PARTNER AGENCIES ARE SUSPENDED FROM RECEIVING ADDITIONAL TEFAP PRODUCT IF THESE REPORTS ARE NOT MADE IN A TIMELY MANNER ALL SHFB PARTNER AGENCIES ARE MONITORED AT LEAST ONCE EVERY 24 MONTHS TO ENSURE CONTINUED COMPLIANCE WITH ALL PROCEDURES AND POLICIES SHFB'S INVENTORY SOFTWARE MAINTAINS A RECORD OF TEFAP POUNDAGE DISTRIBUTED TO EACH OF OUR PARTNER AGENCIES ALL TEFAP POUNDAGE DISTRIBUTED IS ASSIGNED A MONETARY VALUE BY THE NC DEPARTMENT OF AGRICULTURE A REPORT GENERATED BY OUR INVENTORY SOFTWARE INDICATES A DESCRIPTION OF THE TEFAP PRODUCT DISTRIBUTED TO EACH PARTNER AGENCY, THE NUMBER OF POUNDS OF TEFAP PRODUCT DISTRIBUTED, AND THE DOLLAR VALUE OF THE TEFAP POUNDAGE DISTRIBUTED TO EACH PARTNER AGENCY THE DOLLAR VALUE OF TEFAP POUNDAGE DISTRIBUTED TO OUR PARTNER AGENCIES (OVER \$5,000) IS REPORTED AS GRANTS TO ORGANIZATIONS ON SCHEDULE I OF OUR FORM 990 THESE INVENTORY REPORTS ARE KEPT ON FILE AT SHFB

Software ID:

Software Version:

EIN: 58-1457912

Name: SECOND HARVEST FOOD BANK OF NORTHWEST NC 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
A GIFT OF GIVING 1309 LEONARD AVE HIGH POINT,NC 27260	02-0776308	501(C)(3)		16,246	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
A NEW BEGINNING HOME1155 WAUGHTOWN ST WINSTON SALEM, NC 27107	56-2225422	501(C)(3)		13,223	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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ABBOTTS CREEK - LABOR OF LOVE 2817 ABBOTTS CREEK CHURCH RD HIGH POINT, NC 27265	56-1225121	501(C)(3)		61,153	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
AGAPE CARE & SHARE 3950-G PATTERSON AVE WINSTON SALEM, NC 27105	26-3196368	501(C)(3)		198,495	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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AIDS CARE SERVICE319 HALED ST WINSTON SALEM, NC 27127	56- 1717630	501(C)(3)		117,349	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
ALAMANCE CO COMMUNITY SERVICES1946-A MARTIN ST BURLINGTON,NC 27217	56- 0861762	501(C)(3)		6,133	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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ALEXANDER CO HABITAT FOR HUMANITY135 E MAIN AVE TAYLORSVILLE, NC 28681	56- 2085600	501(C)(3)		32,767	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
ALLEGHANY CO MINISTERIUM - SOLID ROCK71 WOMBLE ST SPARTA,NC 28675	20- 0758409	501(C)(3)		289,555	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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ALPHA & OMEGA CHURCH OF FAITH 1445 GRAY AVE WINSTON SALEM, NC 27105	58-1366731	501(C)(3)		28,365	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
AMERICAN RED CROSS - ROCKINGHAM 3692 NC HWY 14 REIDSVILLE, NC 27320	53-0196605	501(C)(3)		124,572	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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ANOTHER CHANCE GOSPEL MINISTRY 1201 COX AVE HIGH POINT, NC 27263	52- 2249606	501(C)(3)		33,717	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
ANTIOCH BAPTIST CHURCH1298 ANTIOCH CHURCH RD WILKESBORO, NC 28697	20- 4906646	501(C)(3)		92,344	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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ARC #4 - DELTA 125 DELTA ST LEXINGTON, NC 27295	56-1252153	501(C)(3)		22,639	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
ARCA INC1931 UNION CROSS RD WINSTON SALEM, NC 27107	56-0948408	501(C)(3)		51,133	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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ASHE OUTREACH MINISTRIES - PANTRY9382 HWY 88 WEST WARRENSVILLE, NC 28693	20-5866892	501(C)(3)		330,924	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
ASHE REALLY CARES626 ASHE CENTRAL SCHOOL RD JEFFERSON, NC 28640	56-0556746	501(C)(3)		57,132	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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ASHE SERVICES FOR THE AGING180 CHATTY ROB LN W JEFFERSON, NC 28694	59-1762020	501(C)(3)		12,274	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
BELOVED COMMUNITY CENTER437 ARLINGTON ST GREENSBORO, NC 27406	56-1877250	501(C)(3)		30,868	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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BETHABARA MORAVIAN CHURCH2100 BETHABARA RD WINSTON SALEM, NC 27106	56-0552778	501(C)(3)		12,213	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
BETHEL COLONY 1675 BETHEL COLONY RD LENOIR,NC 28645	56-6050210	501(C)(3)		9,904	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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BEULAH BAPTIST CHURCH1352 N TRADE ST WINSTON SALEM, NC 27105	56- 1129610	501(C)(3)		15,847	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
BROC-WILKES COMMUNITY ACTION710 BEECH ST N WILKESBORO ,NC 28659	56- 0857800	501(C)(3)		447,838	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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BRUSHY MOUNTAIN BAPTIST ASSOCIATION513 ELKIN HWY N WILKESBORO ,NC 28659	56-1229627	501(C)(3)		244,475	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
CALDWELL COUNTY YOKEFELLOW1602 HARPER AVE NW LENOIR,NC 28645	23-7031955	501(C)(3)		269,644	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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CALVARY BAPTIST CHURCH 7860 NC HWY 87 N REIDSVILLE, NC 27320	20-4906646	501(C)(3)		46,155	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
CALVARY BAPTIST SOUTHSIDE 2009 PEACHTREE ST WINSTON SALEM, NC 27107	62-0535346	501(C)(3)		42,595	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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CANAAN UNITED METHODIST CHURCH1760 SHADY GROVE CHURCH RD WINSTON SALEM, NC 27107	56-6046477	501(C)(3)		125,836	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
CASWELL COUNTY PARISH INC1038 MAIN ST YANCEYVILLE, NC 27379	56-1079607	501(C)(3)		152,731	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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CATHEDRAL OF FAITH CHRISTIAN CENTER7200 SUMMERFIELD RD SUMMERFIELD, NC 27358	74-2736699	501(C)(3)		82,211	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
CATHEDRAL OF HIS GLORY4501 LAKE JEANETTE RD GREENSBORO, NC 27455	58-0011782	501(C)(3)		54,788	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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CATHOLIC SOCIAL SERVICES627 W SECOND ST WINSTON SALEM, NC 27101	53-0196617	501(C)(3)		99,870	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
CENTENARY UNITED METHODIST CHURCH657 W FIFTH ST WINSTON SALEM, NC 27101	56-0552783	501(C)(3)		24,112	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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CENTRO CRISTIANO PARA LAS NACI901 PETERS CREEK PKY WINSTON SALEM, NC 27103	39-2051469	501(C)(3)		23,431	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
CHRIST RESCUE TEMPLE1500 N DUNLEITH AVE WINSTON SALEM, NC 27105	56-1517542	501(C)(3)		68,538	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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CHRISTIAN CRISIS CENTER215 FIFTH AVE TAYLORSVILLE, NC 28681	56-1995730	501(C)(3)		186,797	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
CHRISTIANS UNITED OUTREACH CENTER135 SUNSET AVE ASHEBORO, NC 27203	56-1823588	501(C)(3)		839,205	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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CLEMMONS UNITED METHODIST6000 MEADOWBROOK MALL STE 14 CLEMMONS, NC 27012	56-0943736	501(C)(3)		278,678	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
COOPERATIVE COMMUNITY MINISTRY10 W GUILFORD ST THOMASVILLE, NC 27360	56-1877251	501(C)(3)		20,064	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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CORNERSTONE CHURCH650 GLOVER ST STATESVILLE, NC 28625	23-7451724	501(C)(3)		49,684	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
CRISIS CONTROL MINISTRY200 E 10TH ST WINSTON SALEM, NC 27101	23-7348188	501(C)(3)		80,936	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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CROSSFIRE UNITED METHODIST3200 STATESVILLE HWY WILKESBORO, NC 28697	36-2167731	501(C)(3)		89,524	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
CROSSPOINT CHURCH OF GREENSBORO1806 MERRITT DRIVE GREENSBORO, NC 27407	56-0588478	501(C)(3)		5,880	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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CROSSROADS COMMUNITY CHURCH2075 MORGANTON BLVD LENOIR,NC 28645	06-1802239	501(C)(3)		863,753	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
DELANCY STREET FOUNDATION811 N ELM ST GREENSBORO ,NC 27401	56-1586613	501(C)(3)		79,373	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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DIAKANOS - FIFTH ST SHELTER1421 FIFTH ST STATESVILLE, NC 28677	58-1821225	501(C)(3)		142,327	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
DIVINO REDENTOR CATHOLIC CHURCH209 LON AVE BOONVILLE, NC 27011	11-3713089	501(C)(3)		47,681	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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DULATOWN OUTREACH CENTER 1302 NORWOOD ST LENOIR,NC 28645	56-1386261	501(C)(3)		14,387	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
DULATOWN PRESBYTERIAN CHURCH 1537 MILLER HILL RD LENOIR,NC 28645	23-6393377	501(C)(3)		13,594	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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EAST STOKES OUTREACH207 W 3RD ST WALNUT COVE, NC 27052	56-1652746	501(C)(3)		124,753	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
EBENEZER UCC - TRANSITION HOME708 APPLE ST BURLINGTON, NC 27217	56-1233589	501(C)(3)		9,733	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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EXPERIMENT IN SELF RELIANCE 1550 UNIVERSITY CT WINSTON SALEM, NC 27101	56-6060100	501(C)(3)		452,738	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
FAIRGROVE FAMILY RESOURCE CENTER 219 CEDAR LODGE RD THOMASVILLE, NC 27360	56-1959113	501(C)(3)		224,284	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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FAIRVIEW PC - PAY IT FORWARD2232 HARPER AVE LENOIR,NC 28645	23-6393377	501(C)(3)		60,171	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
FAITHBRIDGE - CASTING BREAD 194 AHO RD BLOWING ROCK, NC 28605	01-0696592	501(C)(3)		195,635	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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FAITHZONE CHRISTIAN FELLOWSHIP3650-L PATTERSON AVE WINSTON SALEM, NC 27105	14-1878478	501(C)(3)		51,494	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
FAMILY HARVEST OUTREACH4902 W MARKET ST GREENSBORO, NC 27407	58-0904463	501(C)(3)		47,008	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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
FELLOWSHIP BIBLE BAPTIST3445 MAPLEBROOK DR WALKERTOWN, NC 27105	56-0223260	501(C)(3)		9,534	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
FELLOWSHIP HOME 661 N SPRING ST WINSTON SALEM, NC 27101	58-1400131	501(C)(3)		11,620	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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FELLOWSHIP TABERNACLE - ARK OF REFUGE185 MOOSE CLUB RD STATESVILLE, NC 28677	84- 1704372	501(C)(3)		21,998	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
FINAL CALL OUTREACH MINISTRY202 FRANKLIN BLVD GREENSBORO, NC 27401	46- 0495982	501(C)(3)		202,675	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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FIRST ASSEMBLY - CARING PLACE909 MEADOWBROOK RD ASHEBORO ,NC 27203	56-1260483	501(C)(3)		12,891	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
FIRST BAPTIST CHURCH - STATESVILLE815 DAVIE AVE STATESVILLE,NC 28677	20-4906646	501(C)(3)		67,997	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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FIRST BAPTIST CHURCH - WHITNEL1201 CONNELLY SPRINGS RD LENOIR, NC 28645	20-4906646	501(C)(3)		80,086	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
FIRST CHURCH OF NAZARENE- STATESVILLE501 MEDLIN ST STATESVILLE, NC 28677	56-1539087	501(C)(3)		20,447	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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FIRST PENTECOSTAL HOLINESS CHURCH 509 CLONIGER DR THOMASVILLE, NC 27360	58-0904463	501(C)(3)		30,335	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
FOOD ASSISTANCE 3720-A ALLIANCE DR GREENSBORO, NC 27407	20-0063969	501(C)(3)		79,098	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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FOOTHILLS FOOD PANTRY233 COOPER ST DOBSON, NC 27017	56-1900063	501(C)(3)		433,366	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
FOUNTAIN OF LIFE FAMILY WORSHIP 154 CORNERSTONE LN MT AIRY, NC 27030	56-1448344	501(C)(3)		16,397	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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FREEDOM FARM MIN-SAFE HOUSE 275 CABBAGE CREEK RD CRESTON, NC 28615	20-5659740	501(C)(3)		48,940	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
FRUIT OF THE SPIRIT HOLINESS 1402 S ELM- EUGENE ST GREENSBORO, NC 27406	58-1561698	501(C)(3)		118,869	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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GETHSEMANE CHRISTIAN CHURCH1650 BURCH BRIDGE RD BURLINGTON, NC 27127	86-1148156	501(C)(3)		25,206	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
GOLER INSTITUTE FOR DEV & EDUC 630 N PATTERSON AVE WINSTON SALEM, NC 27101	56-2108796	501(C)(3)		5,815	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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GRACE CHURCHHELPING HANDS1919 SURRETT DR HIGH POINT,NC 27263	56-1236931	501(C)(3)		14,941	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
GREATER CANAAN BAPTIST1764 N NC HWY 119 MEBANE,NC 27302	56-2028531	501(C)(3)		33,984	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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GREENSBORO URBAN MINISTRY 305 W LEE ST GREENSBORO ,NC 27406	56-0890545	501(C)(3)		2,294,204	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
GROUP HOMES OF FORSYTH- BRANDYWINE2588 BRANDYWINE RD WINSTON SALEM, NC 27103	56-1097900	501(C)(3)		49,356	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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HARVEST BAPTIST CHURCH3741 S CHURCH ST BURLINGTON, NC 27215	56-1316805	501(C)(3)		54,120	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
HEBRON COLONY MINISTRIES INC 356 OLD TURNPIKE RD BOONE, NC 28607	56-0597086	501(C)(3)		8,669	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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HIGH POINT SDA 280 EASTCHESTER DR HIGH POINT, NC 27262	56-1409480	501(C)(3)		177,552	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
HOLY FAMILY CATHOLIC CHURCH 4820 KINNAMON RD CLEMMONS, NC 27012	56-1279502	501(C)(3)		23,078	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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HOPE OUTREACH CENTER2800 WESTCHESTER DR HIGH POINT,NC 27262	75-3107677	501(C)(3)		11,582	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
HOSPITALITY HOUSE302 W KING ST BOONE,NC 28607	56-1442966	501(C)(3)		113,592	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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HOUSE OF FAITH OUTREACH CENTER1384 W SEDGEFIELD DR WINSTON SALEM, NC 27127	13-4231295	501(C)(3)		29,970	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
HOUSEHOLD OF FAITH803 WAUGH ST GREENSBORO ,NC 27405	56-2245949	501(C)(3)		19,838	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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IGLESIA CRISTIANA - EL APOSENTA129 LODGE ST WINSTON SALEM, NC 27105	35-1148762	501(C)(3)		11,596	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
IGLESIA CRISTIANA LA TRINIDAD186 E AIKEN RD EDEN,NC 27288	26-2517333	501(C)(3)		38,895	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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IGLESIA PENTECOSTAL EL MESIAS420 FILBERT ST STATESVILLE,NC 28677	74- 2082449	501(C)(3)		288,285	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
IGLESIA PENTECOSTAL UNIDA2925 S MAIN ST WINSTON SALEM, NC 27107	74- 3228429	501(C)(3)		35,777	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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IGLESIA WESLEYANA CRISTO TE121 W WILSON ST MT AIRY, NC 27030	35-1148762	501(C)(3)		31,250	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
IGLESIA WESLEYANA CRISTO VIVE680 NC HWY 268W ELKIN, NC 28621	56-2164144	501(C)(3)		65,378	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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IGLESIA WESLEYANA EL BUEN SAMARITAN 2800 LUDWIG ST WINSTON SALEM, NC 27107	35-1148762	501(C)(3)		57,647	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
IN HIS NAME CHRISTIAN SERVICES 1863 SOUTH PARK DR REIDSVILLE, NC 27320	20-3250719	501(C)(3)		64,928	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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INTERFAITH DELIVERANCE CENTER507 WESTERN AVE STATESVILLE, NC 28677	56-1427513	501(C)(3)		7,036	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
IREDELL CHRISTIAN MINISTRIES322 E FRONT ST STATESVILLE, NC 28677	20-4761133	501(C)(3)		499,419	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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JEFFERSON UNITED METHODIST CHURCH115 E MAIN ST JEFFERSON, NC 28640	56-1146791	501(C)(3)		30,944	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
KIDS ACADEMY LEARNING CENTER700 GREENSBORO RD HIGH POINT, NC 27260	02-0634789	501(C)(3)		22,058	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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KING OUTREACH MINISTRY413 KINGSWAY DR KING,NC 27021	56-1409298	501(C)(3)		285,577	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
KINGDOM BUILDING CHURCH1547 ENGLISH RD HIGH POINT,NC 27262	14-1970127	501(C)(3)		8,435	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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KINGS CHAPEL APOSTOLIC HOLINESS500 SAUNDERS PL HIGH POINT, NC 27260	56-6049887	501(C)(3)		15,610	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
LANDMARK CHURCH OF GOD 2200 E BROAD ST STATESVILLE, NC 28625	30-0135732	501(C)(3)		216,812	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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LIGGINS-BROWN SUMMIT5231 HOPKINS RD BROWN SUMMIT, NC 27214	56-1874170	501(C)(3)		12,174	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
LIGHTHOUSE MINISTRIES OF ASHE1794 OLD HWY 16 JEFFERSON,NC 28640	56-2109338	501(C)(3)		50,756	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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LOAVES & FISHES CHRISTIAN FOOD MINISTRY509 S LEXINGTON AVE BURLINGTON, NC 27215	02-0646776	501(C)(3)		188,628	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
LOVE COMMUNITY DEVELOPMENT 3980 N LIBERTY ST WINSTON SALEM, NC 27105	58-2463983	501(C)(3)		41,894	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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LUTHERAN FAMILY SERVICES6590 ROLLINGWOOD DR CLEMMONS, NC 27012	56-1286323	501(C)(3)		45,544	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
MAPLE SPRINGS UNITED METHODIST CHURCH15733 ELKIN HWY RONDA, NC 28670	56-1371086	501(C)(3)		27,064	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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MAPLE SPRINGS UNITED METHODIST CHURCH2569 REYNOLDA RD WINSTON SALEM, NC 27107	20-5665302	501(C)(3)		138,600	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
MARY'S HOUSE INC 520 GUILFORD AVE GREENSBORO,NC 27401	31-1489283	501(C)(3)		5,516	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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MATTHEW 25 MINISTRIES105 E MEMORIAL HWY HARMONY, NC 28634	16-1767339	501(C)(3)		76,702	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
MELFIELD UNITED CHURCH OF CHRIST2144 MELFIELD DR HAW RIVER, NC 27258	20-5904439	501(C)(3)		77,206	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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MEN IN CHRIST 200 S MAIN ST REIDSVILLE, NC 27320	56- 1935029	501(C)(3)		19,010	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
MOUNTAIN GROVE BAPTIST CHURCH 2485 CONNELLY SPRINGS RD GRANITE FALLS, NC 28630	20- 4906646	501(C)(3)		117,323	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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MT AIRY CHURCH OF GOD 1313 CARTER ST MT AIRY, NC 27030	23-7181566	501(C)(3)		32,486	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
MT CARMEL CHURCH OF THE LIVING GOD 1017 APPLE ST WINSTON SALEM, NC 27101	58-1718316	501(C)(3)		202,390	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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MT OLIVE LET GOD BE GOD1301 C E GRAY DR WINSTON SALEM, NC 27101	20- 2209181	501(C)(3)		20,271	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
MT PISGAH LC- GOOD SAMARITAN FOOD PANTRY 9379 NC HWY 127 HICKORY,NC 28601	56- 0997274	501(C)(3)		90,339	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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MT TABOR FOOD FOR THOUGHT 601 N CHERRY ST STE 300 WINSTON SALEM, NC 27101	20-4072222	501(C)(3)		17,193	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
N WINSTON BAPTIST CHURCH 4023 TISE AVE WINSTON SALEM, NC 27105	56-1713736	501(C)(3)	10,655	36,291	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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
NAZARETH ADVENT CHRISTIAN3221 DEERBROOK RD LENOIR, NC 28645	56-1394416	501(C)(3)		7,579	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
NEW BEGINNINGS FULL GOSPEL MINISTRY215 FOURTH ST HIGH POINT, NC 27260	56-1920952	501(C)(3)		26,482	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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NEW COVENANT CHRISTIAN CHURCH1305 BALL ST GREENSBORO ,NC 27405	56-2027081	501(C)(3)		39,661	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
NEW COVENANT CHURCH3100 ROBINHOOD RD WINSTON SALEM, NC 27106	58-0007156	501(C)(3)		19,337	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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NEW JERUSALEM BAPTIST CHURCH 1223 N DUNLEITH AVE WINSTON SALEM, NC 27101	56-1229373	501(C)(3)		91,519	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
NEW TEMPLE - RIOS DE AGUA VIVA403 NATIONAL HWY THOMASVILLE, NC 27360	56-2018014	501(C)(3)		94,320	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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NEW ZION BAPTIST CHURCH158 HIGHLAND AVE WINSTON SALEM, NC 27101	20-4906646	501(C)(3)		34,101	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
NEW ZION MISSIONARY BAPTIST-FP1310 MARTIN LUTHER KING JR DR GREENSBORO, NC 27406	56-1425715	501(C)(3)		6,793	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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NORTH LEXINGTON BAPTIST CHURCH 201 MIZE RD LEXINGTON, NC 27295	20-4906646	501(C)(3)		587,241	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
NORTHVIEW CHURCH OF CHRIST 2615 AMITY HILL RD STATESVILLE, NC 28677	56-1417756	501(C)(3)		8,742	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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OPEN DOOR MINISTRIES400 N CENTENNIAL ST HIGH POINT, NC 27260	56-1576543	501(C)(3)		335,630	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
PASTOR'S PANTRY 307 N STATE ST LEXINGTON, NC 27292	31-1721281	501(C)(3)		313,211	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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PATH OF HOPE 1675 E CENTER ST EXTENSION LEXINGTON, NC 27292	56-1134544	501(C)(3)		65,645	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
PEACE HAVEN BAPTIST CHURCH 737 BYRD RIDGE RD N WILKESBORO, NC 28659	56-0653355	501(C)(3)		188,060	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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PILGRIM OUTREACH CENTER 984 GODDARD LN MILLERS CREEK, NC 28651	20-2007347	501(C)(3)		12,623	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
PLEASANT GROVE UMC 1393 HASTY SCHOOL RD THOMASVILLE, NC 27360	56-0904911	501(C)(3)		98,406	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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POOVEY'S CHAPEL BAPTIST CHURCH 2822 POOVEYS CHAPEL CHURCH RD HUDSON, NC 28638	56-1287901	501(C)(3)		13,271	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
POSITIVE DIRECTIONS FOR FAMILY & YOUTH 1523 BARTO PLACE STE E GREENSBORO, NC 27405	56-1872937	501(C)(3)		24,314	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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PRAISE ASSEMBLY CHRISTIAN CENTER2252 QUEEN ST WINSTON SALEM, NC 27103	56- 1757305	501(C)(3)		29,904	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
PRAYER MOUNTAIN VICTORIOUS CHURCH142 FAIRWAY SHOPPING CENTER HUDSON,NC 28638	59- 2413869	501(C)(3)		24,216	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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PRODIGALS COMMUNITY1024 WAUGHTOWN ST WINSTON SALEM, NC 27107	56-1759004	501(C)(3)		34,594	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
QUALITY EDUCATION INSTITUTE5012-C LANSING DR WINSTON SALEM, NC 27105	56-1775418	501(C)(3)		16,768	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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RANDOLPH FELLOWSHIP HME-MANG373 HILL ST ASHEBORO, NC 27203	56-1010521	501(C)(3)		8,941	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
REIDSVILLE OUTREACH CENTER435 SW MARKET ST REIDSVILLE, NC 27320	56-2160123	501(C)(3)		372,406	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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REMMSCO #1108 N MAIN ST REIDSVILLE, NC 27320	56- 1346624	501(C)(3)		8,589	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
S CALDWELL FAMILY WORSHIP CENTER4160 HWY 321A GRANITE FALLS, NC 28630	56- 1981739	501(C)(3)		40,360	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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SALVATION ARMY - ASHEBORO 345 N CHURCH ST ASHEBORO, NC 27203	58-0660607	501(C)(3)		253,630	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
SALVATION ARMY - DVS 314 W 9TH AVE LEXINGTON, NC 27292	58-0660607	501(C)(3)		121,593	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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SALVATION ARMY - GREENSBORO 1311 S EUGENE ST GREENSBORO, NC 27406	58-0660607	501(C)(3)	5,151	89,740	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
SALVATION ARMY - HIGH POINT 301 W GREEN DR HIGH POINT, NC 27260	58-0660607	501(C)(3)		13,144	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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SALVATION ARMY - LENOIR108 MORGANTON BLVD LENOIR, NC 28645	58- 0660607	501(C)(3)		6,507	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
SALVATION ARMY - ROCKINGHAM704 BARNES ST REIDSVILLE, NC 27320	58- 0660607	501(C)(3)		236,899	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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SAMARITAN CHRISTIAN MINISTRIES - WILKES164 UNION SCHOOL RD N WILKESBORO, NC 28659	56-2065712	501(C)(3)		148,995	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
SAMARITAN KITCHEN OF WILKES164 UNION SCHOOL RD NORTH WILKESBORO, NC 28659	56-2065712	501(C)(3)		600,708	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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SANCTUARY DELIVERANCE CHURCH3631 SUMMIT AVE GREENSBORO ,NC 27405	56-1493582	501(C)(3)		180,393	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
SEAMS MINISTRIES 321 OLD US 52 BYPASS PILOT MOUNTAIN, NC 27041	56-2061635	501(C)(3)		100,825	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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SEEDS FOR HARVEST CHURCH 101 HALL INDUSTRIAL DR HUDSON, NC 28638	20-5325960	501(C)(3)		71,802	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
SERV DEAFHARD OF HEARING-DAVIDSON CO 8 FRANKLIN ST LEXINGTON, NC 27292	56-2252177	501(C)(3)		18,944	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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SERVANT CENTER - GAP1312 LEXINGTON AVE GREENSBORO, NC 27403	56-1834197	501(C)(3)		207,107	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
SEVENTH DAY ADVENTIST CHURCH1137 TOWER ST WINSTON SALEM, NC 27107	20-0739629	501(C)(3)		25,051	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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SHADY GROVE UNITED METHODIST1781 SHADY GROVE RD PROVIDENCE,NC 27315	23-7449895	501(C)(3)		10,986	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
SINCERELY AGAPE 410 BRENTWOOD ST STE 105 HIGH POINT,NC 27260	56-1451368	501(C)(3)		15,881	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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SOLID ROCK BAPTIST CHURCH 903 E KEARNS AVE HIGH POINT, NC 27260	56-1810250	501(C)(3)		15,005	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
SOUTH CALDWELL CHRISTIAN MINISTRY 5 QUARRY RD GRANITE FALLS, NC 28630	56-1339800	501(C)(3)		323,109	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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SOUTH DAVIDSON FAMILY RESOURCE CENTER338 W SALISBURY ST DENTON, NC 27239	56-2067201	501(C)(3)		48,335	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
ST BENEDICT THE MOOR CHURCH 4351 BRIDLE PATH WINSTON SALEM, NC 27103	56-0636255	501(C)(3)		21,866	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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ST JOHN CME CHURCH350 NW CRAWFORD PLACE WINSTON SALEM, NC 27105	58-0008352	501(C)(3)		30,786	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
ST PAUL BAPTIST CHURCH1309 LARKIN ST GREENSBORO ,NC 27406	56-0653355	501(C)(3)		18,255	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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ST PAUL'S UNITED METHODIST CHURCH2400 DELLABROOK WINSTON SALEM, NC 27105	56-1134319	501(C)(3)		74,059	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
ST PETER'S WORLD OUTREACH3683 OLD LEXINGTON RD WINSTON SALEM, NC 27107	56-1417838	501(C)(3)		13,831	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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ST PHILIP THE APOSTLE525 CAMDEN DR STATESVILLE, NC 28677	58-1338735	501(C)(3)		65,733	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
STOKESDALE CHURCH OF GOD 9081 HWY 158 STOKESDALE, NC 27357	56-1427747	501(C)(3)		8,516	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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STONY POINT CHRISTIAN MINISTRIES411 RURITAN PARK RD STONY POINT, NC 28678	56-0928522	501(C)(3)		112,723	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
STOREHOUSE FOR JESUS675 E LEXINGTON RD MOCKSVILLE, NC 27028	56-1875073	501(C)(3)		421,730	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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SUGAR GROVE DEVELOPMENTAL DAY207 DALE ADAMS RD SUGAR GROVE, NC 28679	56-1854843	501(C)(3)		11,700	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
SUNNYSIDE MINISTRY319 HALED ST WINSTON SALEM, NC 27127	56-0552778	501(C)(3)		273,237	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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TABERNACLE OF FAITH1410 ATTUCKS ST WINSTON SALEM, NC 27105	56-2218646	501(C)(3)		22,754	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
THE CHILDREN'S HOME INC1001 REYNOLDA RD WINSTON SALEM, NC 27104	56-0547495	501(C)(3)		24,802	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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THE CHURCH OF THE ASCENSION FOOD PANTRY183 FORK-BIXBY RD ADVANCE, NC 27006	56- 0588469	501(C)(3)		109,173	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
THE HUNGER & HEALTH COALITION141 HEALTH CENTER DR BOONE, NC 28607	56- 1322973	501(C)(3)		943,988	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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THE LORD'S PANTRY602 N BRIDGE ST EDEN,NC 27288	20-4906646	501(C)(3)		675,708	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
THE ROCK CHURCH416 W KING ST KING,NC 27021	90-0100060	501(C)(3)		47,344	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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
THE SALVATION ARMY - WS1255 N TRADE ST WINSTON SALEM, NC 27101	58-0660607	501(C)(3)	11,509	89,392	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
THE SALVATION ARMY-MT AIRY 651 S SOUTH ST MT AIRY,NC 27030	58-0660607	501(C)(3)		36,933	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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THE SHALOM PROJECT INC639 GREEN ST WINSTON SALEM, NC 27101	20-2136431	501(C)(3)		77,713	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
THOMASVILLE COMMUNITY CENTER107 LEONARD ST THOMASVILLE,NC 27360	56-1848229	501(C)(3)		251,814	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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THREE FORKS BAPTIST ASSOCIATION375 W KING ST BOONE,NC 28607	20-2007347	501(C)(3)		301,774	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
TRANSFORMED LIVES2610 NEW WALKERTOWN RD WINSTON SALEM, NC 27101	27-3999966	501(C)(3)		12,695	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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TRIAD ADULT DAY CARE409 E FAIRFIELD RD HIGH POINT, NC 27263	56-1884922	501(C)(3)		7,555	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
TRI-COUNTY CHRISTIAN CRISIS MINISTRY 134-A BLUFF ST JONESVILLE, NC 28642	56-1591093	501(C)(3)		120,136	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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TRINITY EPISCOPAL CHURCH427 N MAIN ST MT AIRY,NC 27030	56-0588469	501(C)(3)		12,189	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
UNITED YOUTH CARE FOUNDATION1207 FOURTH ST GREENSBORO,NC 27405	27-1449113	501(C)(3)		27,972	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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UPPER ROOM FOOD MINISTRY 11500 NC HWY 8 LEXINGTON, NC 27292	26- 4609627	501(C)(3)		176,334	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
VIDA NUEVA UMC 308 S GLENN ST STONEVILLE, NC 27048	36- 2167731	501(C)(3)		29,883	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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WARD ST UMC 1619 W WARD AVE HIGH POINT, NC 27260	36-2167731	501(C)(3)		36,268	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
WHOLE MAN MINISTRIES 3916 OLD LEXINGTON RD WINSTON SALEM, NC 27107	26-0136378	501(C)(3)		15,915	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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WINSTON SALEM FRIENDS MEETING3151 REYNOLDA RD WINSTON SALEM, NC 27106	56-0619363	501(C)(3)		42,417	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
WORDS OF COMFORT OUTREACH2108-A ENGLISH RD HIGH POINT,NC 27260	86-1163503	501(C)(3)		67,506	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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WORTHVILLE BAPTIST CHURCH 1053 CASTLEROCK RD RANDLEMAN, NC 27317	56- 1440093	501(C)(3)		16,166	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
WS RESCUE MISSION717 OAK ST WINSTON SALEM, NC 27101	56- 0891921	501(C)(3)		217,088	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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YADKIN CHRISTIAN MINISTRIES121 W ELM ST YADKINVILLE, NC 27055	56-1802585	501(C)(3)		441,238	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
YOKEFELLOW MINISTRY OF MT AIRY215 JONES SCHOOL RD MT AIRY, NC 27030	56-1445474	501(C)(3)		302,115	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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YOKEFELLOW MINISTRY OF STATESVILLE1386 SHELTON AVE STATESVILLE, NC 28677	56- 1010615	501(C)(3)		175,275	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
YWCA - W-S AFTER SCHOOL SNACK 1031 HIGHLAND AVE WINSTON SALEM, NC 27101	56- 0564345	501(C)(3)		24,714	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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ALAMANCE PRESBYTERIAN CHURCH4000 PRESBYTERIAN RD GREENSBORO, NC 27406	56-0615186	501(C)(3)		41,993	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
ALCOHOLICS HM-HSE PRAYER5884 RIVERDALE DR JAMESTOWN, NC 27282	56-6060878	501(C)(3)		13,562	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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ANOTHER CHANCE CDC2306 W MEADOWVIEW RD STE 105 GREENSBORO, NC 27407	26- 1235411	501(C)(3)		26,066	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
ARDMORE UNITED METHODIST CHURCH630 S HAWTHORNE RD WINSTON SALEM, NC 27103	56- 0599231	501(C)(3)		33,703	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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ASHE COUNTY SHARING CENTER 03 N THIRD STREET WEST JEFFERSON, NC 28694	58-1574702	501(C)(3)		37,826	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
BARIUM SPRINGS HOME 517 BOSTON AVE N WILKESBORO, NC 28659	56-0529993	501(C)(3)		8,994	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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BEULAH BAPTIST 7239 NC HWY 22-42 BENNETT, NC 27208	56-1380750	501(C)(3)		8,340	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
BRIDGES CHURCH 5490 SHATTALON DR WINSTON SALEM, NC 27106	26-0370013	501(C)(3)		33,591	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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BURLINGTON ASSEMBLY OF GOD 903 TUCKER ST BURLINGTON, NC 27215	56-1346751	501(C)(3)		34,521	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
CARING SERVICES 102 CHESTNUT ST HIGH POINT, NC 27260	58-2181296	501(C)(3)		77,049	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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CENTER UNITED METHODIST CHURCH1400 CENTER ROAD YADKINVILLE, NC 27055	20-5359313	501(C)(3)		7,146	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
CENTRAL TERRACE UNITED METHODIST CHURCH3 E DEVONSHIRE ST WINSTON SALEM, NC 27127	56-0988323	501(C)(3)		49,197	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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COMMUNITIES IN SCHOOLS - LEXINGTON7571 S HWY 150 LEXINGTON, NC 27295	56-2004527	501(C)(3)		136,092	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
COMMUNITIES IN SCHOOLS OF FSJ 3172 NC HWY 8 S WALNUT COVE, NC 27052	55-0909897	501(C)(3)		8,894	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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CORNERSTONE CHRISTIAN CHURCH2046 ALTHEA ST WINSTON SALEM, NC 27107	51-0518667	501(C)(3)		91,851	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
DAVIDSON COMMUNITY ACTION15 E SECOND AVE LEXINGTON,NC 27292	56-0859971	501(C)(3)		5,351	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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DREAMLAND PARK MISSIONARY BAPTIST2340 DUNBAR ST WINSTON SALEM, NC 27105	56-1205216	501(C)(3)		5,341	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
ECHO MINISTRY 130 HILL ST ELKIN,NC 28621	56-2125976	501(C)(3)		42,177	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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EPHESUS SEVENTH DAY ADVENTIST1225 N CLEVELAND AVE WINSTON SALEM, NC 27101	56-2085308	501(C)(3)		5,981	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
FAMILY SERVICES SHELTER1868 KENTUCKY AVE WINSTON SALEM, NC 27101	56-0689235	501(C)(3)		8,159	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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FIRST ASSEMBLY OF GOD382 WALSER RD LEXINGTON, NC 27295	56-1350496	501(C)(3)		7,358	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
GODLY LOVE MISSIONARY BAPTIST1426 CORRIGADORE GREENSBORO, NC 27406	90-0678586	501(C)(3)		22,105	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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GREATER PIEDMONT TEEN CHALLENGE1912 BOULEVARD ST GREENSBORO, NC 27407	56- 1153323	501(C)(3)		6,848	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
GUILFORD CHILD DEVELOPMENT 1200 ARLINGTON ST GREENSBORO, NC 27406	56- 0863474	501(C)(3)		9,806	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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HARDISON UNITED METHODIST CHURCH1630 JERICHO CHURCH ROAD MOCKSVILLE, NC 27028	56-1332174	501(C)(3)		12,618	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
HELPING HANDS 2301 S MAIN ST HIGH POINT, NC 27263	27-4328095	501(C)(3)		257,371	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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HOPE BAPTIST CHURCH4872 OLD EDGAR RD SOPHIA, NC 27350	56-2213372	501(C)(3)		16,689	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
JCF MINISTRIES FULL GOSPEL CHURCH1700 S MAIN ST LEXINGTON, NC 27292	56-1186246	501(C)(3)		40,304	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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MIDWAY UNITED METHODIST CHURCH307 S STOUT ST RANDLEMAN, NC 27317	20-0422537	501(C)(3)		7,320	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
MT MORIAH OUTREACH CENTER 317 JEFFERSON ST KERNERSVILLE, NC 27284	55-0834776	501(C)(3)		28,862	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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MT OLIVET UNITED METHODIST CHURCH3282 COLLETTSVILLE RD LENOIR,NC 28645	33-1092212	501(C)(3)		17,788	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
MT SINAI BAPTIST CHURCH2794 MT SINAI RD WILKESBORO,NC 28697	20-2007347	501(C)(3)		10,181	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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MT ZION BAPTIST CHURCH950 FILE ST WINSTON SALEM, NC 27101	58-1959139	501(C)(3)		11,085	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
NEHEMIAH COMMUNITY EMPOWERMENT 2300 S ELM-EUGENE ST GREENSBORO ,NC 27406	20-4655935	501(C)(3)		27,199	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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NEXT STEP MINISTRIES745 LAKE DR KERNERSVILLE, NC 27284	56-2074800	501(C)(3)		10,898	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
OUT OF THE GARDEN PROJECT 300 NC HWY 68S GREENSBORO, NC 27409	27-2772988	501(C)(3)		191,567	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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PIEDMONT RESCUE MISSION 1519 N MEBANE ST BURLINGTON, NC 27217	56-1619734	501(C)(3)		76,047	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
SENIOR SERVICES INC 2895 SHOREFAIR DR WINSTON SALEM, NC 27105	56-1085968	501(C)(3)		26,427	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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SHELTER HOME OF CALDWELL 515 SCROGGS ST NW LENOIR, NC 28645	56-1244166	501(C)(3)		6,416	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
SOLUS CHRISTUSP O BOX 416 EAST BEND, NC 27018	26-1124908	501(C)(3)		12,103	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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
SOULS' HARBOUR CHURCH OF MAYODAN201 S AYERSVILLE RD MAYODAN, NC 27027	56-2669367	501(C)(3)		19,400	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
ST PAUL'S EPISCOPAL608 SUMMIT ST WINSTON SALEM, NC 27101	56-0567985	501(C)(3)		6,492	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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 STEPHEN MISSIONARY BAPTIST5000 NOBLE ST WINSTON SALEM, NC 27105	03-4014381	501(C)(3)		6,581	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
TAYLORSVILLE ROTARY FOUNDATION135 E MAIN ST TAYLORSVILLE, NC 28681	27-2025399	501(C)(3)		11,347	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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
THE REDEEMED CHRISTIAN CHURCH1808 MACK ST GREENSBORO, NC 27406	13-4209863	501(C)(3)		11,746	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY
THE SALVATION ARMY - STATESVILLE1361 CALDWELL ST STATESVILLE, NC 28677	58-0660607	501(C)(3)		44,047	WHOLESALE VALUE	TEFAP,SNAP,& DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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
WARD STREET COMMUNITY RESOURCE1619 W WARD AVE HIGH POINT, NC 27260	30-0333962	501(C)(3)	7,777	73,702	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
WEST END MINISTRIES903 ENGLISH RD HIGH POINT, NC 27261	56-2273642	501(C)(3)	7,930	145,926	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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
YOUTH OPPORTUNITIES920 W 11TH ST WINSTON SALEM, NC 27105	23-7086399	501(C)(3)		5,323	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
YOUTH UNLIMITED 2849 YOUTH UNLIMITED DR SOPHIA, NC 27350	56-0904267	501(C)(3)		6,590	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

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
TRIAD HEALTH PROJECT P O BOX 5716 GREENSBORO, NC 27435	58-1705502	501(C)(3)		10,999	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY
IGLESIA CRIS WES 177 CLAY FLYNT RD KERNERSVILLE, NC 27284	56-2164144	501(C)(3)		77,723	WHOLESALE VALUE	TEFAP, SNAP, & DONATED PRODUCT	FEEDING THE POOR AND NEEDY

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

SECOND HARVEST FOOD BANK OF NORTHWEST NC INC

Employer identification number

58-1457912

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

Schedule J (Form 990) 2011

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization
SECOND HARVEST FOOD BANK OF NORTHWEST NC INC

Employer identification number
58-1457912

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X		27,245,131	NCDA ASSIGNED 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 Acknowledgement29

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

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

Yes

No

No

No

No

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

Cat No 51227J

Schedule M (Form 990) 2011

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	Return Reference	Explanation
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2011

Open to Public Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
SECOND HARVEST FOOD BANK OF NORTHWEST NC INC	58-1457912

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	THE MOBILE PANTRY PROGRAM IS DESCRIBED LATER IN SCHEDULE O

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	SECOND HARVEST FOOD BANK'S ACCOUNTANTS PREPARE FORM 990 AND PROVIDE A COPY TO THE BOARD OF DIRECTORS TO REVIEW AND DISCUSS IN ADVANCE OF THE FILING DEADLINE. QUESTIONS OR CONCERNS ARE ADDRESSED BY THE ACCOUNTANTS AND INCORPORATED INTO THE FORM 990 AS APPROPRIATE. BOARD APPROVAL MUST BE GRANTED BEFORE THE FORM 990 IS FILED.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	DURING A STRUCTURED ORIENTATION PROCESS, THE ORGANIZATION PROVIDES EACH PERSON COVERED BY THE CONFLICT OF INTEREST POLICY WITH A COPY OF THE POLICY DURING ORIENTATION, EACH PERSON IS GIVEN THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE POLICY AND EACH PERSON IS ASKED IF HE OR SHE HAS ANY POSSIBLE CONFLICT OF INTEREST TO REPORT ANY PERSON WHO DISCLOSES A POTENTIAL OR EXISTING CONFLICT OF INTEREST SHALL NOT VOTE ON, OR PARTICIPATE IN (EXCEPT TO FURNISH INFORMATION), THE CONSIDERATION OF ANY MATTER IN WHICH HE OR SHE HAS A CONFLICT OF INTEREST SEVERAL TIMES THROUGHOUT THE FISCAL YEAR, ALL PERSONS COVERED BY THE POLICY ARE REMINDED OF THE POLICY AND ARE ASKED TO UPDATE THEIR STATUS REGARDING THE POLICY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS APPROVED BY THE EXECUTIVE DIRECTOR FOR KEY EMPLOYEES AND BY THE BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE FOR THE EXECUTIVE DIRECTOR. COMPENSATION IS DETERMINED IN ACCORDANCE WITH JOB PERFORMANCE, POSITION SALARY RANGE AND BUDGETARY CONSIDERATIONS. SALARY RANGES ARE ESTABLISHED BASED UPON COMPARATIVE INFORMATION PUBLISHED BY THE ORGANIZATION'S NATIONAL NETWORK "FEEDING AMERICA" AND THE NC CENTER FOR NONPROFITS SALARY SURVEY. ON AN ANNUAL BASIS, THE EXECUTIVE DIRECTOR RECEIVES A PERFORMANCE EVALUATION BY THE BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE. OTHER KEY EMPLOYEES RECEIVE ANNUAL PERFORMANCE EVALUATIONS BY THE EXECUTIVE DIRECTOR. COMPENSATION INFORMATION, INCLUDING EVALUATIONS AND SALARY RECORDS, IS PROPERLY DOCUMENTED AND MAINTAINED IN PERSONNEL FILES.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	SECOND HARVEST FOOD BANK MAKES FORMS 990 AND 990-T AVAILABLE ON ITS WEBSITE INSPECTION OF THE FORMS AT THE ORGANIZATION'S OFFICE CAN BE ARRANGED IF REQUESTED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	SECOND HARVEST FOOD BANK PROVIDES PAPER OR ELECTRONIC COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO MEMBERS OF THE PUBLIC UPON REQUEST INSPECTION OF THE DOCUMENTS AT THE ORGANIZATION'S OFFICE CAN BE ARRANGED IF REQUESTED

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 4,922

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I - SUMMARY, LINE 1 & PART III, LINE 1	SECOND HARVEST FOOD BANK'S MISSION IS TO REDUCE HUNGER AND MALNUTRITION IN NORTHWEST NORTH CAROLINA WE ARE COMMITTED TO (1) ACQUIRING AND DISTRIBUTING FOOD TO SUPPLEMENT THE FOOD NEEDS OF FAITH AND COMMUNITY-BASED ORGANIZATIONS, (2) ADVOCATING FOR THE RIGHTS OF HUNGRY PEOPLE, (3) EDUCATING THE PUBLIC ABOUT HUNGER, AND (4) PURSUING PARTNERSHIPS WITH LIKE-MINDED ORGANIZATIONS OUR VISION IS SHARING THE ABUNDANCE SO NO ONE GOES HUNGRY

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	DONATED PRODUCT DONATED PRODUCT IS ACQUIRED FROM A BROAD RANGE OF SOURCES (RECEIPTS 24,189,762 POUNDS FOR 06/30/12) AND DISTRIBUTED (DISTRIBUTION 22,300,255 POUNDS FOR 06/30/12) FROM SECOND HARVEST FOOD BANK'S 65,000 SQUARE FOOT WAREHOUSE. THE DISTRIBUTION PROGRAM HELPS MORE THAN 283 PARTNER AGENCIES PROVIDE 395 SEPARATE FEEDING PROGRAMS THAT FEED THE POOR AND NEEDY ACROSS 18 COUNTIES. ALL PARTNER AGENCIES MAY PICK UP FOOD FROM THE WAREHOUSE. MANY COUNTIES IN OUR SERVICE AREA ALSO HAVE THE OPTION OF USING THE RURAL DELIVERY PROGRAM. SECOND HARVEST FOOD BANK STAFF AND BOARD MEMBERS ADVOCATE AND EDUCATE TARGET AUDIENCES, INCREASING VISIBILITY OF HUNGER ISSUES IN OUR COMMUNITIES THROUGH MARKETING, PUBLIC RELATIONS AND GOVERNMENT RELATIONS PROGRAMS.

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4B	<p>BACKPACK PROGRAM THE BACKPACK PROGRAM IS A PROGRAM OF FEEDING AMERICA AND AIMS TO ADDRESS CHILDHOOD HUNGER IN RURAL AND URBAN COMMUNITIES BY PROVIDING SCHOOL CHILDREN AT RISK OF HUNGER WITH BACKPACKS FULL OF NUTRITIOUS CHILD-FRIENDLY FOODS TO TAKE HOME OVER THE WEEKENDS DURING THE SCHOOL YEAR AS OF 6/30/12 SECOND HARVEST FOOD BANK OPERATES 64 PROGRAM SITES IN COLLABORATION WITH SELECTED PARTNER AGENCIES AND SCHOOLS SECOND HARVEST FOOD BANK PROVIDES BACKPACKS, FOOD, AND OVERSIGHT OF THE PROGRAM BY OUR AGENCY OUTREACH COORDINATOR DAY-TO-DAY COORDINATION IS HANDLED BY PARTNER AGENCIES OF SECOND HARVEST FOOD BANK AND THE SCHOOLS TO WHICH THEY ARE MATCHED PARTICIPATING SCHOOLS HAVE 50% OR MORE OF STUDENTS RECEIVING FREE OR REDUCED PRICE SCHOOL MEALS EACH PROGRAM DISTRIBUTES ON AVERAGE 50 BACKPACKS PER WEEK PARTNER AGENCIES PICK UP DONATED FOOD FROM SECOND HARVEST FOOD BANK AND RECRUIT AND COORDINATE VOLUNTEERS TO FILL THE BACKPACKS FOR DELIVERY TO SELECTED SCHOOLS EACH FRIDAY SCHOOL TEACHERS AND ADMINISTRATORS DETERMINE WHICH CHILDREN WILL PARTICIPATE PARENTAL CONSENT IS REQUIRED FOR EACH CHILD AND STUDENT NAMES ARE KEPT CONFIDENTIALLY AT THE SCHOOL</p>

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4C	<p>TRIAD COMMUNITY KITCHEN TRIAD COMMUNITY KITCHEN IS A PROGRAM OF SECOND HARVEST FOOD BANK AN EXECUTIVE CHEF IS THE INSTRUCTOR IN A 13-WEEK CULINARY TRAINING PROGRAM FOR HOMELESS, UNEMPLOYED AND UNDEREMPLOYED INDIVIDUALS STUDENTS ARE REFERRED BY GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA AND FORSYTH TECHNICAL COMMUNITY COLLEGE THE STUDENTS RECEIVE THE CULINARY TRAINING AT NO CHARGE WITH THE GOAL OF ATTAINING SUSTAINABLE, GAINFUL EMPLOYMENT IN THE FOOD SERVICE AND HOSPITALITY INDUSTRIES MOST OF THE STUDENTS ARE STRUGGLING TO OVERCOME VARIOUS BARRIERS IN THEIR LIVES, INCLUDING A LACK OF EDUCATION, SUBSTANCE ABUSE AND CRIMINAL RECORDS THE PROGRAM OFFERS FOUR 13-WEEK TRAINING SESSIONS A YEAR THAT INCLUDE CERTIFICATION IN SERVSAFE SANITATION, BASIC CULINARY SKILLS, KNIFE SKILLS, KITCHEN SAFETY, AND MASS FOOD PRODUCTION TRAINING INCLUDES INSTRUCTION AND ACTIVITIES DESIGNED TO HELP ENSURE STUDENTS ARE "WORKPLACE READY" AND A ONE-WEEK INTERNSHIP WITH A LOCAL FOOD SERVICE ORGANIZATION OR RESTAURANT TO HELP STUDENTS GAIN "REAL WORLD" JOB EXPERIENCE GRADUATES MAY OBTAIN FURTHER TRAINING AND PROFESSIONAL DEVELOPMENT WITH TRANSFERABLE CREDITS TO APPLY TO CONTINUED STUDY AT GTCC IN GUILFORD COUNTY OF THE 350 STUDENTS WHO HAVE GRADUATED, 66% HAVE BEEN PLACED IN JOBS STUDENTS ALSO USE DONATED AND PURCHASED FOOD TO PREPARE VACUUM-SEALED, READY TO HEAT MEALS IN A BAG THESE MEALS ARE DISTRIBUTED TO SECOND HARVEST FOOD BANK'S PARTNER AGENCIES IN THE AREA</p>

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4D	<p>KIDS CAFE PROGRAM KIDS CAFE IS A PROGRAM OF FEEDING AMERICA, THE NATION'S FOOD BANK NETWORK, COMPRISED OF MORE THAN 200 MEMBERS KIDS CAFE PROGRAMS ARE ESTABLISHED IN COLLABORATION WITH PARTNER AGENCIES (CHURCHES, SALVATION ARMY AND COMMUNITY CENTERS) EACH OF THE 13 KIDS CAFE SITES OFFER A YEAR ROUND FEEDING PROGRAM FOR POOR AND NEEDY CHILDREN (ELIGIBLE IF PARTICIPATING IN FREE AND REDUCED CHARGE SCHOOL FEEDING PROGRAMS), PROVIDING A NUTRITIOUS EVENING MEAL, HOMEWORK ASSISTANCE, AND ENRICHMENT ACTIVITIES IN A SAFE AND NURTURING ENVIRONMENT THREE EVENINGS PER WEEK SECOND HARVEST FOOD BANK PROVIDES GRANT FUNDS TO PAY A SALARY FOR A COOK, PROVIDES FOOD FROM ITS INVENTORY, ASSISTS WITH THE RECRUITMENT OF VOLUNTEERS, AND OFFERS TECHNICAL ASSISTANCE AND TRAINING FOOD PURCHASE PROGRAM SECOND HARVEST FOOD BANK PURCHASES NUTRITIOUS FOOD PRODUCTS FROM VENDORS AND MAKES THESE PRODUCTS AVAILABLE FOR PURCHASE BY PARTICIPATING PARTNER AGENCIES THE ORGANIZATION SHOPS FOR FOOD PRODUCTS FROM VARIOUS SOURCES, LEVERAGING OUR BUYING POWER TO OBTAIN THE BEST VALUE THIS PROGRAM ALLOWS PARTICIPATING AGENCIES TO OBTAIN FOOD PRODUCTS AT A LOWER COST THAN AVERAGE RETAIL COST THE PRODUCT MIX IS NARROWLY FOCUSED, CONSISTING OF STAPLE ITEMS MOST OFTEN PURCHASED BY THE PARTNER AGENCIES SUCH AS SPAGHETTI, SOUP, MACARONI AND CHEESE, BEANS, MILK, AND RICE ANY NET GAINS FROM FOOD SALES TO PARTNER AGENCIES ARE REINVESTED INTO THIS PROGRAM THE FOOD PURCHASE PROGRAM IS AN INNOVATIVE APPROACH TO PROVIDING NUTRITIOUS FOOD PRODUCTS NEEDED BY THE PARTNER AGENCIES AT A TIME WHEN DONATED FOOD IS DECLINING SUMMER FEEDING PROGRAM SUMMER FEEDING IS A PROGRAM DESIGNED TO ENSURE CHILDREN AT RISK OF HUNGER HAVE ACCESS TO MEALS DURING THE SUMMER MONTHS WHEN SCHOOL IS OUT SITES OPERATE IN LOW-INCOME AREAS WHERE THE CHILDREN COME FROM FAMILIES WITH INCOMES AT OR BELOW 185% OF THE FEDERAL POVERTY LEVEL, MAKING THEM ELIGIBLE FOR FREE AND REDUCED-PRICE SCHOOL MEALS MEALS ARE SERVED FREE TO ANY CHILD AT THE SITE APPROXIMATELY 450 CHILDREN WERE SERVED AT 12 SITES MOBILE PANTRY PROGRAM THE MOBILE PANTRY PROGRAM PROVIDES DIRECT CLIENT DISTRIBUTION OF FOOD MANAGED BY SECOND HARVEST FOOD BANK, WORKING IN PARTNERSHIP WITH A PARTNER AGENCY, THAT UTILIZES REFRIGERATED TRUCKS TO PROVIDE FOOD TO PEOPLE IN NEED IN UNDERSERVED LOCATIONS IN OUR 18 COUNTY SERVICE AREA, THIS PROGRAM TARGETED 450 INDIVIDUALS IN EACH OF SEVEN COUNTIES AND 600 INDIVIDUALS IN EACH OF TWO ADDITIONAL COUNTIES, RESULTING IN SIGNIFICANT FOOD ASSISTANCE TO 4,350 INDIVIDUALS</p>

Additional Data

Software ID:
Software Version:
EIN: 58-1457912
Name: SECOND HARVEST FOOD BANK OF NORTHWEST NC
INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code) (Expenses \$	472,940	including grants of \$	66,303) (Revenue \$
KIDS CAFE, THE FOOD PURCHASE AND SUMMER FEEDING PROGRAMS ARE DESCRIBED LATER IN SCHEDULE O				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
RICK BELMONT DIRECTOR	1 50	X						0	0	0
CORRY BRUNSON DIRECTOR	1 50	X						0	0	0
MAURICIO COTE DIRECTOR	1 50	X						0	0	0
KEN CREWS DIRECTOR	1 50	X						0	0	0
MATTHEW S CULLINAN PHD DIRECTOR	1 50	X						0	0	0
KATHRYN DORN DIRECTOR	1 50	X						0	0	0
JOHN DUNKELBERG DIRECTOR	1 50	X						0	0	0
RAGAN FOLAN DIRECTOR	1 50	X						0	0	0
PAUL GARRISON DIRECTOR	1 50	X						0	0	0
LAURA HARRELL DIRECTOR	1 50	X						0	0	0
HON DENISE HARTSFIELD DIRECTOR	1 50	X						0	0	0
ALLEN HELMS DIRECTOR	1 50	X						0	0	0
CHARLES N HOLLOWAY SR DIRECTOR	1 50	X						0	0	0
MILTON S KERN II DIRECTOR	1 50	X						0	0	0
KATHERINE LANEAVE-WHICKER DIRECTOR	1 50	X						0	0	0
REVEREND JOHN LANGDON DIRECTOR	1 50	X						0	0	0
GAYNELLE N LOVELACE DIRECTOR	1 50	X						0	0	0
TOM MAYFIELD DIRECTOR	1 50	X						0	0	0
ROBERT L MAYVILLE DIRECTOR	1 50	X						0	0	0
JOHN B MORRIS DIRECTOR	1 50	X						0	0	0
DAVID PARDUE DIRECTOR	1 50	X						0	0	0
JEFF POWELL DIRECTOR	1 50	X						0	0	0
HERVE ROCHE DIRECTOR	1 50	X						0	0	0
ANN GARNER RIDDLE DIRECTOR	1 50	X						0	0	0
SHEILA M SANDERS DIRECTOR	1 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BARBARA SAULPAUGH DIRECTOR	1 50	X						0	0	0
JEROME SILBER DIRECTOR	1 50	X						0	0	0
MICHELLE SPEAS MA CFRE DIRECTOR	1 50	X						0	0	0
ROBERT D STOWE DIRECTOR	1 50	X						0	0	0
ANNE WYRICK DIRECTOR	1 50	X						0	0	0
KARL FYENA DIRECTOR	1 50	X						0	0	0
J BARRY HENNINGS DIRECTOR	1 50	X						0	0	0
ANITA JOFFE DIRECTOR	1 50	X						0	0	0
JAMES G LENTZ DIRECTOR	1 50	X						0	0	0
ERIC MORRISON DIRECTOR	1 50	X						0	0	0
JOSEPH A FREEMAN CFP CFTA DIRECTOR	1 50	X						0	0	0
CLYDE FITZGERALD JR EXECUTIVE DIRECTOR	37 50			X				154,733	0	0
LISA RICHARDSON DIR OF FINANCE AND OPERATIONS	37 50			X				92,514	0	6,318