12000)
Form 990%	U
Department of the Treasury	

Return of Organization Exempt From Income Tax

Inder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047
(2018)
Open to Dublic

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information Internal Revenue Service

	_	do to www.iis.govi or iis decadis and the	20 0410	2
<u>A</u>	For t	he 2018 calendar year, or tax year beginning JUL 1, 2018 and ending		
В	Check applica	C Name of organization	D Employer identifi	cation number
	Add char	FEEDING PENNSYLVANIA		
	X Nam	Doing business as	45-4	793238
Ē	Initia	al and the second of the secon		
Ē	Fina	939 EAST PARK DRIVE	'	724-3194
	term	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	9,040,438.
	retu		H(a) Is this a group re	
L	App	TF Name and address of principal officer CANE CLEMEN 15-5M11H	for subordinates	3? . Yes X No
	pend	SAME AS C ABOVE	(b) Are all subordinates in	ncluded? Yes No
		xempt status X 501(c)(3) 501(c) ()	: 	list (see instructions)
		lte: ► WWW.FEEDINGPA.ORG	H(c) Group exemptio	
		· · · · · · · · · · · · · · · · · · ·	rear of formation: 2011 N	A State of legal domicile: PA
LF	art I	Summary		
g.	1	Briefly describe the organization's mission or most significant activities: FEEDING		
Governance		PENNSYLVANIA PARTNER STATE ASSOCIATION OF FE		
Ü	2	Check this box If the organization discontinued its operations or disposed of	more than 25% of its net as	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	. Ø 3	<u> </u>
9	4	Number of independent voting members of the governing body (Park line Alb) 6 0.3	2020	9
S	5	Total number of individuals employed in calendar year 2018 (Part V, ine 2a)	O 5	6
ij	6	Total number of volunteers (estimate if necessary)		16
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12 OGDEN	N, UT 7a	0.
⋖		Net unrelated business taxable income from Form 990-T, line 38	7b	0.
_	1		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	376,932.	472,399.
Revenue	9	Program service revenue (Part VIII, line 2g)	104,800.	139,983.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
æ			177,230.	639,476.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	658,962.	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,251,858.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	128,411.	179,822.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	302,535.	451 240
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		451,249.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
×	Ь	Total fundraising expenses (Part IX, column (D), line 25) 17,835.	55 554	
ш	17		73,781.	218,020.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	504,727.	849,091.
_,	19	Revenue less expenses Subtract line 18 from line 12	154,235.	402,767.
S Or			Beginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)	925,925.	1,469,015.
Net Assets	21	Total liabilities (Part X, line 26)	535,871.	<u>676,194.</u>
킬	22	Net assets or fund balances Subtract line 21 from line 20	390,054.	792,821.
P	<u>art II</u>	Signature Block		
Und	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep		
		Jone Venores and	7/6/202	20
Sig	n	Signature of officer	Date	
Hei	e	JANE CLEMENTS - SMITH, EXECUTIVE DIRECTOR Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check 3	PTIN
Dair			120201	
Paid		GARY J. DUBAS	Sen-employer	
	19180	Firm's name MCKONLY & ASBURY, LILP	Firm's EIN	23-1909723
USE	Only	Firm's address 415 FALLOWFIELD ROAD	C	17617010
_		CAMP HILL, PA 17011	Phone no. / 1 /	77617910
May	the li	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2018)

Form 990 (2018)

Form	990	(2018)
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FEEDING PENNSYLVANIA

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Part IV	Checklist of	Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1	X_	1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		İ	
	public office? If "Yes," complete Schedule C, Part I	_ 3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			l
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	4.41		.
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		X
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
а	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	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			•
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
••	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		.	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2018) FEEDING PENNSYLVANIA

Part IV Checklist of Required Schedules (continued)

_				1				
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			7.7				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	000		- V				
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23_	<u> </u>	<u> </u>				
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K If "No," go to line 25a							
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X				
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1						
	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						
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		X				
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or							
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"							
	complete Schedule L, Part II	26		X				
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial							
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member							
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>				
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u> </u>				
b	family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV							
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,							
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		_X_				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			Х				
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	_					
٥.	If "Yes," complete Schedule N, Part I	31		х				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
-	Schedule N, Part II	32		Х				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-						
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ĺ	X				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34		X				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?							
Do	Note, All Form 990 filers are required to complete Schedule O	_38	X					
Par								
	Check if Schedule O contains a response or note to any line in this Part V	- ,		<u> </u>				
			Yes	No				
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the assessment of something and so for something and so determined to something and							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v					
	(gambling) winnings to prize winners?	1c	<u> </u>					

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			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	'	ļ								
	filed for the calendar year ending with or within the year covered by this return 2a 5		_								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-							
	Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	, , ,	X							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b									
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х							
b	b If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)										
5a											
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?											
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		Х							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		-								
	were not tax deductible?	6b	l								
7	Organizations that may receive deductible contributions under section 170(c).	_									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	_	X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		x							
d	If "Yes," indicate the number of Forms 8282 filed during the year	٠.,	_								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	X							
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?											
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. Did a donor advised fund maintained by the											
	sponsoring organization have excess business holdings at any time during the year?										
9	Sponsoring organizations maintaining donor advised funds.			ĺ							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a_									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L							
10	Section 501(c)(7) organizations. Enter			ĺ							
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter										
а	Gross income from members or shareholders	i	ļ								
b	Gross income from other sources (Do not net amounts due or paid to other sources against			Ī							
	amounts due or received from them)	_									
2a	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	ŀ									
3	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note. See the instructions for additional information the organization must report on Schedule O										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	İ									
С	Enter the amount of reserves on hand			X							
4a Did the organization receive any payments for indoor tanning services during the tax year?											
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b									
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	j									
	excess parachute payment(s) during the year?	15		_X_							
	If "Yes," see instructions and file Form 4720, Schedule N										
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	If "Ves " complete Form 4720. Schedule O	- 1									

Form 990 (2018) FEEDING PENNSYLVANIA 45-4793238 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O' See instructions								
	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	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?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X_					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1							
	more members of the governing body?	7a		_X_					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	۱.							
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	100	$\dot{\mathbf{x}}$	- '					
12a	M. W. I.	12a 12b	X						
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	-23						
С	in Schedule O how this was done	12c	x						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	x	-					
	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	_		- -					
	taxable entity during the year?	16a		X					
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?								
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶PA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3):	s only)	avaıla	ble					
	for public inspection. Indicate how you made these available. Check all that apply								
	X Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	fınand	cial						
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	JANE CLEMENTS-SMITH - 717-724-3194								
	939 EAST PARK DRIVE, SUITE 200, HARRISBURG, PA 17111								

rm 000 (0010)	FFFTNC	PENNSYLVANIA	
<u>rm 9</u> 90 (2018)	LEEDING	LUMATICAMIA	

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter ·0· in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			_ (6	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more that			than	one	Reportable	Reportable	Estimated
	hours per week	box	, unle cer ar	ss pe	rson Irecto	ıs bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	ā						the	organizations	compensation
	hours for	E E				8		organization	(W·2/1099-MISC)	from the
	related	stee o	rustee		_	Suac		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		ptoye	E 8				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Ротте			organizations
(1) KRIS DOUGLAS	2.00	=	=	1	Ť	I w	۳			
BOARD MEMBER		X						0.	0.	0.
(2) GENE BRADY	2.00									
BOARD CHAIR		X		Х				0.	0.	0.
(3) KAREN SEGGI	2.00			İ						
BOARD TREASURER		X		X		L		0.	0.	0.
(4) JENNIFER MILLER	2.00							_		
BOARD SECRETARY		X		X				0.	0.	0.
(5) JOE ARTHUR	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) LORI WESTON	2.00									
BOARD MEMBER	2 00	Х						0.	0.	0.
(7) LISA SCALES	2.00	7.						0.	0.	•
BOARD MEMBER	2.00	Х				_		U •	0.	0.
(8) GLENN BERGMAN	2.00	x		x				0.	0.	0.
VICE CHAIR (9) JESSICA DOKACHEV	2.00	^						0.	0.	<u> </u>
BOARD MEMBER	2.00	х						0.	0.	0.
(10) JANE CLEMENTS-SMITH	40.00									
EXECUTIVE DIRECTOR				х				84,911.	0.	7,808.
								•		
									<u> </u>	
				\dashv						
										
					-	_			_	

Fai	Section A. Officers, Directors, Trus	tees, Key Em	<u>, Key Employees, and Highest Cor</u>			st C	Compensated Employees (continued)									
	. (A)	(B)	(C)						(D)	(E)			(F)			
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		E:	stımat	ed		
		hours per	· ·	•	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation		amount of		-
		week (list any		Cer an		1 5010	77,1143	100,	from	from related			other			
		hours for	lrect						the	organization (W-2/1099-MI			pensa rom th			
		related	0.0	章			sated		organization (W-2/1099-MISC)	(44-271099-1411	30)	i	janiza	_		
		organizations	Individual trustee or director	institutional trustee		92	шреп		(***271033****100)				d rela			
		below	geag	nton	<u></u>	Key employee	est co	Ja				1	anızat			
		line)	l g	fusti	Officer	Key e	Highest compensated employee	Former				_				
										-						
	•		_													
										- .		<u>. </u>				
				_			\vdash					-				
									1							
							\vdash									
																
				Ш			Щ		04 011		^		7 0	00		
1b	Sub-total								84,911.		0.		7,8	08.		
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.		
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	84,911.		0.		7,8	08.		
2	Total number of individuals (including but no	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportab	le			_		
	compensation from the organization													0		
											1		Yes	No		
3	Did the organization list any former officer,		stee	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on		- -				
	line 1a? If "Yes," complete Schedule J for se	uch individual										3		X		
4	For any individual listed on line 1a, is the su	•							•	he organization						
	and related organizations greater than \$150	0,000 <i>? If "Yes,</i>	" coi	mple	ete S	Sche	edule	J f	or such individual			4		X		
5	Did any person listed on line 1a receive or a	ccrue comper	ısatı	on fi	rom	any	unre	elate	ed organization or indivi	dual for services		_		١ ،		
	rendered to the organization? If "Yes," com	plete Schedule	J f	or su	ıch <u>ı</u>	oers	on					5		X		
Sec	tion B. Independent Contractors															
1	Complete this table for your five highest con	mpensated inc	lepe	nde	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of com	pens	ation f	rom			
	the organization Report compensation for t	he calendar ye	ear e	endir	ng w	<u>rith c</u>	or wi	thin	the organization's tax y	ear						
	(A)								(B)			(0				
	Name and business	address	NC	NE	<u> </u>				Description of s	ervices	С	ompe	nsatio	n		
								-								
								T								
								\top				_				
								-		İ						
								十								
	- -		_		-			十	 							
										1						
2	Total number of independent contractors (in	ncludina but n	ot lir	niter	d to	thos	se lis	ted	above) who received m	ore than		•				
_	\$100,000 of compensation from the organiz	-				1)		22370, 1110 10001700 111					,		
	wiso, soo or compensation from the organiz	ation					′ —									

Form 990 (2018) FEEDING PENNSYLVANIA
Part VIII Statement of Revenue

		Check if Schedule O conf	tains a response	or note to any line	e in this Part VIII		_	
	•	-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran		Membership dues	1b]
S,E	С	E - d	1c					
iifts ar /		Related organizations	1d					
s, C mil	,	Government grants (contribut	tions) 1e	134,852.				
ion S	f	All other contributions, gifts, gran						
but		similar amounts not included abo	1 1	337,547,				
nti d O	g	Noncash contributions included in lines	1a-1f \$		_			
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		•	472,399			
				Business Code			_	
စ္ပ	2 a	MEMBERSHIP DUES		624210	129,800.	129,800.		
e Ķ	b	OTHER PROGRAM REVENUES		900099	10,183.	10,183.		
Program Service Revenue	С							
eve	d							
ρ. F	е							
هَ	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		•	139,983.			ļ
	3	Investment income (including	dividends, inter	est, and		İ		
		other similar amounts)		▶				
	4	Income from investment of ta	x-exempt bond	proceeds 🕨				<u> </u>
	5	Royalties		, •				
			(ı) Real	(II) Personal		,		
	6 a	Gross rents				İ		
	b	·		1				
	С	Rental income or (loss)						
	d	` '		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						1
	b							
		and sales expenses	ļ					
	C	` '						
	d	Net gain or (loss)		P				
ē	8 a	Gross income from fundraising	_					
Other Reven		including \$			i			
B.		contributions reported on line Part IV, line 18		00.074				
her	_	Less direct expenses	a b					
ŏ		Net income or (loss) from fund		65,587.	-36,313.			-36,313,
		Gross income from gaming ac			-30,313.			-30,313.
	3 d	Part IV, line 19	a a					
	h	Less direct expenses	b					
		Net income or (loss) from gam	-					
		Gross sales of inventory, less						
1		and allowances	а	8,398,782.				
	b	Less cost of goods sold	b					
		Net income or (loss) from sale	s of inventory	•	675 789	675 789		
		Miscellaneous Revenu	•	Business Code				
ļ	11 a							
	b							
ŀ	С							
	d	All other revenue	-					
	е	Total. Add lines 11a-11d		•				
	12	Total revenue See instructions			1,251,858.	815,772.	0.	-36,313,

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)							
Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	179,822.	179,822.					
2	Grants and other assistance to domestic		·					
	individuals See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign				ı			
	individuals See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees	100,707.	80,566.	5,035.	15,106.			
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	283,225.	227,999.	55,199.	27.			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	37,042.	21,353.	15,374.	315.			
10	Payroll taxes	30,275.	24,595.	4,509.	1,171.			
11	Fees for services (non-employees)							
а	Management							
b	Legal							
C	Accounting	12,000.		12,000.				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	,		== 000					
	column (A) amount, list line 11g expenses on Sch O.)	77,527.	75,292.	2,235.				
12	Advertising and promotion	7,303.	7,303.					
13	Office expenses	11,424.	10,557.	794.	73.			
14	Information technology							
15	Royalties	15 000	6 000	0 000				
16	Occupancy	15,900.	6,000.	9,900.	60.			
17	Travel	17,271.	14,631.	2,580.				
18	Payments of travel or entertainment expenses							
40	for any federal, state, or local public officials	6,503.	4,751.	1,419.	333.			
19 20	Conferences, conventions, and meetings Interest	0,303.		1,417.	333.			
21	Payments to affiliates		-					
22	Depreciation, depletion, and amortization	2,885.	2,308.		577.			
23	Insurance	4,916.		4,916.				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)							
а	SUBCONTRACTOR EXPENSE	56,583.	56,583.					
b	PROFESSIONAL DEVELOPMEN	2,740.	2,509.	58.	173.			
c	OTHER FEES	2,578.	2,101.	477.				
d	DUES EXPENSE	390.	390.					
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	849,091.	716,760.	114,496.	17,835.			
26	Joint costs Complete this line only if the organization				 _			
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here If following SOP 98-2 (ASC 958-720)							

Form 990 (2018)
Part X | Balance Sheet

Ра	rt X	Balance Sheet			<u>_</u>
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	<u>458,356.</u>	1	873,858.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	<u>392,952.</u>	3	441,040
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		ŀ	
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			l
S.		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ÿ	8	Inventories for sale or use	36,707.	8	124,066.
	9	Prepaid expenses and deferred charges	35,025.	9	30,051.
	10a	Land, buildings, and equipment cost or other			
	ļ	basis Complete Part VI of Schedule D 10a			
	Ь	Less accumulated depreciation 10b		10c	-
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	2 2
	14	Intangible assets	2,885.	14	0.
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	925,925.	16	1,469,015.
	17	Accounts payable and accrued expenses	324,606.	17	389,275.
	18	Grants payable	3,265.	18	65,505.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S.	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons			.
abi		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			
	1	Schedule D	208,000.	25	221,414.
	26	Total liabilities. Add lines 17 through 25	535,871.	26	676,194.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			<u> </u>
JE	27	Unrestricted net assets	202,224.	27	731,824.
3ak	28	Temporarily restricted net assets	187,830.	28	60,997.
ק	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
Net Assets or Fund Balances		and complete lines 30 through 34.			-
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	390,054.	33	792,821.
	34	Total liabilities and net assets/fund balances	925,925.	34_	<u>1,469,015.</u>

	1 990 (2018) FEEDING PENNSYLVANIA	<u>45-4</u>	<u>793238</u>	_ Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,25	1,8	<u>58.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			91.
3	Revenue less expenses Subtract line 2 from line 1	3			<u>67.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39	0,0	54.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	79:	2,8	21.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Lx l</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				_
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		_	_	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		_	- '
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete If the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization PERDING DENNIGHT WANTA **Employer identification number** 45-4793238

		reed	TING PENNOT	TAMIN				3-4733430		
Pa	τI	Reason for Public	Charity Status (All organizations must c	omplete th	ııs part) S	ee instructions			
'nе	organ	zation is not a private found	lation because it is (For lines 1 through 12,	check only	one box.)				
1		A church, convention of ch					^	١		
2	一	•					"	1		
3	一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Ħ	•					•	the hospital's name.		
-		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
_		city, and state An organization operated for	or the benefit of a co	llogo or university owne	d or opera	tod by a d	overnmental unit describ	ned in		
5				lege of university owner	u oi opeia	led by a g	overnmental unit descri	Ded III		
		section 170(b)(1)(A)(iv). (C								
6	님	A federal, state, or local go								
7	ш	An organization that norma	-	ntial part of its support	from a gov	ernmenta	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II)							
8	\sqsubseteq	A community trust describe	• •							
9		An agricultural research org	ganızatıon described	in section 170(b)(1)(A)((ix) operate	ed in conji	inction with a land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, cit	y, and state of the colleg	je or		
		university								
10	\mathbf{X}	An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from		
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975		
		See section 509(a)(2). (Cor		,		·				
11		An organization organized	•	vely to test for public sa	afety See	section 50	09(a)(4).			
12	Ħ	An organization organized a						e purposes of one or		
-		more publicly supported or								
		lines 12a through 12d that	-							
_		Type I. A supporting orga	• •				_	, alvina		
а	<u> </u>	the supported organization	•	· ·	-					
		.,	• •	• • • •	a majority	or trie dire	ciois of trustees of the s	supporting		
		organization You must o	•		المساهدين محمية		ed ereenizetion(s), by be			
Þ		Type II. A supporting org								
		control or management o			ame perso	ons that co	ontrol or manage the sup	portea		
		organization(s) You mus	•							
С		Type III functionally inte						ed with,		
		its supported organization		•						
d		Type III non-functionally								
		that is not functionally int	egrated The organiz	ation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.			
е	L	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or	Type III non-functio	nally integrated support	ıng organı	zation				
f	Ente	r the number of supported o	organizations							
g		ide the following information			I 653 10 4b 0 0 000		·			
	(ı) Name of supported	(II) EIN	(III) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
			•							
				-						
				<u></u>			•			
		<u> </u>								
						1				
oto.			-							

	edule A (Form 990 or 990-EZ) 2018 F art II Support Schedule for	EEDING PE Organization	ENNSYLVANI s Described ir	A Sections 170)(b)(1)(A)(iv) and	45-479 d 1 70(b)(1)(A)(\	323/8 Page 2
	(Complete only if you checke				on failed to qualify	under Part III If the	e ørganization
	fails to qualify under the test	s listed below, plea	ase complete Part	· · · · · · · · · · · · · · · · · · ·		/	
	ction A. Public Support		T		T	1 224	
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201⁄8	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				/		
	or expended on its behalf	\vdash			 /		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	\vdash		-			
4	Total. Add lines 1 through 3	—			 / 		
5	The portion of total contributions		\setminus				
	by each person (other than a				Y		
	governmental unit or publicly			/	1		
	supported organization) included on line 1 that exceeds 2% of the			. /			
	amount shown on line 11,						
	column (f)						
_	,,			 			
	Public support. Subtract line 5 from line 4 ction B. Total Support		· \				_
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(4) = 5	(5) = 0.0	X	(4) = -	(0)	117.333
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			\			
9	Net income from unrelated business		/				
-	activities, whether or not the		/	\			
	business is regularly carried on		/				
10	Other income Do not include gain						
	or loss from the sale of capital			\	\		
	assets (Explain in Part VI)	/	4				
11	Total support. Add lines 7 through 10						· ·
	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stop	o here					▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			· · · · · ·	
	Public support percentage for 2018 (/		column (f))	\ \	14	<u>%</u>
	Public support percentage from 2017				\ \	15	<u>%</u>
16a	33 1/3% support test - 2018. If the o	i			14 is 33 1/3% of m	ore, check this bo	
	stop here. The organization qualifies	,					▶□
b	33 1/3% support test - 2017. If the	-			l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual				. 40 40 40	11 11 1000	
17a	10% -facts-and-circumstances tes					\	
	and if the organization meets the "fact					t vi now the organ	ization
	meets the "facts-and-circumstances"			· -		70 and 15 45	100/ 05
b	10% -facts-and-circumstances tes	_				\	
	more, and if the organization meets the				-	``	▶□
10	organization meets the facts-and-circ		-			`	, [
ıĸ	Private foundation. If the organization	п ою поселеска	DOX OF TIME 13, 16	a, 100, 1/a, 01 1/1			
	/				Sche	dule A (Form 990	UI 33U-EZ) ZU IG
						`	\

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	201,139.	135,444.	494,786.	<u>376,932.</u>	472,399.	1,680,700.
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	100,000.	100,000.	100,000.	282,030.	815,772.	1,397,802.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	301,139.	235,444.	594,786.	658,962.	1,288,171.	3,078,502.
7a	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons		-				0.
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						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6)						3,078,502,
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	301,139.	235,444.	594,786.	658,962.	1,288,171.	3,078,502.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	68.					68.
b	Unrelated business taxable income						
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	68.					68.
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 VI)						
13	Total support (Add lines 9, 10c, 11, and 12)	301,207.	235,444.	594,786.	658,962.	1,288,171.	3,078,570.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiza	ation,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (li	ne 8, column (f), d	ivided by line 13, c	olumn (f))			100.00 %
	Public support percentage from 2017					16	100.00 %
	tion D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))	-	17	.00 %
	Investment income percentage from 2				[18	.00 %
	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box ar		=				▶ X
	33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, check	=					
	Private foundation. If the organization						

Part IV Su

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. D. and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Orgai	nizations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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3b		1
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9a		•
9b	-	
9c		
10a		
_10b		

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	adule A (Form 990 of 990-EZ) 2016 FEEDING FENNSILVANIA 45	4/334	00 P	age 5
Pa	rt IV Supporting Organizations (continued)		T	T
44	. Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	
a	below, the governing body of a supported organization?	11a		-
h	A family member of a person described in (a) above?	11b		İ
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	etion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	- 1		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	,		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ļ		
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		<u> </u>
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	-		
	the supported organization(s)	11	<u> </u>	<u>. </u>
Sec	tion D. All Type III Supporting Organizations		1	ı
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		}	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	٠ .	-	
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	-	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	ons)		
' a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	ĺ		
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ļ		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? Provide details in Part VI.	3a_		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			_
	of its supported organizations? If "Vos." describe in Part VI the role played by the organization in this regard	3h		

	edule A (Form 990 or 990-EZ) 2018 FEEDING PENNSYLVANIA			±5-4/93238 Page 6
<u> </u>	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1		_	•	Part VI) See instructions. A
Sect	other Type III non-functionally integrated supporting organizations must co	omplete Se	(A) Prior Year	(B) Current Year
	ion A - Adjusted Net Income			(optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 i		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	.		
	instructions for short tax year or assets held for part of year)	<u> </u>	<u> </u>	<u>.</u>
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			,
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3	·	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		_
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	•	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	<u>-</u>	

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

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Pa	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ				
3	Admir				
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ed set-aside amounts (prior IRS approval required)			
6	Other				
7	Total	annual distributions. Add lines 1 through 6			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	•	
	(provid	de details in Part VI) See instructions			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Sect	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6		<u></u>	
2	Under	distributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI) See instructions			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013	. <u>.</u>		
b	From 2	2014			•
С	From 2	2015			
d	From 2	2016			
е	From 2	2017			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2018 distributable amount			-
i	Carry	over from 2013 not applied (see instructions)		<u></u>	
1	Remai	nder Subtract lines 3g, 3h, and 3i from 3f		4	
4	Distrib	utions for 2018 from Section D,			
	line 7	\$			
_a	Applie	d to underdistributions of prior years			
_ b	Applie	d to 2018 distributable amount			
С	Remai	nder Subtract lines 4a and 4b from 4		· 	
5	Remai	ning underdistributions for years prior to 2018, if			
	any S	ubtract lines 3g and 4a from line 2 For result greater	,		
	than z	ero, explain in Part VI. See instructions	·		
6	Remai	ning underdistributions for 2018 Subtract lines 3h			
	and 4b	o from line 1 For result greater than zero, explain in			
	Part V	See instructions.			
7	Exces	s distributions carryover to 2019. Add lines 3j			_
	and 40	2			
8	Break	down of line 7.			
а	Exces	s from 2014			
b	Exces	s from 2015			
С	Exces	s from 2016			
d	Exces	s from 2017		<u> </u>	
е	Exces	s from 2018			
				Calcadala A	Earm 000 at 000 EZ\ 2010

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule A (Form 990 or 990-EZ) 2018 FEEDING PENNSYLVANIA

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

OMB No 1545-0047 Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	ations Complete Part III			
Nar	ne of organization			Emp	loyer identification number
	FEEDING	PENNSYLVANIA			45-4793238
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
1	Provide a description of the organi	zation's direct and indirect politi	ical campaign activities	ın Part IV	
2	Political campaign activity expendi	tures		▶ \$	
3	Volunteer hours for political campa	iign activities			
Pá	art I-B Complete if the org	ganization is exempt un	der section 501(c)	(3).	<u> </u>
<u>'''</u>				▶ \$	
	Enter the amount of any excise tax	, ,			
	If the organization incurred a section	. •	=		Yes No
	Was a correction made?		,		Yes No
-	o If "Yes," describe in Part IV				
		ganization is exempt un	der section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	ection 527	
	exempt function activities			▶ \$	
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here	and on Form 1120-POL	- 1	
	line 17b			▶ \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er	mployer identification number (E	EIN) of all section 527 po	olitical organizations to whic	h the filing organization
	made payments For each organiza	ation listed, enter the amount pa	ud from the filing organi	zation's funds Also enter th	ne amount of political
	contributions received that were pr	romptly and directly delivered to	a separate political org	janization, such as a separa	te segregated fund or a
	political action committee (PAC) If	additional space is needed, pro	vide information in Part	: IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		†		filing organization's	contributions received and
				funds If none, enter -0	promptly and directly delivered to a separate
					political organization
					If none, enter -0-
					
			-	-	

		1			

Schedule C (Form 990 or 990-EZ) 2018	FEEDI:	NG PEN	INSYLVANIA	504()(0)	45-4	1793238 Page 2
Part II-A Complete if the org	janizatio	on is exe	mpt under section	on 501(c)(3) and fil	ed Form 5/68 (e	election under
section 501(h)).						
A Check 🕨 📖 if the filing organiza	tion belon	gs to an aff	iliated group (and list i	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and sha	re of exces	s lobbying	expenditures)			
B Check 🕨 🔛 if the filing organiza	tion check	ed box A a	nd "limited contr <u>ol</u> " pr	ovisions apply.		
Limi	ts on Lobi	ying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" m	eans amoi	unts paid or incurred	.)	totals	totals
1a Total lobbying expenditures to infli	ience nuh	lic opinion i	(grass roots Johnwa)			
b Total lobbying expenditures to infli	•	•				
c Total lobbying expenditures (add li		-	ay (direct lobbying)			
d Other exempt purpose expenditure		3 10,				
e Total exempt purpose expenditure		s 1c and 1d	d)			
f Lobbying nontaxable amount Ente				th columns		
If the amount on line 1e, column (a) o			bying nontaxable am	<u> </u>		ŀ
Not over \$500,000	. (5)		the amount on line 1e			
Over \$500,000 but not over \$1,000	0.000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the ex			
Over \$1,500,000 but not over \$17,			00 plus 5% of the exce			
Over \$17,000,000		\$1,000,			•	
	•	,				
g Grassroots nontaxable amount (en	ter 25% o	f line 1f)				
h Subtract line 1g from line 1a If zero	o or less, e	nter -0-		ı		
i Subtract line 1f from line 1c If zero	or less, e	nter -0-				
j If there is an amount other than ze	ro on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
			eraging Period Under			
(Some organizations the					of the five columns l	pelow.
			ate instructions for li			
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year	(a) 3	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
(or fiscal year beginning in)	(u) .	-010	(5) 2010	(0) 20 17	(4) 20.0	(0)
2a Lobbying nontaxable amount						
b Lobbying ceiling amount			-			
(150% of line 2a, column(e))			_	:		
					•	
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990 EZ) 2018 FEEDING PENNSYLVANIA 45-4793238 Page 3 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)).

For ϵ	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	ı) _	(1	o)
of th	e lobbying activity.	Yes	No	Amo	ount
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		-	,	
а			X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c			Х		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?	_	Х		_
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			713.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		.
i	Other activities?		X		
j	Total Add lines 1c through 1i				713.
2a	•		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				1
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ion 501/o)	(E) 07 00	otion	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	1011 30 1 (C)	(5), or se	Cuon	
	501(c)(6).			Yes	No
	NA/ara archatastallicall (000/ ar mara) duras reserved pandaduratible by mambara?		4		140
1	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
2	Did the organization make only includes lobbying expenditures of \$2,000 of less? Did the organization agree to carry over lobbying and political campaign activity expenditures from	he prior year	 		
3 Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect			ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		•
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	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 ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5			5		
Par					
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	p list), Part II-	A, lines 1 a	nd 2 (see	
	ictions), and Part II·B, line 1 Also, complete this part for any additional information RT II-B, LINE 1, LOBBYING ACTIVITIES:				
ORC	GANIZATION SPENT APPROXIMATELY 16 HOURS MEETING WIT	rh LEGI	SLATO	RS	
THI	ROUGHOUT THE YEAR.				
					_

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FEEDING PENNSYLVANIA

Employer identification number

45-4793238

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, Iir				
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year		-		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring		
	impermissible private benefit?		Yes No		
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7		
1	Purpose(s) of conservation easements held by the organizat	on (check all that apply)			
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area		
	Protection of natural habitat	Preservation of a cer	tified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last		
	day of the tax year		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture		
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax		
	year ▶				
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements in		L Yes L No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year		
	>				
7	Amount of expenses incurred in monitoring, inspecting, hand	fling of violations, and enforcing conserva	ation easements during the year		
	▶ \$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170			
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservati				
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for		
_	conservation easements	(A.A. Illiania al Torra	Min an Oliveitan A a sala		
Pai	t III Organizations Maintaining Collections o	·	ther Similar Assets.		
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under SFAS 116 (AS	•			
	historical treasures, or other similar assets held for public exh		ince of public service, provide, in Part XIII,		
	the text of the footnote to its financial statements that descri				
b	If the organization elected, as permitted under SFAS 116 (AS	•			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts		
	relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1		\$		
	(ii) Assets included in Form 990, Part X		\$		
2	If the organization received or held works of art, historical treating		ał gain, provide		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	. .		
а	Revenue included on Form 990, Part VIII, line 1		\$		
b	Assets included in Form 990, Part X		▶ \$		

		PENNSYLVA							<u>79323</u>		<u>age 2</u>
L	rt III Organizations Maintaining C										
3	Using the organization's acquisition, access	on, and other recor	ds, chec	k any of the	following that	at are a s	significar	nt use of it	s collectio	n item	ıs
	(check all that apply)										
а	Public exhibition	•	╸╚	Loan or exc	change progr	rams					
b	Scholarly research	•	e 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how t	hey further t	he organizat	ion's exe	mpt pur	rpose in Pa	art XIII		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or oth	ner sımıla	r assets	_	_	_	_
	to be sold to raise funds rather than to be m								Yes	L_	<u>No</u>
Pa	rt IV Escrow and Custodial Arran		lete if the	e organizatio	on answered	"Yes" or	Form 9	90, Part I	/, line 9, or	•	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	ssets no	rinclude	ed r	- 7.,		٦
	on Form 990, Part X?							L	Yes		∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table				1			
							-	-	Amoun	<u>t</u>	
C	Beginning balance						1 <u>c</u>				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance		. 04				<u>_1f</u>		٦,,		٦
2a	Did the organization include an amount on F	•	-				•	L	Yes	<u></u>	∐ No
Pa	t V Endowment Funds. Complete in										<u></u>
Га	Endowment unds. Complete				1				(-) Four		haak
	Decimal of wear belongs	(a) Current year	(D) F	Prior year	(c) Two yea	IIS DACK	(a) THE	e years bac	k (e) Four	years	Dack
1a	Beginning of year balance										
b	Contributions								+		
С	Net investment earnings, gains, and losses										
d	Grants or scholarships	· · · · · · · · · · · · · · · · · · ·					·		- 		
е	Other expenditures for facilities					:					
	and programs										
Ţ	Administrative expenses								+		
9	End of year balance			(a	J						
2	Provide the estimated percentage of the curr	rent year end balant		g, column (a	a)) neid as						
a	Board designated or quasi-endowment	<u> </u>	_%								
b	Permanent endowment	% %									
С	Temporarily restricted endowment										
0-	The percentages on lines 2a, 2b, and 2c sho		ation the	at ara bald a	ad administr	arad far t	ho orga	nization			
3a	Are there endowment funds not in the posse	ession of the organiz	ation the	at are nelu a	ina auministe	sied for t	ne organ	ilization	Г	Yes	No
	by								20/3	res	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	rad on S	chodulo P2					3a(ii) 3b	-	
	Describe in Part XIII the intended uses of the	•							30		
Pai	t VI Land, Buildings, and Equipm		JWINEIIL	iulius							
	Complete if the organization answered		∩ Part I\	/ line 11a S	See Form 990) Part X	line 10				
	Description of property	(a) Cost or o			or other		ccumula	ited	(d) Bool	k valu	
	Description of property	basis (investr		, , ,	(other)	٠.	preciatio		(u) B00i	\ value	5
	Land	540.0 (11170011		24010		- 30					
	Land Buildings										
	Leasehold improvements							-	· · · · ·		
	Equipment						·	- -			
	Other								_		
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colur	nn (B). line 1	10c)						0.

Schedule D (Form 990) 2018 FEEDING PEN	NSYLVANIA		45-4793238 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV Ju	oe 11h See Form 990 Part Y Juni	o 12
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives	<u> </u>		
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)	_		
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, Iir	ne 11c See Form 990, Part X, line	e 13
(a) Description of investment	(b) Book value	(c) Method of valuation C	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		<u></u>	
Part IX Other Assets.			
Complete if the organization answered "Yes"		ne 11d See Form 990, Part X, line	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)	· · · · — ···		
(6)			
(8)			
(9)	- 453		
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	B 15)		
Complete if the organization answered "Yes"	on Form 990. Part IV Ju	on 11e or 11f See Form 990 Part	t Y line 25
() ()	on Form 990, Part IV, III	(b) Book value	1 A, IIII e 25
II		(b) Book value	
(1) Federal income taxes (2) MARC MEMBER FOOD BANK DEP	OSTTS	220,000.	
	ODITO	1,414.	
	-	* ' * T * •	
(4)			
(5)			
()			

(7) (8) (9) 221,414. Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

		FEEDING PENNSYLVANIA			4793238 Page 4
Pa		Revenue per Audited Financial St		per Return	•
		ation answered "Yes" on Form 990, Part IV, I	ine 12a		1 215 445
1	. •	er support per audited financial statements		1	1,317,445.
2		at not on Form 990, Part VIII, line 12	1 20 1		
a	Net unrealized gains (losses) of Donated services and use of f		2a 2b		
b	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII)	,	2d 65,5	87.	
e	Add lines 2a through 2d			2e	65,587.
3	Subtract line 2e from line 1			3	1,251,858.
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)		4b		
С	Add lines 4a and 4b			4c	0.
5		4c. (This must equal Form 990, Part I, line 12		5	1,251,858.
Pa	t XII Reconciliation of	Expenses per Audited Financial S	tatements With Expenses	s per Retu	rn.
	Complete if the organiz	ation answered "Yes" on Form 990, Part IV, I	ne 12a		
1	Total expenses and losses pe	audited financial statements		1	914,678.
2	Amounts included on line 1 bu	it not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of f	acilities	2a		
b	Prior year adjustments		2b		
С	Other losses		2c		
d	Other (Describe in Part XIII)		2d 65,5		CE
е	Add lines 2a through 2d			2e	65,587.
3	Subtract line 2e from line 1			3	849,091.
4		0, Part IX, line 25, but not on line 1	1.1		
a	•	ided on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)		4b		0
	Add lines 4a and 4b	ad 4- This must equal Form 900 Part I line	181	4c	849,091.
Pai	t XIII Supplemental Info	nd 4c. (This must equal Form 990, Part I, line) primation.	(6)		040,001.
_		Part II, lines 3, 5, and 9, Part III, lines 1a and	4 Part IV lines 1b and 2b Part \	/. line 4. Part	X. line 2. Part XI.
	*	d and 4b Also complete this part to provide a		,,	, mio 2, r di r / m,
		- a , , , , , , , , , , , , , , , , ,			
PAI	T X, LINE 2:				
FE	DING PENNSYLVAN	IA IS A NOT-FOR-PROFIT	ENTITY AS DESCRI	BED IN	SECTION
<u>501</u>	(C)(3) OF THE I	NTERNAL REVENUE CODE AL	ND IS EXEMPT FROM	INCOME	TAXES ON
REI	ATED ACTIVITIES	PURSUANT TO SECTION 50	D9(A) OF THE INTE	RNAL RE	EVENUE
COT	יים ארים או	EEEDING DENNICULUANIA I	INC OPCINITION IND	ਕਧਾ ਕਕ	
COL	E. IN ADDITION,	FEEDING PENNSYLVANIA	VAS ORGANIZED UND	EK THE	
DEN	MCVIIIANTA MONDO	OFIT CORPORATION LAW AN	TO TO FYEMDE FROM	י כיים ייד	TNCOME
<u>r m</u> r	MULIUMIA NONIK	5111 CORTORATION DAW AT	VE TO EXEMPT TROP	DIMIL	INCOME_
ΤΑΣ	ES.				
		<u>"</u>			
-					
FEE	DING PENNSYLVAN	IA ADHERES TO THE PROVI	ISIONS OF ASC 740	INCOM	IE TAXES.
<u>ASC</u>	740 ESTABLISHE	S RULES FOR RECOGNIZING	AND MEASURING T	AX POSI	TIONS
TAF	EN IN AN INCOME	TAX RETURN, INCLUDING	DISCLOSURES OF U	NCERTA1	N TAX
D • •	TMT0376 /******	200 740 1015555	101/D11/10/2 20:00:00		(3 MDD T 3 T
		ASC 740 MANDATES THAT (COMPANIES EVALUAT		-
832054	10-29-18			Sched	ule D (Form 990) 2018

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization						Employer ide	ntification number
FEEDING	PENNSYLVANIA					45-4793	238
Part I Fundraising Activities required to complete this par	 Complete if the organization answer 	ered "Y	'es" o	n Form 990, Part IV,	line 1	7 Form 990-E2	I filers are not
Indicate whether the organization rais	e Solicita	tion of tion of	non-g gover	overnment grants nment grants			
2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the	art VII) or entity in connection with postion with postion or entities (fundraisers) pursu	rofess	ional f	undraising services?	ı	T Yes	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) fundi have c or con contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							-
Tatal		J					
Total 3 List all states in which the organizatio or licensing	n is registered or licensed to solicit of	contrib	utions	or has been notified	l ıt ıs	exempt from re	egistration
							<u>-</u>
***					_		
							
						 -	

Sch	eđu	ile G (Form 990 or 990-EZ) 2018 FEEDIN G	G PENNSYLVANI	·A	45-	4793238 Page 2				
	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000									
			(a) Event #1 SOFTBALL GAME	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through col (c))				
Revenue	1	Gross receipts	(event type) 29,274.	(event type)	(total number)	29,274.				
	2	Less Contributions								
	3	Gross income (line 1 minus line 2)	29,274.			29,274.				
	4	Cash prizes								
es	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs								
Direct	7	Food and beverages								
	8	Entertainment	45 505			65 505				
	9	Other direct expenses	65,587.			65,587.				
	10	Direct expense summary. Add lines 4 through				65,587. -36,313.				
Pa	rt				reported more than	-30,313.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
æ	1	Gross revenue								
ıses	2	Cash prizes								
Cirect Expen	3	Noncash prizes								
Cirect	4	Rent/facility costs								
į	5	Other direct expenses								
	6	Volunteer labor	Yes % No	Yes % No	Yes % No					
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•					

 Net gaming income summary. Subtract line 7 from line 1, column (d)	>		
Enter the state(s) in which the organization conducts gaming activities			<u> </u>
Is the organization licensed to conduct gaming activities in each of these states? If "No," explain		Yes	□ No
Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain		Yes	□ No

Sch	nedule G (Form 990 or 990-EZ) 2018 FEEDING PENNSYLVANIA	<u> 15 – 4</u>	<u> 793238</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	%
	o An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	s		
1-7				
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	nt		
	of gaming revenue retained by the third party > \$			
c	c If "Yes," enter name and address of the third party			
	Name			
	Address >			
16	Gaming manager information			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandaton, dietributions			
	Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а			Yes	□ No
_	retain the state gaming license? • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	163	
U	organization's own exempt activities during the tax year > \$	uic		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	nd Par	t III. lines 9	9b 10b
<u> </u>	15b, 15c, 16, and 17b, as applicable Also provide any additional information. See instructions		,	, 00, 100,
_	100, 100, 10, and 170, as approach 7100 provide any accumentation occumentations			
			_	
_				

Schedule G	i (Form 990 or 990-EZ)	FEEDING PR	<u>ENNSYLVANIA</u>		45-4793238 Page 4
Part IV	G (Form 990 or 990 EZ) Supplemental Info	rmation (continued)	<u> </u>		
•					
					
		-			
				<u> </u>	
		_			
				<u> </u>	
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·	·			_	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

Open to Public

Inspection

OMB No 1545-0047

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

Name of the organization TOTALIANTS TOTA	ENENICOT 17AN	K E					Employer identification number
Part I General Information on Grants and Assistance	Ind Assistance	UT.					00706/4-04
1 Does the organization maintain records to substantiate the amount of the	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	stance, and the selec	tion
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domesti	c Governments. C	omplete if the orga	inization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addit	ional space is need	led			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CENTRAL PENNSYLVANIA FOOD BANK							
3908 COREY ROAD							
HARRISBURG, PA 17109	23-2202250	501(C)(3)	27,303.	0			HUNGER RELIEF
GREATER PITTSBURGH COMMUNITY FOOD							
BANK - 1 N. LINDEN STREET -							
DUQUESNE, PA 15110	25-1420599	501(C)(3)	20,875.	0			HUNGER RELIEF
PHILABUNDANCE							
3616 S GALLOWAY STREET							
PHILADELPHIA, PA 19148	23-2290505	501(C)(3)	36,485.	0			HUNGER RELIEF
SECOND HARVEST FOOD BANK OF THE							
LEHIGH VALLEY AND NORTHEAST							
PENNSYLVANIA - 1337 EAST FIFTH							
STREET - BETHLEHEM PA 18015	23-1669589	501(C)(3)	11,712.	0.			HUNGER RELIEF
SECOND HARVEST FOOD BANK OF							
NORTHWEST PENNSYLVANIA - 1507							_
GRIMM DRIVE - ERIE, PA 16501	25-1405798	501(C)(3)	5,846.	0			HUNGER RELIEF
H&J WEINBERG N.E. REGIONAL FOOD							
BANK - PO BOX 1127 - WILKES-BARRE							
3703	23-1653093	501(C)(3)	10,321.	0			HUNGER RELIEF
2 Enter total number of section 501(c)(3) and government organizations list	ind government or	ganizations listed in th	ed in the line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2018)

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Schedule I (Form 990) (2018) FEEDING PENNSYLVANIA

Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III | Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in		e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	Iditional information	
PART I, LINE 2:					
THE ORGANIZATION PROVIDES GRANT FUNDING		TO MEMBER FO	FOOD BANKS TO	O BE USED IN	
ACCORDANCE WITHIN THE COLLECTIVE MISSI	ISSION OF	HUNGER	RELIEF. IN	IN ORDER TO	
MONITOR THE USE OF THESE FUNDS AND	TO ENSURE	THAT	THEY ARE BEING USED	NG USED TO	
RELIEVE HUNGER IN THEIR RESPECTIVE COMMUNITIES,	COMMUNI		ALL MEMBER FOOD BANKS	D BANKS	
RECEIVING GRANT FUNDS ARE ASKED TO	SUBMIT	A COPY OF	THEIR 990	990 FOR REVIEW.	

Schedule I (Form 990) (2018)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

832211 10-10-18

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FEEDING PENNSYLVANIA

Employer identification number 45-4793238

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BANKS. IT IS OUR MISSION TO PROMOTE AND AID OUR MEMBERS IN SECURING
FOOD AND OTHER RESOUCES TO REDUCE HUNGER AND FOOD INSECURITY FOR THEIR
COMMUNITIES AND ACROSS PENNSYLVANIA, AND TO PROVIDE A SHARED VOICE ON
THE ISSUES OF HUNGER AND FOOD ACCESS WITHIN THE COMMONWEALTH OF
PENNSYLVANIA. WORKING COLLABORATELY AS A NETWORK, OUR FOOD BANKS ARE
ABLE TO SHARE AND DEVELOP BEST PRACTICES FOR THE COMMON GOOD OF THOSE
STRUGGLING WITH HUNGER IN THE COMMONWEALTH.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROVIDE A SHARED VOICE ON THE ISSUES OF HUNGER AND FOOD ACCESS WITHIN
THE COMMONWEALTH OF PENNSYLVANIA.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
SEE PAGE 2, LINE 4A & 4B REGARDING INCREASE ACCESS TO HEALTHY FOOD AND
NUTRITION EDUCATION, RESPECTIVELY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WILL BE REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR AND
THE BOARD TREASURER. THE FORM 990 WILL THEN BE REVIEWED AND APPROVED BY THE
BOARD OF DIRECTORS.
DOARD OF DIRECTORD.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES THAT ALL OFFICERS AND MEMBERS OF THE BOARD OF
DIRECTORS DISCLOSE ANY RELATIONSHIPS, ACTIVITIES, OR INTERESTS WHICH
CONFLICT WITH THE INTERESTS OF THE ORGANIZATION WHILE ACTING ON BEHALF OF
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization FEEDING PENNSYLVANIA	Employer identification number 45-4793238
FEEDING PENNSYLVANIA. ANY POTENTIAL CONFLICTS ARE TO BE	DISCLOSED TO THE
EXECUTIVE DIRECTOR OR TO THE EXECUTIVE COMMITTEE OF THE E	SOARD OF DIRECTORS
TO ASSESS WHETHER THE CONFLICT INTERFERES WITH THE ACTIVI	TIES OF THE
ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE COMMITTEE OF THE BOARD DIRECTS THE EXECUTIVE	E DIRECTOR'S
COMPENSATION AND BENEFITS STRUCTURE, INCLUDING THE PERFOR	MANCE REVIEW AND
ANNUAL APPRAISAL PROCESSES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STAT	EMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990 XII 2C	
THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIG	HT OF ANY
AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL STATEMENTS	AND SELECTION
OF INDEPENDENT ACCOUNTANTS.	