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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization  
SECOND HARVEST FOOD BANK  
OF NORTHWEST NC INC  
  
Doing business as  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
3655 REED STREET  
  
City or town, state or province, country, and ZIP or foreign postal code  
WINSTONSALEM, NC 27107

F Name and address of principal officer:  
ERIC A AFT  
3655 REED STREET  
WINSTONSALEM, NC 27107

D Employer identification number  
58-1457912

E Telephone number  
(336) 784-5770

G Gross receipts \$ 83,842,415

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

J Website: ▶ WWW.HUNGERNWNC.ORG

H(a) Is this a group return for subordinates? ☐ Yes ☒ No  
H(b) Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)  
H(c) Group exemption number ▶

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

L Year of formation: 1981

M State of legal domicile: NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:  
SECOND HARVEST FOOD BANK'S MISSION IS TO ELIMINATE HUNGER AND ITS CAUSES IN NORTHWEST NC.

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

3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 33

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 33

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . 89

6 Total number of volunteers (estimate if necessary) . . . . . 10,082

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 0

b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 0

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 60,981,266

9 Program service revenue (Part VIII, line 2g) . . . . . 2,559,160

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 39

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 1,351

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 63,541,816

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 54,575,887

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 3,533,424

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 182,430

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,208,530

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 3,721,996

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 62,013,737

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 1,528,079

Expenses

20 Total assets (Part X, line 16) . . . . . 7,851,918

21 Total liabilities (Part X, line 26) . . . . . 863,545

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 6,988,373

Net Assets or Fund Balances

Prior Year Current Year

Beginning of Current Year End of Year

Part II Signature Block

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

Sign Here

\*\*\*\*\*  
Signature of officer  
ERIC A AFT CHIEF EXECUTIVE OFFICER  
Type or print name and title

2021-04-13  
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2021-04-13 Check ☐ if self-employed PTIN P00187735

Firm's name ▶ DIXON HUGHES GOODMAN LLP Firm's EIN ▶ 56-0747981

Firm's address ▶ 1829 EASTCHESTER DRIVE  
HIGH POINT, NC 27265 Phone no. (336) 889-5156

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

OUR MISSION IS TO PROVIDE FOOD ASSISTANCE THROUGH A NETWORK OF PARTNERS, WHILE EDUCATING AND ENGAGING OUR COMMUNITIES IN THE ELIMINATION OF HUNGER AND ITS CAUSES. SEE SCHEDULE O FOR FURTHER DETAILS.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ **Yes** ☐ **No**

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ **Yes** ☒ **No**

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 69,979,965 including grants of \$ 62,806,196 ) (Revenue \$ 3,016,097 )

See Additional Data

**4b** (Code: ) (Expenses \$ 594,570 including grants of \$ ) (Revenue \$ 595,192 )

See Additional Data

**4c** (Code: ) (Expenses \$ 373,000 including grants of \$ 373,000 ) (Revenue \$ )

See Additional Data

(Code: ) (Expenses \$ 156,826 including grants of \$ ) (Revenue \$ 52,098 )





















THE FOOD PURCHASE, SUMMER FEEDING PROGRAMS AND FOOD &amp; NUTRITION SERVICES ARE DESCRIBED LATER IN SCHEDULE O.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 156,826 including grants of \$ ) (Revenue \$ 52,098 )

**4e** **Total program service expenses** ▶ 71,104,361

**Part IV Checklist of Required Schedules**

|  | Yes            | No |
|--|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A    | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | <b>2</b> Yes   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | <b>4</b> Yes   |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III    | <b>5</b>       | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | <b>6</b>       | No |
| <b>7</b> 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    | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III    | <b>8</b>       | No |
| <b>9</b> 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  | <b>9</b>       | No |
| <b>10</b> 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   | <b>10</b> Yes  |    |
| <b>11</b> 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.  |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI    | <b>11a</b> Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII    | <b>11b</b>     | No |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII    | <b>11c</b>     | No |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | <b>11d</b> Yes |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X    | <b>11e</b> Yes |    |
| <b>f</b> 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   | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | <b>12a</b>     | No |
| <b>b</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    | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   | <b>14a</b>     | No |
| <b>b</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   | <b>14b</b>     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | <b>15</b>      | No |
| <b>16</b> 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   | <b>16</b>      | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | <b>17</b> Yes  |    |
| <b>18</b> 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    | <b>18</b> Yes  |    |
| <b>19</b> 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    | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | <b>20a</b>     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | <b>20b</b>     |    |
| <b>21</b> 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   | <b>21</b> Yes  |    |

**Part IV Checklist of Required Schedules** (continued)

|            |   | Yes        | No  |
|------------|---|------------|-----|
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .   | <b>22</b>  | No  |
| <b>23</b>  | 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 . . . . .  | <b>23</b>  | No  |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .  | <b>24a</b> | No  |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   | <b>24b</b> |     |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  | <b>24c</b> |     |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   | <b>24d</b> |     |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .   | <b>25a</b> | No  |
| <b>b</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 . . . . .   | <b>25b</b> | No  |
| <b>26</b>  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .   | <b>26</b>  | No  |
| <b>27</b>  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . | <b>27</b>  | No  |
| <b>28</b>  | 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):   |            |     |
| <b>a</b>   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .  | <b>28a</b> | No  |
| <b>b</b>   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .   | <b>28b</b> | No  |
| <b>c</b>   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .   | <b>28c</b> | No  |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .  | <b>29</b>  | Yes |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  | <b>30</b>  | No  |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .  | <b>31</b>  | No  |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .  | <b>32</b>  | No  |
| <b>33</b>  | 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 . . . . .  | <b>33</b>  | No  |
| <b>34</b>  | 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 . . . . .  | <b>34</b>  | Yes |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | <b>35a</b> | No  |
| <b>b</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 . . . . .   | <b>35b</b> |     |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .   | <b>36</b>  | No  |
| <b>37</b>  | 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 . . . . .   | <b>37</b>  | No  |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .  | <b>38</b>  | Yes |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

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

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

|   |   |     |    |  |
|---|---|-----|----|--|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .   | <b>2a</b> <span style="float: right;">89</span> |     |    |  |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                 | <b>2b</b>                                       | Yes |    |  |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .   | <b>3a</b>                                       |     | No |  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .  | <b>3b</b>                                       |     |    |  |
| <b>4a</b> 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)? . . . . .              | <b>4a</b>                                       |     | No |  |
| <b>b</b> If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). |   |     |    |  |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .   | <b>5a</b>                                       |     | No |  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>                                       |     | No |  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .   | <b>5c</b>                                       |     |    |  |
| <b>6a</b> 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? . . . . .   | <b>6a</b>                                       |     | No |  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | <b>6b</b>                                       |     |    |  |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>  |   |     |    |  |
| <b>a</b> 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? . . . . .  | <b>7a</b>                                       | Yes |    |  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | <b>7b</b>                                       | Yes |    |  |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   | <b>7c</b>                                       |     | No |  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .  | <b>7d</b>                                       |     |    |  |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>                                       |     | No |  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   | <b>7f</b>                                       |     | No |  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   | <b>7g</b>                                       |     |    |  |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   | <b>7h</b>                                       |     |    |  |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .  | <b>8</b>  |     |    |  |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>  |   |     |    |  |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   | <b>9a</b>                                       |     |    |  |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  | <b>9b</b>                                       |     |    |  |
| <b>10 Section 501(c)(7) organizations.</b> Enter:   |   |     |    |  |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   | <b>10a</b>                                      |     |    |  |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b>                                      |     |    |  |
| <b>11 Section 501(c)(12) organizations.</b> Enter:  |   |     |    |  |
| <b>a</b> Gross income from members or shareholders . . . . .  | <b>11a</b>                                      |     |    |  |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   | <b>11b</b>                                      |     |    |  |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?   | <b>12a</b>                                      |     |    |  |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   | <b>12b</b>                                      |     |    |  |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |   |     |    |  |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b>                                      |     |    |  |
| <b>b</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 . . . . .  | <b>13b</b>                                      |     |    |  |
| <b>c</b> Enter the amount of reserves on hand . . . . .   | <b>13c</b>                                      |     |    |  |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   | <b>14a</b>                                      |     | No |  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .  | <b>14b</b>                                      |     |    |  |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .<br>If "Yes," see instructions and file Form 4720, Schedule N.                                | <b>15</b>                                       |     | No |  |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .<br>If "Yes," complete Form 4720, Schedule O.  | <b>16</b>                                       |     | No |  |

**Part VI**

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

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

**Section A. Governing Body and Management**

|  |              | Yes | No |
|--|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year  | <b>1a</b> 33 |     |    |
| 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>b</b> Enter the number of voting members included in line 1a, above, who are independent  | <b>1b</b> 33 |     |    |
| <b>2</b> 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?   | <b>2</b>     |     | No |
| <b>3</b> 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? | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?  | <b>6</b>     |     | No |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | <b>7a</b>    |     | No |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | <b>7b</b>    |     | No |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |              |     |    |
| <b>a</b> The governing body?   | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | <b>8b</b>    | Yes |    |
| <b>9</b> 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        | <b>9</b>     |     | No |

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

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

**Section C. Disclosure**

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

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

☒ Own website ☐ Another's website ☒ 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 financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
▶LISA RICHARDSON DIRECTOR OF FINANCE & OPERATIONS 3655 REED STREET WINSTONSALEM, NC 27107 (336) 784-5770

## 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

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

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

[illegible]

## Part VII

(A)  
Name and title

**(B)**  
Average  
hours per  
week (list  
any hours  
for related  
organizations  
below dotted  
line)

**(C)**  
Position (do not check more than one box, unless person is both an officer and a director/trustee)

|                                |
|--------------------------------|
| Former                         |
| Highest compensated employee   |
| Key employee                   |
| Officer                        |
| Institutional Trustee          |
| Individual trustee or director |

(D)  
Reportable  
compensation  
from the  
organization  
(W-2/1099-  
MISC)

(E)  
Reportable  
compensation  
from related  
organizations  
(W-2/1099-  
MISC)

(F)  
Estimated  
amount of other  
compensation  
from the  
organization and  
related  
organizations

|  |         |   |        |
|--|---------|---|--------|
| <b>1b Sub-Total</b>  |         |   |        |
| <b>c Total from continuation sheets to Part VII, Section A</b> |         |   |        |
| <b>d Total (add lines 1b and 1c)</b>                           | 349,656 | 0 | 24,906 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000  
of reportable compensation from the organization ▶ 3

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

## Section B. Independent Contractors

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

**(A)**  
Name and business address

| (B)                     |  |
|-------------------------|--|
| Description of services |  |

**(C)**  
Compensation

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



|   |  |                      |  |   |  |
|---|--|----------------------|--|---|--|
| Form 990 (2019)   |  | Page 9               |  |   |  |
| Part VIII   |  | Statement of Revenue |  |   |  |
| Check if Schedule O contains a response or note to any line in this Part VIII |  |                      |  |   |  |
|   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
| Contributions, Gifts, Grants<br>and Other Similar Amounts                     | 1a Federated campaigns   | 1a                   | 183,359  |   |  |
|   | b Membership dues  | 1b                   |  |   |  |
|   | c Fundraising events   | 1c                   | 284,165  |   |  |
|   | d Related organizations  | 1d                   |  |   |  |
|   | e Government grants (contributions)  | 1e                   | 19,688,112   |   |  |
|   | f All other contributions, gifts, grants,<br>and similar amounts not included<br>above   | 1f                   | 59,276,308   |   |  |
|   | g Noncash contributions included in<br>lines 1a - 1f:\$  | 1g                   | 64,152,688   |   |  |
|   | h Total. Add lines 1a-1f   |                      | 79,431,944   |   |  |
| Program Service Revenue   | 2a HANDLING FEES   | Business Code        |  |   |  |
|   |  | 480000               | 3,016,097  | 3,016,097                               |  |
|   | b BACKPACK PROGRAM   | 624210               | 595,192  | 595,192                                 |  |
|   | c  |                      |  |   |  |
|   | d  |                      |  |   |  |
|   | e  |                      |  |   |  |
|   | f All other program service revenue.   |                      |  |   |  |
|   | g Total. Add lines 2a-2f   |                      | 3,611,289  |   |  |
| Other Revenue   | 3 Investment income (including dividends, interest, and other<br>similar amounts)  |                      | 5,499  |   | 5,499  |
|   | 4 Income from investment of tax-exempt bond proceeds   |                      |  |   |  |
|   | 5 Royalties  |                      |  |   |  |
|   | 6a Gross rents   | (i) Real             | (ii) Personal                                      |   |  |
|   | b Less: rental<br>expenses   |                      |  |   |  |
|   | c Rental income<br>or (loss)   |                      |  |   |  |
|   | d Net rental income or (loss)  |                      |  |   |  |
|   | 7a Gross amount<br>from sales of<br>assets other<br>than inventory   | (i) Securities       | (ii) Other   |   |  |
|   | b Less: cost or<br>other basis and<br>sales expenses   |                      |  |   |  |
|   | c Gain or (loss)   |                      |  |   |  |
|   | d Net gain or (loss)   |                      |  |   |  |
|   | 8a Gross income from fundraising events<br>(not including \$ 284,165 of<br>contributions reported on line 1c).<br>See Part IV, line 18 | 8a                   | 6,592  |   |  |
|   | b Less: direct expenses  | 8b                   | 42,309   |   |  |
|   | c Net income or (loss) from fundraising events   |                      | -35,717  |   | -35,717  |
|   | 9a Gross income from gaming activities.<br>See Part IV, line 19  | 9a                   |  |   |  |
|   | b Less: direct expenses  | 9b                   |  |   |  |
|   | c Net income or (loss) from gaming activities  |                      |  |   |  |
|   | 10aGross sales of inventory, less<br>returns and allowances  | 10a                  | 777,328  |   |  |
|   | b Less: cost of goods sold   | 10b                  | 725,230  |   |  |
|   | c Net income or (loss) from sales of inventory   |                      | 52,098   | 52,098                                  |  |
|   | Miscellaneous Revenue  | Business Code        |  |   |  |
|   | 11aMISCELLANEOUS   | 900099               | 9,763  |   | 9,763  |
| b   |  |                      |  |   |  |
| c   |  |                      |  |   |  |
| d All other revenue   |  |                      |  |   |  |
| e Total. Add lines 11a-11d  |  | 9,763                |  |   |  |
| 12 Total revenue. See instructions  |  | 83,074,876           | 3,663,387  | 0                                       | -20,455  |

Form 990 (2019)

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 63,179,196                   | 63,179,196                             |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .   |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .   |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 446,858                      | 181,173                                | 108,931                                       | 156,754                            |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                              |  |   |                                    |
| <b>7</b> Other salaries and wages . . . . .  | 1,991,151                    | 1,436,771                              | 322,230                                       | 232,150                            |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .   | 58,701                       | 44,231                                 | 4,591   | 9,879                              |
| <b>9</b> Other employee benefits . . . . .   | 486,284                      | 385,231                                | 30,962  | 70,091                             |
| <b>10</b> Payroll taxes . . . . .  | 214,314                      | 151,055                                | 30,595  | 32,664                             |
| <b>11</b> Fees for services (non-employees):   |                              |  |   |                                    |
| <b>a</b> Management . . . . .  |                              |  |   |                                    |
| <b>b</b> Legal . . . . .   |                              |  |   |                                    |
| <b>c</b> Accounting . . . . .  | 30,275                       | 3,027                                  | 27,248  |                                    |
| <b>d</b> Lobbying . . . . .  |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17   | 150,616                      |  |   | 150,616                            |
| <b>f</b> Investment management fees . . . . .  | 7,008                        |  | 7,008   |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  |                              |  |   |                                    |
| <b>12</b> Advertising and promotion . . . . .  | 30,344                       |  | 30,344  |                                    |
| <b>13</b> Office expenses . . . . .  | 409,053                      | 122,395                                | 209,722                                       | 76,936                             |
| <b>14</b> Information technology . . . . .   |                              |  |   |                                    |
| <b>15</b> Royalties . . . . .  |                              |  |   |                                    |
| <b>16</b> Occupancy . . . . .  | 588,025                      | 540,803                                | 47,222  |                                    |
| <b>17</b> Travel . . . . .   | 23,871                       | 18,620                                 | 1,432   | 3,819                              |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 6,253                        | 5,371                                  | 882   |                                    |
| <b>20</b> Interest . . . . .   | 848                          |  | 848   |                                    |
| <b>21</b> Payments to affiliates . . . . .   | 16,722                       |  | 16,722  |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 163,573                      | 122,680                                | 40,893  |                                    |
| <b>23</b> Insurance . . . . .  |                              |  |   |                                    |
| <b>24</b> 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 O.)  |                              |  |   |                                    |
| <b>a</b> TRANSPORTATION/PRODUCTS   | 3,718,950                    | 3,718,950                              |   |                                    |
| <b>b</b> MISCELLANEOUS EXPENSES  | 1,527,725                    | 1,194,858                              | 302,408                                       | 30,459                             |
| <b>c</b> FUNDRAISING   | 387,014                      |  |   | 387,014                            |
| <b>d</b> PUBLIC RELATIONS  | 84,272                       |  | 26,124  | 58,148                             |
| <b>e</b> All other expenses  | 74,667                       |  | 74,667  |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 73,595,720                   | 71,104,361                             | 1,282,829                                     | 1,208,530                          |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

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

|                                    |  |  |            | (A)<br>Beginning of year |            | (B)<br>End of year |
|------------------------------------|--|--|------------|--------------------------|------------|--------------------|
| <b>Assets</b>                      | <b>1</b>   | Cash—non-interest-bearing . . . . .  |            | 140,061                  | <b>1</b>   | 158,375            |
|                                    | <b>2</b>   | Savings and temporary cash investments . . . . .   |            | 866,117                  | <b>2</b>   | 8,060,028          |
|                                    | <b>3</b>   | Pledges and grants receivable, net . . . . .   |            | 371,710                  | <b>3</b>   | 2,747,588          |
|                                    | <b>4</b>   | Accounts receivable, net . . . . .   |            | 359,233                  | <b>4</b>   | 567,922            |
|                                    | <b>5</b>   | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |            |                          | <b>5</b>   |                    |
|                                    | <b>6</b>   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . .  |            |                          | <b>6</b>   |                    |
|                                    | <b>7</b>   | Notes and loans receivable, net . . . . .  |            |                          | <b>7</b>   |                    |
|                                    | <b>8</b>   | Inventories for sale or use . . . . .  |            | 1,635,374                | <b>8</b>   | 3,102,082          |
|                                    | <b>9</b>   | Prepaid expenses and deferred charges . . . . .  |            | 10,947                   | <b>9</b>   | 64,625             |
|                                    | <b>10a</b>   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | <b>10a</b> | 5,205,352                |            |                    |
|                                    | <b>b</b>   | Less: accumulated depreciation   | <b>10b</b> | 3,093,858                |            |                    |
|                                    |  |  |            | 2,110,174                | <b>10c</b> | 2,111,494          |
|                                    | <b>11</b>  | Investments—publicly traded securities . . . . .   |            | 715,673                  | <b>11</b>  | 704,318            |
|                                    | <b>12</b>  | Investments—other securities. See Part IV, line 11 . . . . .   |            |                          | <b>12</b>  |                    |
|                                    | <b>13</b>  | Investments—program-related. See Part IV, line 11 . . . . .  |            |                          | <b>13</b>  |                    |
|                                    | <b>14</b>  | Intangible assets . . . . .  |            |                          | <b>14</b>  |                    |
| <b>15</b>                          | Other assets. See Part IV, line 11 . . . . .   |  | 1,642,629  | <b>15</b>                | 1,567,046  |                    |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . .   |  | 7,851,918  | <b>16</b>                | 19,083,478 |                    |
| <b>Liabilities</b>                 | <b>17</b>  | Accounts payable and accrued expenses . . . . .  |            | 493,541                  | <b>17</b>  | 410,931            |
|                                    | <b>18</b>  | Grants payable . . . . .   |            |                          | <b>18</b>  |                    |
|                                    | <b>19</b>  | Deferred revenue . . . . .   |            | 370,004                  | <b>19</b>  | 1,629,366          |
|                                    | <b>20</b>  | Tax-exempt bond liabilities . . . . .  |            |                          | <b>20</b>  |                    |
|                                    | <b>21</b>  | Escrow or custodial account liability. Complete Part IV of Schedule D  |            |                          | <b>21</b>  |                    |
|                                    | <b>22</b>  | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |            |                          | <b>22</b>  |                    |
|                                    | <b>23</b>  | Secured mortgages and notes payable to unrelated third parties . . . .   |            |                          | <b>23</b>  |                    |
|                                    | <b>24</b>  | Unsecured notes and loans payable to unrelated third parties . . . .   |            |                          | <b>24</b>  |                    |
|                                    | <b>25</b>  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  |            | 0                        | <b>25</b>  | 586,689            |
|                                    | <b>26</b>  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  |            | 863,545                  | <b>26</b>  | 2,626,986          |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |  |            |                          |            |                    |
|                                    | <b>27</b>  | Net assets without donor restrictions . . . . .  |            | 5,693,800                | <b>27</b>  | 11,771,837         |
|                                    | <b>28</b>  | Net assets with donor restrictions . . . . .   |            | 1,294,573                | <b>28</b>  | 4,684,655          |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>          |  |            |                          |            |                    |
|                                    | <b>29</b>  | Capital stock or trust principal, or current funds . . . . .   |            |                          | <b>29</b>  |                    |
|                                    | <b>30</b>  | Paid-in or capital surplus, or land, building or equipment fund . . . . .  |            |                          | <b>30</b>  |                    |
|                                    | <b>31</b>  | Retained earnings, endowment, accumulated income, or other funds   |            |                          | <b>31</b>  |                    |
| <b>32</b>                          | <b>Total net assets or fund balances</b> . . . . .   |  | 6,988,373  | <b>32</b>                | 16,456,492 |                    |
| <b>33</b>                          | <b>Total liabilities and net assets/fund balances</b> . . . . .  |  | 7,851,918  | <b>33</b>                | 19,083,478 |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 83,074,876 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 73,595,720 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 9,479,156  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 6,988,373  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -11,037    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 16,456,492 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | Yes |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | Yes |    |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  | Yes |    |

# Additional Data

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

Form 990 (2019)

**Form 990, Part III, Line 4a:**  
DONATED PRODUCTSEE SCHEDULE O.

**Form 990, Part III, Line 4b:**  
BACKPACK PROGRAMSEE SCHEDULE O.

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**Form 990, Part III, Line 4c:**

TCK PROVIDENCESEE SCHEDULE O.

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| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| MILTON S KERN II<br>.....<br>DIRECTOR   | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ANN GARNER RIDDLE<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TOM GANTT<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CATHY HUBBARD LARMORE<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DEBBIE MILLER<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| REBA H WARREN<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ROBERT ZOMOK<br>.....<br>DIRECTOR   | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MICHELLE BUTT<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SUSAN Y COX<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HEYWARD GARNER<br>.....<br>DIRECTOR   | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |



| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| HOWARD UPCHURCH<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CHERE GREGORY MD<br>.....<br>DIRECTOR   | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVID D'ANNUNZIO<br>.....<br>DIRECTOR   | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GREGORY COX<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JASON RAMSEY<br>.....<br>DIRECTOR   | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JEFF WHITE<br>.....<br>DIRECTOR   | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOSH CRANE<br>.....<br>DIRECTOR   | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KENT PRICE<br>.....<br>DIRECTOR   | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PHILLIP MCADAMS<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ROBERT GARCIA<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| DR VALERIE GIDDINGS<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JENNI BROYLES<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MATT THIEL<br>.....<br>DIRECTOR   | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MICHELLE COOK<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PAUL MILLER<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SAMMY GIANOPOULOS<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TIM FAVINGER<br>.....<br>DIRECTOR   | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TRACY M MYERS<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TRAVIS GARLAND<br>.....<br>DIRECTOR   | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ANDREW S HOLMES<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| EDWIN R BRENEGAR JR<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JAMES E HOLMES JR<br>.....<br>DIRECTOR  | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| R STUART STOGNER<br>.....<br>DIRECTOR   | 1.50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LISA RICHARDSON<br>.....<br>VP FINANCE AND OPERAT   | 37.50<br>.....   |   |                       | X       |              |                              |        | 120,689   | 0  | 8,302   |
| ERIC A AFT<br>.....<br>CHIEF EXECUTIVE OFFICER  | 37.50<br>.....   |   |                       | X       |              |                              |        | 125,005   | 0  | 8,302   |
| CAROLYN BREESE<br>.....<br>VP PHILANTHROPY & COMMUNIT   | 37.50<br>.....   |   |                       | X       |              |                              |        | 103,962   | 0  | 8,302   |

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number  
58-1457912

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.)

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

**Section A. Public Support**

| <b>Calendar year<br/>(or fiscal year beginning in) ▶</b> |  | <b>(a) 2015</b> | <b>(b) 2016</b> | <b>(c) 2017</b> | <b>(d) 2018</b> | <b>(e) 2019</b> | <b>(f) Total</b> |
|--|--|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .  | 45,528,368      | 58,899,982      | 59,866,041      | 60,981,266      | 79,431,944      | 304,707,601      |
| <b>2</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .  |                 |                 |                 |                 |                 |                  |
| <b>3</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge..  |                 |                 |                 |                 |                 |                  |
| <b>4</b>   | <b>Total.</b> Add lines 1 through 3  | 45,528,368      | 58,899,982      | 59,866,041      | 60,981,266      | 79,431,944      | 304,707,601      |
| <b>5</b>   | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . |                 |                 |                 |                 |                 | 134,715,551      |
| <b>6</b>   | <b>Public support.</b> Subtract line 5 from line 4.  |                 |                 |                 |                 |                 | 169,992,050      |

**Section B. Total Support**

| <b>Calendar year<br/>(or fiscal year beginning in) ▶</b> |  | <b>(a) 2015</b> | <b>(b) 2016</b> | <b>(c) 2017</b> | <b>(d) 2018</b> | <b>(e) 2019</b> | <b>(f) Total</b> |
|--|--|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|
| <b>7</b>   | Amounts from line 4. . . . .   | 45,528,368      | 58,899,982      | 59,866,041      | 60,981,266      | 79,431,944      | 304,707,601      |
| <b>8</b>   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . | 125             | 110             | 81              | 39              | 5,499           | 5,854            |
| <b>9</b>   | Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                             |                 |                 |                 |                 |                 |                  |
| <b>10</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .                                 | 6,261           | 10,462          | 12,233          | 10,830          | 9,763           | 49,549           |
| <b>11</b>  | <b>Total support.</b> Add lines 7 through 10   |                 |                 |                 |                 |                 | 304,763,004      |
| <b>12</b>  | Gross receipts from related activities, etc. (see instructions) . . . . .  |                 |                 |                 |                 | <b>12</b>       | 16,845,912       |

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

**Section C. Computation of Public Support Percentage**

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>14</b> | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> | 55.780 % |
| <b>15</b> | Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .                        | <b>15</b> | 51.420 % |

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☒

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐

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

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .   |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .   |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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.          |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .   |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 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 Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>2</b>  |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>  |     |    |
| <b>3a</b>   |     |    |
| <b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>   |     |    |
| <b>3b</b>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>3c</b>   |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>4a</b>   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>4b</b>   |     |    |
| <b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>   |     |    |
| <b>4c</b>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i> |     |    |
| <b>5a</b>   |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>5b</b>   |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>5c</b>   |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     |    |
| <b>6</b>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>   |     |    |
| <b>7</b>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| <b>8</b>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     |    |
| <b>9a</b>   |     |    |
| <b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     |    |
| <b>9b</b>   |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>   |     |    |
| <b>9c</b>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>   |     |    |
| <b>10a</b>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>  |     |    |
| <b>10b</b>  |     |    |

Part IV

Supporting Organizations (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in <b>Part VI</b>.</i>                                 |     |    |

Section B. Type I Supporting Organizations

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>  |     |    |

Section C. Type II Supporting Organizations

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

Section D. All Type III Supporting Organizations

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> 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? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>   |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|  |  |  |
|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)  |  |  |
| <b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> 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? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</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? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> 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? <i>Provide details in <b>Part VI</b>.</i>  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>  |  |  |



|   |  |                |                                |
|---|--|----------------|--------------------------------|
| <b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>  |  |                |                                |
| <b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |  |                |                                |
| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>  | Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b>  | Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b>  | Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b>  | Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b>  | Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b>  | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                                |
| <b>7</b>  | Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8</b>  | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                                |
| <b>Section B - Minimum Asset Amount</b>   |  | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>  | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | <b>1</b>       |                                |
| <b>a</b>  | Average monthly value of securities  | <b>1a</b>      |                                |
| <b>b</b>  | Average monthly cash balances  | <b>1b</b>      |                                |
| <b>c</b>  | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                                |
| <b>d</b>  | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                                |
| <b>e</b>  | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |                |                                |
| <b>2</b>  | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                                |
| <b>3</b>  | Subtract line 2 from line 1d   | <b>3</b>       |                                |
| <b>4</b>  | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>       |                                |
| <b>5</b>  | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                                |
| <b>6</b>  | Multiply line 5 by .035  | <b>6</b>       |                                |
| <b>7</b>  | Recoveries of prior-year distributions   | <b>7</b>       |                                |
| <b>8</b>  | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                                |
| <b>Section C - Distributable Amount</b>   |  |                | Current Year                   |
| <b>1</b>  | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                                |
| <b>2</b>  | Enter 85% of line 1  | <b>2</b>       |                                |
| <b>3</b>  | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                                |
| <b>4</b>  | Enter greater of line 2 or line 3  | <b>4</b>       |                                |
| <b>5</b>  | Income tax imposed in prior year   | <b>5</b>       |                                |
| <b>6</b>  | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                                |
| <b>7</b>  | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                                |

Part V

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

| Section D - Distributions   | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes   |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity     |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations   |              |
| 4 Amounts paid to acquire exempt-use assets   |              |
| 5 Qualified set-aside amounts (prior IRS approval required)   |              |
| 6 Other distributions (describe in Part VI). See instructions   |              |
| 7 Total annual distributions. Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions |              |
| 9 Distributable amount for 2019 from Section C, line 6  |              |
| 10 Line 8 amount divided by Line 9 amount   |              |

| Section E - Distribution Allocations<br>(see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2019:  |                             |  |   |
| a From 2014. . . . .  |                             |  |   |
| b From 2015. . . . .  |                             |  |   |
| c From 2016. . . . .  |                             |  |   |
| d From 2017. . . . .  |                             |  |   |
| e From 2018. . . . .  |                             |  |   |
| f Total of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2019 distributable amount  |                             |  |   |
| i Carryover from 2014 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2019 from Section D, line 7:  |                             |  |   |
| \$  |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2019 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c.  |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2015. . . . .   |                             |  |   |
| b Excess from 2016. . . . .   |                             |  |   |
| c Excess from 2017. . . . .   |                             |  |   |
| d Excess from 2018. . . . .   |                             |  |   |
| e Excess from 2019. . . . .   |                             |  |   |

Additional Data

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

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).

Facts And Circumstances Test

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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) organizations: Complete Part III.

|   |   |
|---|---|
| Name of the organization<br>SECOND HARVEST FOOD BANK<br>OF NORTHWEST NC INC | <b>Employer identification number</b><br>58-1457912 |
|---|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

|          |   |      |
|----------|---|------|
| <b>1</b> | Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") |      |
| <b>2</b> | Political campaign activity expenditures (see instructions)   | ▶ \$ |
| <b>3</b> | Volunteer hours for political campaign activities (see instructions)  |      |

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

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

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

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

|   | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|---|----------|-------------|---------|---|--|
| 1 |          |             |         |   |  |
| 2 |          |             |         |   |  |
| 3 |          |             |         |   |  |
| 4 |          |             |         |   |  |
| 5 |          |             |         |   |  |
| 6 |          |             |         |   |  |

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

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

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                         | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|           |   | (a) |    | (b)    |
|-----------|---|-----|----|--------|
|           |   | Yes | No | Amount |
| <b>1</b>  | 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: |     |    |        |
| <b>a</b>  | Volunteers? .....   |     | No |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....  |     | No |        |
| <b>c</b>  | Media advertisements? .....   |     | No |        |
| <b>d</b>  | Mailings to members, legislators, or the public? .....  | Yes |    |        |
| <b>e</b>  | Publications, or published or broadcast statements? .....   |     | No |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes? .....  |     | No |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body? .....   | Yes |    |        |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   | Yes |    | 132    |
| <b>i</b>  | Other activities? .....   |     | No |        |
| <b>j</b>  | Total. Add lines 1c through 1i .....  |     |    | 132    |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....   |     | No |        |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b>  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....  |     |    |        |

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference     | Explanation   |
|----------------------|---|
| PART II-B, LINE 1(D) | MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC: SECOND HARVEST FOOD BANK ATTEMPTS TO INFLUENCE LEGISLATION REGARDING: THE STATE AWARDED MONEY (SAM) PROGRAM (SAM-A STATE GRANT MADE TO THE SIX FEEDING AMERICA FOOD BANKS IN NORTH CAROLINA TO PURCHASE PRODUCT FOR DISTRIBUTION TO EMERGENCY FOOD ASSISTANCE AGENCIES SUCH AS FOOD PANTRIES, SOUP KITCHENS, EMERGENCY SHELTERS AND KIDS CAFE PROGRAMS).   |
| PART II-B, LINE 1(G) | DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY: SECOND HARVEST FOOD BANK STAFF DISCUSS THE IMPACT OF VARIOUS PROPOSED PIECES OF LEGISLATION ON INDIVIDUALS FACING HUNGER.   |
| PART II-B, LINE 1(H) | RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES OR ANY OTHER MEANS: SECOND HARVEST FOOD BANK ENDEAVORS TO INFLUENCE LEGISLATION REGARDING THE STATE AWARDED MONEY (SAM) PROGRAM (SAM-A STATE GRANT MADE TO THE SIX FEEDING AMERICA FOOD BANKS IN NORTH CAROLINA TO PURCHASE PRODUCT FOR DISTRIBUTION TO EMERGENCY FOOD ASSISTANCE AGENCIES SUCH AS FOOD PANTRIES, SOUP KITCHENS, AND EMERGENCY SHELTERS) BY SPEAKING TO THE NC LEGISLATURE TO INFORM THE MEMBERS ABOUT FOOD BANKING AND THE IMPORTANCE OF SAM. |

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number  
58-1457912

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

|   | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .             |                         |                              |
| 2 Aggregate value of contributions to (during year) |                         |                              |
| 3 Aggregate value of grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year . . . . .          |                         |                              |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

|  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements . . . . .   | 2a                          |
| b Total acreage restricted by conservation easements . . . . .   | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | 2c                          |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . | 2d                          |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  
(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$  
(ii) Assets included in Form 990, Part X . . . . . ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  
a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$  
b Assets included in Form 990, Part X . . . . . ► \$

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other .....

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .

☐ Yes

☐ No

b

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

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

|    | (a) Current year   | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |         |
|----|--|----------------|--------------------|----------------------|---------------------|---------|
| 1a | Beginning of year balance . . . . .                      | 715,673        | 656,481            | 614,992              | 558,214             | 574,124 |
| b  | Contributions . . . . .                                  | 6,690          | 25,896             |                      |                     |         |
| c  | Net investment earnings, gains, and losses               | -18,045        | 33,296             | 41,489               | 56,778              | -10,286 |
| d  | Grants or scholarships . . . . .                         |                |                    |                      |                     |         |
| e  | Other expenditures for facilities and programs . . . . . |                |                    |                      |                     | 5,624   |
| f  | Administrative expenses . . . . .                        |                |                    |                      |                     |         |
| g  | End of year balance . . . . .                            | 704,318        | 715,673            | 656,481              | 614,992             | 558,214 |

2

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

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ 100.000 %

c

Temporarily restricted endowment ▶ .....

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  | Yes |    |
| 3a(ii) |     | No |
| 3b     |     |    |

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment)   | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------|--|---------------------------------|------------------------------|----------------|
| 1a                      | Land . . . . .   | 120,064                         |                              | 120,064        |
| b                       | Buildings . . . . .  | 2,842,774                       | 1,564,201                    | 1,278,573      |
| c                       | Leasehold improvements   |                                 |                              |                |
| d                       | Equipment . . . . .  | 1,621,226                       | 949,261                      | 671,965        |
| e                       | Other . . . . .  | 621,288                         | 580,396                      | 40,892         |
| Total.                  | Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                 |                              | 2,111,494      |



Part VII

Investments—Other Securities.

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

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                     |                |  |
| (2) Closely-held equity interests . . . . .                             |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| Total. (Column (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, line 11c. See Form 990, Part X, line 13.

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

Part IX

Other Assets.

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) OTHER RECEIVABLES   | 44,523         |
| (2) OTHER ASSETS  | 1,522,523      |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶ | 1,567,046      |

Part X

Other Liabilities.

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

| 1. (a) Description of liability                                     | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) PAYCHECK PROTECTION PROGRAM LOAN                                | 586,689        |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 586,689        |

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 ☒

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

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

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 83,827,550 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | -11,037    |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |            |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | 767,539    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 756,502    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 83,071,048 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 3,828      |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 3,828      |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  | 83,074,876 |

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

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

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 74,359,431 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |            |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |            |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |            |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | 767,539    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 767,539    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 73,591,892 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 3,828      |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 3,828      |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . | <b>5</b>  | 73,595,720 |

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

**Additional Data**

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

**Supplemental Information**

| Return Reference | Explanation   |
|------------------|---|
| PART V, LINE 4:  | THE ENDOWMENT FUNDS ARE INTENDED TO BE USED SOLELY FOR THE SUPPORT AND NEEDS OF SECOND HARVEST FOOD BANK AS DETERMINED BY ITS BOARD OF DIRECTORS. |

## Supplemental Information

| Return Reference | Explanation  |
|------------------|--|
| PART X, LINE 2:  | SECOND HARVEST FOOD BANK ("SHFB") IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS ALSO EXEMPT FROM NORTH CAROLINA INCOME TAX. THEREFORE, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. SHFB HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2020. |

| Supplemental Information              |  |
|---------------------------------------|--|
| Return Reference                      | Explanation  |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | RECLASS OF SPECIAL EVENT EXPENSES 42,309. RECLASS OF COST OF GOODS SOLD 725,230. |

| Supplemental Information               |  |
|--|--|
| Return Reference                       | Explanation  |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | RECLASS OF SPECIAL EVENT EXPENSES 42,309. RECLASS OF COST OF GOODS SOLD 725,230. |





**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                       | (b) Event #2                     | (c) Other events           | (d) Total events                |
|--|---|------------------------------------|----------------------------------|----------------------------|---------------------------------|
|  |   | <b>EMPTY BOWLS</b><br>(event type) | <b>FORKLIFT!</b><br>(event type) | <b>6</b><br>(total number) | (add col. (a) through col. (c)) |
| Revenue  | <b>1</b> Gross receipts . . . . .   | 154,257                            | 95,480                           | 41,020                     | 290,757                         |
|  | <b>2</b> Less: Contributions . . . . .  | 154,257                            | 88,888                           | 41,020                     | 284,165                         |
|  | <b>3</b> Gross income (line 1 minus line 2) . . . . .                             |                                    | 6,592                            |                            | 6,592                           |
| Direct Expenses  | <b>4</b> Cash prizes . . . . .  |                                    |                                  |                            |                                 |
|  | <b>5</b> Noncash prizes . . . . .   |                                    |                                  |                            |                                 |
|  | <b>6</b> Rent/facility costs . . . . .  | 2,500                              | 9,834                            |                            | 12,334                          |
|  | <b>7</b> Food and beverages . . . . .   |                                    | 11,598                           |                            | 11,598                          |
|  | <b>8</b> Entertainment . . . . .  |                                    |                                  |                            |                                 |
|  | <b>9</b> Other direct expenses . . . . .  | 8,137                              | 6,938                            | 3,302                      | 18,377                          |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                                    |                                  |                            | 42,309                          |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |                                    |                                  | -35,717                    |                                 |

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

|                 |   | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col.(a) through col.(c)) |
|-----------------|---|---|---|---|--|
| Revenue         | <b>1</b> Gross revenue . . . . .  |   |   |   |  |
| Direct Expenses | <b>2</b> Cash prizes . . . . .  |   |   |   |  |
|                 | <b>3</b> Noncash prizes . . . . .   |   |   |   |  |
|                 | <b>4</b> Rent/facility costs . . . . .  |   |   |   |  |
|                 | <b>5</b> Other direct expenses . . . . .  |   |   |   |  |
|                 | <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |  |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|           |   |                              |                             |
|-----------|---|------------------------------|-----------------------------|
| <b>11</b> | Does the organization conduct gaming activities with nonmembers? . . . . .  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> | 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? . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>13</b> | Indicate the percentage of gaming activity conducted in:  |                              |                             |
| <b>a</b>  | The organization's facility . . . . .   | <b>13a</b>                   | %                           |
| <b>b</b>  | An outside facility . . . . .   | <b>13b</b>                   | %                           |

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

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

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

Name ► .....

Address ► .....

**16** Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer                      ☐ Employee                      ☐ Independent contractor

**17** Mandatory distributions:

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

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

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

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

Employer identification number  
58-1457912

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| (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 |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data                            |         |                                 |                          |                                   |   |                                       |                                    |
| (2)  |         |                                 |                          |                                   |   |                                       |                                    |
| (3)  |         |                                 |                          |                                   |   |                                       |                                    |
| (4)  |         |                                 |                          |                                   |   |                                       |                                    |
| (5)  |         |                                 |                          |                                   |   |                                       |                                    |
| (6)  |         |                                 |                          |                                   |   |                                       |                                    |
| (7)  |         |                                 |                          |                                   |   |                                       |                                    |
| (8)  |         |                                 |                          |                                   |   |                                       |                                    |
| (9)  |         |                                 |                          |                                   |   |                                       |                                    |
| (10)   |         |                                 |                          |                                   |   |                                       |                                    |
| (11)   |         |                                 |                          |                                   |   |                                       |                                    |
| (12)   |         |                                 |                          |                                   |   |                                       |                                    |

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

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1)                             |                          |                          |                                  |   |                                       |
| (2)                             |                          |                          |                                  |   |                                       |
| (3)                             |                          |                          |                                  |   |                                       |
| (4)                             |                          |                          |                                  |   |                                       |
| (5)                             |                          |                          |                                  |   |                                       |
| (6)                             |                          |                          |                                  |   |                                       |
| (7)                             |                          |                          |                                  |   |                                       |

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

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

Additional Data

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

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

| (a) Name and address of organization or government                          | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| 957 MOBILE CAFE INC<br>3760 FRATERNITY CHURCH RD<br>WINSTON SALEM, NC 27127 | 47-4706580 | 501(C)(3)                     |                          | 9,918                             | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| A GIFT OF GIVING<br>1309 LEONARD AVE<br>HIGH POINT, NC 27260                | 02-0776308 | 501(C)(3)                     |                          | 116,489                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| A STOREHOUSE FOR JESUS<br>675 E LEXINGTON RD<br>MOCKSVILLE, NC 27028   | 56-1875073 | 501(C)(3)                     |                          | 816,828                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| ABBOTTS CREEK - LABOR OF LOVE<br>2817 ABBOTTS CREEK CHURCH RD<br>HIGH POINT, NC 27265                          | 56-1225121 | 501(C)(3)                     |                          | 35,140                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| AGAPE CARE & SHARE<br>3950-G PATTERSON AVE<br>WINSTON SALEM, NC 27105  | 26-3196368 | 501(C)(3)                     |                          | 749,278                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| ALAMANCE PRESBYTERIAN CHURCH<br>4000 PRESBYTERIAN RD<br>GREENSBORO, NC 27406                                   | 56-0615186 | 501(C)(3)                     |                          | 119,484                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ALLEGHANY CO MINISTERIUM<br>- SOLID ROCK<br>71 WOMBLE ST<br>SPARTA, NC 28675                                   | 20-0758409 | 501(C)(3)                     |                          | 611,265                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| ALLIED CHURCHES OF<br>ALAMANCE CO<br>206 N FISHER ST<br>BURLINGTON, NC 27216                                   | 56-1553388 | 501(C)(3)                     |                          | 21,247                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ANTIOCH BAPTIST CHURCH<br>1298 ANTIOCH CHURCH RD<br>WILKESBORO, NC 28697                                       | 20-4906646 | 501(C)(3)                     |                          | 174,672                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| ARDMORE UNITED METHODIST CHURCH<br>630 S HAWTHORNE RD<br>WINSTON SALEM, NC 27103                               | 56-0599231 | 501(C)(3)                     |                          | 102,567                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ASHE COUNTY SHARING CENTER<br>03 N THIRD AVE<br>WEST JEFFERSON, NC 28694                                       | 58-1574702 | 501(C)(3)                     |                          | 1,304,848                         | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| ASHE OUTREACH MINISTRIES - PANTRY<br>9382 HWY 88<br>WEST WARRENSVILLE, NC 28693                                | 20-5866892 | 501(C)(3)                     |                          | 317,333                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ASHE REALLY CARES<br>626 ASHE CENTRAL SCHOOL RD<br>JEFFERSON, NC 28640   | 56-0556746 | 501(C)(3)                     |                          | 227,733                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| ASHEBORO SHELTER OF HOPE<br>PO BOX 1851<br>ASHEBORO, NC 27204  | 47-5498802 | 501(C)(3)                     |                          | 126,150                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BACKPACK BEGINNINGS<br>3714 ALLIANCE DR SUITE 105<br>GREENSBORO, NC 27407                                      | 46-1251223 | 501(C)(3)                     |                          | 30,328                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| BETHABARA MORAVIAN CHURCH<br>2100 BETHABARA RD<br>WINSTON SALEM, NC 27106                                      | 56-0552778 | 501(C)(3)                     |                          | 143,567                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BEULAH BAPTIST CHURCH<br>1352 N TRADE ST<br>WINSTON SALEM, NC 27105  | 56-1129610 | 501(C)(3)                     |                          | 25,118                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| BEULAH BAPTIST CHURCH (BENNET)<br>8454 HOWARD MILL RD<br>BENNETT, NC 27208                                     | 56-1380750 | 501(C)(3)                     |                          | 40,934                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BLESSED SACRAMENT CATHOLIC CH<br>710 KOURY DR<br>BURLINGTON, NC 27215  | 56-6017086 | 501(C)(3)                     |                          | 177,927                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| BREAKTHROUGH COMMUNITY CHURCH<br>703 S THIRD ST<br>MEBANE, NC 27302  | 45-4432587 | 501(C)(3)                     |                          | 485,889                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BRIDGES CHURCH<br>5490 SHATTALON DR<br>WINSTON SALEM, NC 27106   | 26-0370013 | 501(C)(3)                     |                          | 75,254                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| BROC-WILKES COMMUNITY ACTION<br>710 BEECH ST<br>N WILKESBORO, NC 28659   | 56-0857800 | 501(C)(3)                     |                          | 264,795                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BRUSHY MOUNTAIN BAPTIST ASSOCIATION<br>513 ELKIN HWY<br>N WILKESBORO, NC 28659                                 | 56-1229627 | 501(C)(3)                     |                          | 502,627                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| BURLINGTON ASSEMBLY OF GOD<br>821 TUCKER ST<br>BURLINGTON, NC 27215  | 56-1346751 | 501(C)(3)                     |                          | 183,546                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BURNETT'S CHAPEL<br>CHRISTIAN CHU<br>1957 BURNETTS CHURCH RD<br>GRAHAM, NC 27253                               | 56-1378700 | 501(C)(3)                     |                          | 170,012                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| CALDWELL COUNTY<br>YOKEFELLOW<br>1602 HARPER AVE NW<br>LENOIR, NC 28645  | 23-7031955 | 501(C)(3)                     |                          | 340,766                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CALVARY BAPTIST CHURCH<br>7860 NC HWY 87 N<br>REIDSVILLE, NC 27320   | 20-4906646 | 501(C)(3)                     |                          | 21,461                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| CANAAN UNITED METHODIST CHURCH<br>1760 SHADY GROVE CHURCH RD<br>WINSTON SALEM, NC 27107                        | 56-6046477 | 501(C)(3)                     |                          | 233,661                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CARING SERVICES<br>102 CHESTNUT ST<br>HIGH POINT, NC 27260   | 58-2181296 | 501(C)(3)                     |                          | 159,880                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| CASTING BREAD FOOD PANTRY<br>194 AHO RD<br>BLOWING ROCK, NC 28605  | 45-3482657 | 501(C)(3)                     |                          | 296,383                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CASWELL COUNTY PARISH INC<br>1038 MAIN ST<br>YANCEYVILLE, NC 27379   | 56-1079607 | 501(C)(3)                     |                          | 300,206                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| CATHEDRAL OF HIS GLORY<br>4501 LAKE JEANETTE RD<br>GREENSBORO, NC 27455  | 58-0011782 | 501(C)(3)                     |                          | 83,022                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CATHOLIC SOCIAL SERVICES<br>627 W SECOND ST<br>WINSTON SALEM, NC 27101   | 53-0196617 | 501(C)(3)                     |                          | 367,438                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| CEDAR GROVE TABERNACLE OF PRAI<br>612 NORWALK ST<br>GREENSBORO, NC 27407                                       | 56-1439012 | 501(C)(3)                     |                          | 34,201                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CELIA PHELPS MEMORIAL UMC<br>3709 GROOMETOWN RD<br>GREENSBORO, NC 27407  | 56-1405709 | 501(C)(3)                     |                          | 73,718                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| CENTENARY UNITED METHODIST CHURCH<br>657 W FIFTH ST<br>WINSTON SALEM, NC 27101                                 | 56-0552783 | 501(C)(3)                     |                          | 22,310                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CENTRAL TRIAD CHURCH<br>3816 EDGEWATER ST<br>HIGH POINT, NC 27265  | 56-1418928 | 501(C)(3)                     |                          | 29,375                            | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |
| CHRIST BOULEVARD UMC<br>1947 E BROAD ST<br>STATESVILLE, NC 28625   | 56-0713061 | 501(C)(3)                     |                          | 21,950                            | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CHRIST CHURCH ANGLICAN MISSIO<br>2252 QUEEN ST<br>WINSTON SALEM, NC 27103                                      | 30-0380086 | 501(C)(3)                     |                          | 113,792                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| CHRIST KINGDOM BLDG<br>WORSHIPCTR<br>3894 NORTHAMPTON DR<br>WINSTON SALEM, NC 27105                            | 56-1603354 | 501(C)(3)                     |                          | 552,656                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CHRIST RESCUE TEMPLE<br>1500 N DUNLEITH AVE<br>WINSTON SALEM, NC 27105   | 56-1517542 | 501(C)(3)                     |                          | 19,601                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| CHRIST UNITED METHODIST CHURCH<br>1300 NORTH COLLEGE DR<br>HIGH POINT, NC 27262                                | 26-4115008 | 501(C)(3)                     |                          | 78,274                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CHRIST UNITED METHODIST CHURCH<br>410 N HOLDEN RD<br>GREENSBORO, NC 27410                                      | 56-0689239 | 501(C)(3)                     |                          | 31,565                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| CHRISTIAN CRISIS CENTER<br>215 FIFTH AVE<br>TAYLORSVILLE, NC 28681   | 56-1995730 | 501(C)(3)                     |                          | 576,152                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CHRISTIANS UNITED<br>OUTREACH CTR<br>135 SUNSET AVE<br>ASHEBORO, NC 27203                                      | 56-1823588 | 501(C)(3)                     |                          | 1,921,696                         | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| CHRIST'S BELOVED<br>COMMUNITY<br>3205 S MAIN ST<br>WINSTONSALEM, NC 27127                                      | 81-2807202 | 501(C)(3)                     |                          | 88,626                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CLEMMONS UNITED METHODIST<br>6000 MEADOWBROOK MALL<br>STE 14<br>CLEMMONS, NC 27012                             | 56-0943736 | 501(C)(3)                     |                          | 725,617                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| COLLEGE PARK BAPTIST CHURCH<br>1701 POLO RD<br>WINSTON SALEM, NC 27106   | 47-5498802 | 501(C)(3)                     |                          | 12,337                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| COMMUNITIES IN SCHOOLS-THOMASV<br>400 TURNER ST<br>THOMASVILLE, NC 27360                                       | 56-1838845 | 501(C)(3)                     |                          | 42,016                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| COMMUNITY OUTREACH CMP<br>225 THIRD ST<br>YANCEYVILLE, NC 27379  | 46-2781148 | 501(C)(3)                     |                          | 107,415                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| CORNERSTONE CHURCH<br>650 GLOVER ST<br>STATESVILLE, NC 28625   | 23-7451724 | 501(C)(3)                     |                          | 181,799                           | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |
| CRISIS CONTROL MINISTRY<br>200 E 10TH ST<br>WINSTON SALEM, NC 27101  | 23-7348188 | 501(C)(3)                     |                          | 559,655                           | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| DAVIDSON COMMUNITY ACTION<br>15 E SECOND AVE<br>LEXINGTON, NC 27292  | 56-0859971 | 501(C)(3)                     |                          | 13,916                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| DAVIE HIGH HUNGER FIGHTERS<br>1200 SALISBURY RD<br>MOCKSVILLE, NC 27028  | 46-2516551 | 501(C)(3)                     |                          | 9,354                             | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| DIAKANOS - FIFTH ST<br>SHELTER<br>1421 FIFTH ST<br>STATESVILLE, NC 28677                                       | 58-1821225 | 501(C)(3)                     |                          | 329,547                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| DIVINE INTERVENTION<br>PO BOX 1916<br>GREENSBORO, NC 27402   | 46-4253533 | 501(C)(3)                     |                          | 9,674                             | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| DIVINO REDENTOR CATHOLIC CHURCH<br>209 LON AVE<br>BOONVILLE, NC 27011  | 11-3713089 | 501(C)(3)                     |                          | 89,592                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| DRAPER PHC - HOPE OUTREACH CTR<br>1608 DELEWARE AVE<br>EDEN, NC 27288  | 58-1785250 | 501(C)(3)                     |                          | 17,419                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| DREAMALIGN MINISTRIES<br>124 EAST PINE ST<br>GRAHAM, NC 27253  | 45-3678690 | 501(C)(3)                     |                          | 539,441                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| DULATOWN OUTREACH CENTER<br>1302 NORWOOD ST<br>LENOIR, NC 28645  | 56-1386261 | 501(C)(3)                     |                          | 20,471                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| DULATOWN PRESBYTERIAN CHURCH<br>1537 MILLER HILL RD<br>LENOIR, NC 28645  | 23-6393377 | 501(C)(3)                     |                          | 37,643                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| EAST STOKES OUTREACH<br>207 W 3RD ST<br>WALNUT COVE, NC 27052  | 56-1652746 | 501(C)(3)                     |                          | 278,671                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| ECHO MINISTRY<br>130 HILL ST<br>ELKIN, NC 28621  | 56-2125976 | 501(C)(3)                     |                          | 10,155                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| EMERYWOOD BAPTIST CHURCH<br>1300 COUNTRY CLUB DRIVE<br>HIGH POINT, NC 27262                                    | 56-0664329 | 501(C)(3)                     |                          | 11,548                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| EPHESUS SEVENTH DAY ADVENTIST<br>1225 N CLEVELAND AVE<br>WINSTON SALEM, NC 27101                               | 56-2085308 | 501(C)(3)                     |                          | 482,267                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| EPIPHANY LUTHERAN CHURCH<br>5220 SILAS CREEK PKWY<br>WINSTON SALEM, NC 27106                                   | 56-1029743 | 501(C)(3)                     |                          | 31,431                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| FAIRFIELD UMC<br>1505 NC 62 W<br>HIGH POINT, NC 27263  | 56-1264422 | 501(C)(3)                     |                          | 22,037                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| FAIRGROVE FAMILY RESOURCE CENTER<br>219 CEDAR LODGE RD<br>THOMASVILLE, NC 27360                                | 56-1959113 | 501(C)(3)                     |                          | 607,095                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| FAITHZONE CHRISTIAN FELLOWSHIP<br>3650-L PATTERSON AVE<br>WINSTON SALEM, NC 27105                              | 14-1878478 | 501(C)(3)                     |                          | 58,701                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| FINAL CALL OUTREACH MINISTRY<br>202 FRANKLIN BLVD<br>GREENSBORO, NC 27401                                      | 46-0495982 | 501(C)(3)                     |                          | 253,778                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FIRST ASSEMBLY - CARING PLACE<br>909 MEADOWBROOK RD<br>ASHEBORO, NC 27203                                      | 56-1260483 | 501(C)(3)                     |                          | 59,209                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| FIRST ASSEMBLY OF GOD (LEX)<br>382 WALSER RD<br>LEXINGTON, NC 27295  | 56-1350496 | 501(C)(3)                     |                          | 69,880                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FIRST BAPTIST CHURCH<br>PO BOX 518<br>COOLEEMEE, NC 27014  | 56-0556746 | 501(C)(3)                     |                          | 64,905                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| FIRST BAPTIST CHURCH - WHITNEL<br>1201 CONNELLY SPRINGS RD<br>LENOIR, NC 28645                                 | 20-4906646 | 501(C)(3)                     |                          | 100,964                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FIRST CHRISTIAN CH OF HIGH PT<br>2066 DEEP RIVER RD<br>HIGH POINT, NC 27265                                    | 46-1848698 | 501(C)(3)                     |                          | 74,162                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| FIRST CHURCH OF NAZARENE-STATESVILLE<br>501 MEDLIN ST<br>STATESVILLE, NC 28677                                 | 56-1539087 | 501(C)(3)                     |                          | 67,611                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FIRST PENTECOSTAL HOLINESS CHURCH<br>509 CLONIGER DR<br>THOMASVILLE, NC 27360                                  | 58-0904463 | 501(C)(3)                     |                          | 40,872                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| FOOD ASSISTANCE<br>3720-A ALLIANCE DR<br>GREENSBORO, NC 27407  | 20-0063969 | 501(C)(3)                     |                          | 156,146                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FOOTHILLS FOOD PANTRY<br>233 COOPER ST<br>DOBSON, NC 27017   | 56-1900063 | 501(C)(3)                     |                          | 528,037                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| FRANCISCO PRESBYTERIAN CHURCH<br>7257 NC HWY 90 W<br>WESTFIELD, NC 27053                                       | 56-1922304 | 501(C)(3)                     |                          | 119,999                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FREE INDEED OUTREACH MIN<br>4 LANDRY CT<br>GREENSBORO, NC 27407  | 20-8006260 | 501(C)(3)                     |                          | 29,528                            | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |
| GENESIS BAPTIST CHURCH<br>2812 E BESSEMER AVE<br>GREENSBORO, NC 27405  | 56-2045749 | 501(C)(3)                     |                          | 213,858                           | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| GETHSEMANE CHRISTIAN CHURCH<br>1650 BURCH BRIDGE RD<br>BURLINGTON, NC 27127                                    | 86-1148156 | 501(C)(3)                     |                          | 106,406                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| GOD'S HELPING HANDS FOOD PTRY<br>PO BOX 322<br>STONEVILLE, NC 27048  | 56-2000117 | 501(C)(3)                     |                          | 125,703                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| GRACE CHURCHHELPING HANDS<br>1919 SURRETT DR<br>HIGH POINT, NC 27263   | 56-1236931 | 501(C)(3)                     |                          | 665,593                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| GRACE EPISCOPAL CHURCH<br>419 S MAIN ST<br>LEXINGTON, NC 27292   | 56-0788958 | 501(C)(3)                     |                          | 17,445                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| GREATER CANAAN BAPTIST<br>1764 N NC HWY 119<br>MEBANE, NC 27302  | 56-2028531 | 501(C)(3)                     |                          | 126,704                           | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |
| GREATER THINGS OUTREACH<br>6282 OLD US HWY 52<br>LEXINGTON, NC 27374   | 47-2412828 | 501(C)(3)                     |                          | 482,264                           | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| GREENSBORO URBAN MINISTRY<br>305 W LEE ST<br>GREENSBORO, NC 27406  | 56-0890545 | 501(C)(3)                     |                          | 2,523,814                         | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| GREENWAY BAPTIST CHURCH<br>880 GREENWAY RD<br>BOONE, NC 28607  | 56-0949461 | 501(C)(3)                     |                          | 116,660                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| HOPE OF WINSTON-SALEM<br>505 DEACON BLVD<br>WINSTON SALEM, NC 27105  | 46-3772491 | 501(C)(3)                     |                          | 265,265                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| HARVEST BAPTIST CHURCH<br>3741 S CHURCH ST<br>BURLINGTON, NC 27215   | 56-1316805 | 501(C)(3)                     |                          | 257,524                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| HE CARES INC<br>26 W MAIN ST<br>THOMASVILLE, NC 27360  | 27-5486618 | 501(C)(3)                     |                          | 759,576                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| HELPING HANDS FOUNDATION<br>SURRY<br>114 W LEBANON ST<br>MT AIRY, NC 27030                                     | 45-4896030 | 501(C)(3)                     |                          | 37,274                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| HIDDENITE COMMUNITY HELPERS<br>45 FIRE DEPT LN<br>HIDDENITE, NC 28636  | 90-0821608 | 501(C)(3)                     |                          | 342,189                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| HIGH HORIZONS<br>3254 KERNERSVILLE RD<br>WINSTON SALEM, NC 27107   | 47-5012557 | 501(C)(3)                     |                          | 46,345                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| HIGH POINT CHRISTIAN CENTER<br>234 DOROTHY ST<br>HIGH POINT, NC 27262  | 58-1637111 | 501(C)(3)                     |                          | 43,067                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| HIGH POINT SDA<br>280 EASTCHESTER DR<br>HIGH POINT, NC 27262   | 56-1409480 | 501(C)(3)                     |                          | 1,007,998                         | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| HIGHLAND PRESBYTERIAN CHURCH<br>2380 CLOVERDALE AVE<br>WINSTON SALEM, NC 27103                                 | 56-0660460 | 501(C)(3)                     |                          | 32,755                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| HOLY TRINITY FULL GOSPEL<br>5307 PETERS CREEK PARKWAY<br>WINSTON SALEM, NC 27127                               | 56-1613035 | 501(C)(3)                     |                          | 84,817                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| HOPE BAPTIST CHURCH<br>4872 OLD EDGAR RD<br>SOPHIA, NC 27350   | 56-2213372 | 501(C)(3)                     |                          | 85,373                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| HOPE OUTREACH CENTER<br>2800 WESTCHESTER DR<br>HIGH POINT, NC 27262  | 75-3107677 | 501(C)(3)                     |                          | 142,267                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| HOSPITALITY HOUSE<br>302 W KING ST<br>BOONE, NC 28607  | 56-1442966 | 501(C)(3)                     |                          | 329,671                           | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |
| IGLESIA ALIANZA - CLOSED<br>4995 HAMPTON RD<br>CLEMMONS, NC 27012  | 56-2266072 | 501(C)(3)                     |                          | 50,184                            | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| IGLESIA NUEVA VIDA<br>4423 S MAIN ST<br>WINSTON SALEM, NC 27127  | 56-1769632 | 501(C)(3)                     |                          | 201,091                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| IGLESIA WESLEYANA EL BUEN SAMARITAN<br>2800 LUDWIG ST<br>WINSTON SALEM, NC 27107                               | 35-1148762 | 501(C)(3)                     |                          | 279,674                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| IN HIS NAME CHRISTIAN SERVICES<br>1863 SOUTH PARK DR<br>REIDSVILLE, NC 27320                                   | 20-3250719 | 501(C)(3)                     |                          | 83,231                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| IREDELL CHRISTIAN MINISTRIES<br>322 E FRONT ST<br>STATESVILLE, NC 28677  | 20-4761133 | 501(C)(3)                     |                          | 798,198                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| JCF MINISTRIES FULL GOSPEL CHURCH<br>1700 S MAIN ST<br>LEXINGTON, NC 27292                                     | 56-1186246 | 501(C)(3)                     |                          | 114,900                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| JEFFERSON UNITED METHODIST CHURCH<br>115 E MAIN ST<br>JEFFERSON, NC 28640                                      | 56-1146791 | 501(C)(3)                     |                          | 144,721                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

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| JULIAN UNITED METHODIST CHURCH<br>2105 NC HWY 62 E<br>JULIAN, NC 27283   | 56-1395531 | 501(C)(3)                     |                          | 51,055                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| KING OUTREACH MINISTRY<br>413 KINGSWAY DR<br>KING, NC 27021  | 56-1409298 | 501(C)(3)                     |                          | 600,860                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

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| KINGDOM BUILDING CHURCH<br>1547 ENGLISH RD<br>HIGH POINT, NC 27262   | 14-1970127 | 501(C)(3)                     |                          | 77,661                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| KNOLLWOOD BAPTIST CHURCH<br>330 KNOLLWOOD ST<br>WINSTON SALEM, NC 27105  | 56-0670668 | 501(C)(3)                     |                          | 38,866                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| LANDMARK CHURCH OF GOD<br>2200 E BROAD ST<br>STATESVILLE, NC 28625   | 30-0135732 | 501(C)(3)                     |                          | 303,624                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| LEAST OF THESE MINISTRIES<br>INC<br>4600 W OLD HWY 64<br>LEXINGTON, NC 27295                                   | 46-2086133 | 501(C)(3)                     |                          | 216,004                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| LEBANON BAPTIST CHURCH<br>4635 HICONE RD<br>GREENSBORO, NC 27405   | 56-1252737 | 501(C)(3)                     |                          | 51,664                            | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |
| LENOIR SOUP KITCHEN<br>1113 COLLEGE AVE SW<br>LENOIR, NC 28645   | 56-1743480 | 501(C)(3)                     |                          | 17,821                            | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LIBERTY ASSOC OF CHURCHES<br>329 B WEST BOWMAN AVE<br>LIBERTY, NC 27298  | 56-1697437 | 501(C)(3)                     |                          | 77,516                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| LIFE CHANGING OUTREACH<br>MIN<br>142 S LEXINGTON AVE<br>BURLINGTON, NC 27216                                   | 42-1645375 | 501(C)(3)                     |                          | 85,196                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LOAVES AND FISHES FOOD<br>MINISTR<br>PO BOX 409<br>LEXINGTON, NC 27293   | 46-4341245 | 501(C)(3)                     |                          | 172,632                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| LOCUST GROVE<br>4707 NC HWY 150<br>BROWNS SUMMIT, NC 27214   | 61-1699979 | 501(C)(3)                     |                          | 29,885                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LOCUST HILL UNITED METHODIST<br>281 STONEY CREEK SCHOOL RD<br>REIDSVILLE, NC 27320                             | 56-1151103 | 501(C)(3)                     |                          | 42,030                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| LOT 2540 INC<br>411 S 2ND AVE<br>MAYODAN, NC 27025   | 45-2387075 | 501(C)(3)                     |                          | 463,637                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LOVE COMMUNITY DEVELOPMENT<br>3980 N LIBERTY ST<br>WINSTON SALEM, NC 27105                                     | 58-2463983 | 501(C)(3)                     |                          | 460,902                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| LUTHERAN CHURCH OF OUR FATHER<br>3304 GROOMTOWN RD<br>GREENSBORO, NC 27407                                     | 56-1216775 | 501(C)(3)                     |                          | 76,954                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MAPLE SPRINGS UNITED METHODIST CHURCH<br>2569 REYNOLDA RD<br>WINSTON SALEM, NC 27107                           | 20-5665302 | 501(C)(3)                     |                          | 235,973                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| MAPLE SPRINGS UNITED METHODIST CHURCH<br>15733 ELKIN HWY<br>RONDA, NC 28670                                    | 56-1371086 | 501(C)(3)                     |                          | 42,486                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MATTHEW 25 MINISTRIES<br>105 E MEMORIAL HWY<br>HARMONY, NC 28634   | 16-1767339 | 501(C)(3)                     |                          | 204,017                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| MELFIELD UNITED CHURCH OF CHRIST<br>2144 MELFIELD DR<br>HAW RIVER, NC 27258                                    | 20-5904439 | 501(C)(3)                     |                          | 377,187                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MEN IN CHRIST INC<br>200 S MAIN ST<br>REIDSVILLE, NC 27320   | 56-1935029 | 501(C)(3)                     |                          | 124,644                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| MIDWAY UNITED MISSIONARY CHURC<br>307 S STOUT ST<br>RANDLEMAN, NC 27317  | 20-0422537 | 501(C)(3)                     |                          | 27,803                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MORRIS CHAPEL UNITED METHODIST<br>2715 DARROW RD<br>WALKERTOWN, NC 27051                                       | 26-3408881 | 501(C)(3)                     |                          | 112,610                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| MOUNTAIN GROVE BAPTIST CHURCH<br>2485 CONNELLY SPRINGS RD<br>GRANITE FALLS, NC 28630                           | 20-4906646 | 501(C)(3)                     |                          | 301,236                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MT MORIAH OUTREACH CENTER<br>317 JEFFERSON ST<br>KERNERSVILLE, NC 27284  | 55-0834776 | 501(C)(3)                     |                          | 375,227                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| MT OLIVET UNITED METHODIST CHURCH<br>3282 COLLETTSVILLE RD<br>LENOIR, NC 28645                                 | 33-1092212 | 501(C)(3)                     |                          | 40,443                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MT PISGAH LC-GOOD SAMARITAN FOOD PANTRY<br>9379 NC HWY 127<br>HICKORY, NC 28601                                | 56-0997274 | 501(C)(3)                     |                          | 205,386                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| MT TABOR FOOD FOR THOUGHT<br>601 N CHERRY ST STE 300<br>WINSTON SALEM, NC 27101                                | 20-4072222 | 501(C)(3)                     |                          | 10,088                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NC A&T REAL ESTATE FOUNDATION<br>1601 E MARKET ST<br>GREENSBORO, NC 27401                                      | 56-6075899 | 501(C)(3)                     |                          | 20,767                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| NEW BEGINNINGS FULL GOSPEL MINISTRY<br>215 FOURTH ST<br>HIGH POINT, NC 27260                                   | 56-1920952 | 501(C)(3)                     |                          | 340,464                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NEW COVENANT CHRISTIAN CHURCH<br>1305 BALL ST<br>GREENSBORO, NC 27405  | 56-2027081 | 501(C)(3)                     |                          | 22,668                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| NEW DAMASCUS BAPTIST CHURCH<br>PO BOX 241<br>WILKESBORO, NC 28697  | 56-1302511 | 501(C)(3)                     |                          | 15,503                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NEW JERUSALEM BAPTIST CHURCH<br>1223 N DUNLEITH AVE<br>WINSTON SALEM, NC 27101                                 | 56-1229373 | 501(C)(3)                     |                          | 802,510                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| NEW TEMPLE - RIOS DE AGUA VIVA<br>403 NATIONAL HWY<br>THOMASVILLE, NC 27360                                    | 56-2018014 | 501(C)(3)                     |                          | 209,549                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| NEW ZION BAPTIST CHURCH<br>158 HIGHLAND AVE<br>WINSTON SALEM, NC 27101   | 20-4906646 | 501(C)(3)                     |                          | 51,867                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| NEW ZION MISS BAPT CH<br>408 MARTIN LUTHER KING JR DRIVE<br>GREENSBORO, NC 27406                               | 56-1425712 | 501(C)(3)                     |                          | 153,132                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| NEXT STEP MINISTRIES<br>745 LAKE DR<br>KERNERSVILLE, NC 27284  | 56-2074800 | 501(C)(3)                     |                          | 23,699                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| NORTH LEXINGTON BAPTIST CHURCH<br>201 MIZE RD<br>LEXINGTON, NC 27295   | 20-4906646 | 501(C)(3)                     |                          | 539,258                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| NORTHVIEW CHURCH OF CHRIST<br>2615 AMITY HILL RD<br>STATESVILLE, NC 28677                                      | 56-1417756 | 501(C)(3)                     |                          | 123,854                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| ONE STEP FURTHER<br>623 EUGENE CT<br>GREENSBORO, NC 27401  | 58-1484818 | 501(C)(3)                     |                          | 573,915                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| OPEN DOOR MINISTRIES<br>400 N CENTENNIAL ST<br>HIGH POINT, NC 27260  | 56-1576543 | 501(C)(3)                     |                          | 402,767                           | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |
| OUT OF THE GARDEN PROJECT<br>300 NC HWY 685<br>GREENSBORO, NC 27409  | 27-2772988 | 501(C)(3)                     |                          | 1,969,745                         | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| PASTOR'S PANTRY<br>307 N STATE ST<br>LEXINGTON, NC 27292   | 31-1721281 | 501(C)(3)                     |                          | 413,986                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| PAY IT FORWARD FOOD PANTRY<br>PO BOX 3188<br>LENOIR, NC 28645  | 83-0650982 | 501(C)(3)                     |                          | 341,585                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| PIEDMONT HEALTH SERV & SICKLE<br>401 TAYLOR AVE<br>HIGH POINT, NC 27260  | 23-7362747 | 501(C)(3)                     |                          | 49,722                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| PIEDMONT RESCUE MISSION<br>1519 N MEBANE ST<br>BURLINGTON, NC 27217  | 56-1619734 | 501(C)(3)                     |                          | 359,015                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| PILGRIM OUTREACH CENTER<br>984 GODDARD LN<br>MILLERS CREEK, NC 28651   | 20-2007347 | 501(C)(3)                     |                          | 84,657                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| PINEY GROVE BAPTIST CHURCH<br>4633 GROVE GARDEN DR<br>WINSTON SALEM, NC 27106                                  | 58-1352564 | 501(C)(3)                     |                          | 54,646                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| PLEASANT GROVE UMC<br>1393 HASTY SCHOOL RD<br>THOMASVILLE, NC 27360  | 56-0904911 | 501(C)(3)                     |                          | 27,617                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| POSITIVE WELLNESS ALLIANCE<br>PO BOX 703<br>LEXINGTON, NC 27293  | 56-1885607 | 501(C)(3)                     |                          | 104,299                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| REIDSVILLE OUTREACH CENTER<br>435 SW MARKET ST<br>REIDSVILLE, NC 27320   | 56-2160123 | 501(C)(3)                     |                          | 350,964                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| RENAISSANCE ROAD CHURCH<br>3793 SAMET DR STE 105<br>HIGH POINT, NC 27265                                       | 26-1215805 | 501(C)(3)                     |                          | 376,902                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| ROOM AT THE INN INC<br>736 PARK AVE<br>GREENSBORO, NC 27405  | 56-2152520 | 501(C)(3)                     |                          | 29,603                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| SALVATION ARMY - ASHEBORO<br>345 N CHURCH ST<br>ASHEBORO, NC 27203   | 58-0660607 | 501(C)(3)                     |                          | 231,324                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| SALVATION ARMY - DVS<br>314 W 9TH AVE<br>LEXINGTON, NC 27292   | 58-0660607 | 501(C)(3)                     |                          | 233,176                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| SALVATION ARMY - GREENSBORO<br>1311 S EUGENE ST<br>GREENSBORO, NC 27406  | 58-0660607 | 501(C)(3)                     |                          | 258,397                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SALVATION ARMY - HIGH POINT<br>301 W GREEN DR<br>HIGH POINT, NC 27260  | 58-0660607 | 501(C)(3)                     |                          | 176,921                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| SALVATION ARMY - LENOIR<br>108 MORGANTON BLVD<br>LENOIR, NC 28645  | 58-0660607 | 501(C)(3)                     |                          | 26,631                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SALVATION ARMY -<br>ROCKINGHAM<br>704 BARNES ST<br>REIDSVILLE, NC 27320  | 58-0660607 | 501(C)(3)                     |                          | 332,347                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| SAMARITAN CHRISTIAN MINISTRIES - WILKES<br>164 UNION SCHOOL RD<br>N WILKESBORO, NC 28659                       | 56-2065712 | 501(C)(3)                     |                          | 658,297                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SAMARITAN KITCHEN OF WILKES<br>164 UNION SCHOOL RD<br>NORTH WILKESBORO, NC 28659                               | 56-2065712 | 501(C)(3)                     |                          | 1,342,779                         | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| SEAMS MINISTRIES<br>321 OLD US 52 BYPASS<br>PILOT MOUNTAIN, NC 27041   | 56-2061635 | 501(C)(3)                     |                          | 551,657                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SENIOR SERVICES INC<br>2895 SHOREFAIR DR<br>WINSTON SALEM, NC 27105  | 56-1085968 | 501(C)(3)                     |                          | 36,268                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| SERV DEAFHARD OF HEARING-DAVIDSON CO<br>8 FRANKLIN ST<br>LEXINGTON, NC 27292                                   | 56-2252177 | 501(C)(3)                     |                          | 57,620                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SERVANT CENTER - GAP<br>1312 LEXINGTON AVE<br>GREENSBORO, NC 27403   | 56-1834197 | 501(C)(3)                     |                          | 490,057                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| SHADY GROVE UNITED METHODIST<br>1781 SHADY GROVE RD<br>PROVIDENCE, NC 27315                                    | 23-7449895 | 501(C)(3)                     |                          | 45,654                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SHELTER HOME OF CALDWELL<br>515 SCROGGS ST NW<br>LENOIR, NC 28645  | 56-1244166 | 501(C)(3)                     |                          | 40,563                            | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |
| SINCERELY AGAPE<br>410 BRENTWOOD ST STE 105<br>HIGH POINT, NC 27260  | 56-1451368 | 501(C)(3)                     |                          | 78,983                            | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SOLID ROCK BAPTIST CHURCH<br>903 E KEARNS AVE<br>HIGH POINT, NC 27260  | 56-1810250 | 501(C)(3)                     |                          | 56,511                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| SOUTH CALDWELL CHRISTIAN MINISTRY<br>5 QUARRY RD<br>GRANITE FALLS, NC 28630                                    | 56-1339800 | 501(C)(3)                     |                          | 340,718                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SOUTH DAVIDSON FAMILY RESOURCE CENTER<br>338 W SALISBURY ST<br>DENTON, NC 27239                                | 56-2067201 | 501(C)(3)                     |                          | 205,240                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| SOUTHERN ALAMANCE FAMILY EMPOW<br>PO BOX 286<br>SAXAPHAW, NC 27340   | 46-2764405 | 501(C)(3)                     |                          | 170,219                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SOUTHWEST ELEM SCHOOL<br>PTA<br>1631 SOUTHWEST SCHOOL<br>DRIVE<br>CLEMMONS, NC 27012                           | 56-1671133 | 501(C)(3)                     |                          | 12,311                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED<br>PRODUCT         | FEEDING THE POOR<br>AND NEEDY      |
| ST JOHN CME CHURCH<br>350 NW CRAWFORD PLACE<br>WINSTON SALEM, NC 27105   | 58-0008352 | 501(C)(3)                     |                          | 62,780                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED<br>PRODUCT         | FEEDING THE POOR<br>AND NEEDY      |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ST PAUL BAPTIST CHURCH<br>1309 LARKIN ST<br>GREENSBORO, NC 27406   | 56-0653355 | 501(C)(3)                     |                          | 81,501                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| ST PAUL'S UNITED METHODIST CHURCH<br>2400 DELLABROOK<br>WINSTON SALEM, NC 27105                                | 56-1134319 | 501(C)(3)                     |                          | 114,319                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ST PETER'S WORLD OUTREACH<br>3683 OLD LEXINGTON RD<br>WINSTON SALEM, NC 27107                                  | 56-1417838 | 501(C)(3)                     |                          | 117,524                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| ST STEPHEN MISSIONARY BAPTIST<br>5000 NOBLE ST<br>WINSTON SALEM, NC 27105                                      | 03-4014381 | 501(C)(3)                     |                          | 84,073                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| STOKESDALE CHURCH OF GOD<br>9081 HWY 158<br>STOKESDALE, NC 27357   | 56-1427747 | 501(C)(3)                     |                          | 41,417                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| STONY POINT CHRISTIAN MINISTRIES<br>411 RURITAN PARK RD<br>STONY POINT, NC 28678                               | 56-0928522 | 501(C)(3)                     |                          | 136,990                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SUNNYSIDE MINISTRY<br>319 HALED ST<br>WINSTON SALEM, NC 27127  | 56-0552778 | 501(C)(3)                     |                          | 552,098                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| THE CHURCH OF THE ASCENSION FOOD PANTRY<br>183 FORK-BIXBY RD<br>ADVANCE, NC 27006                              | 56-0588469 | 501(C)(3)                     |                          | 278,359                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE HUNGER & HEALTH COALITION<br>141 HEALTH CENTER DR<br>BOONE, NC 28607                                       | 56-1322973 | 501(C)(3)                     |                          | 1,160,025                         | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| THE LORD'S PANTRY<br>602 N BRIDGE ST<br>EDEN, NC 27288   | 20-4906646 | 501(C)(3)                     |                          | 483,719                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| THE REDEEMED CHRISTIAN CHURCH<br>1808 MACK ST<br>GREENSBORO, NC 27406  | 13-4209863 | 501(C)(3)                     |                          | 197,980                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| THE ROCK CHURCH<br>416 W KING ST<br>KING, NC 27021   | 90-0100060 | 501(C)(3)                     |                          | 32,768                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| THE SALVATION ARMY - ALAMANCE<br>821 N ANTHONY ST<br>BURLINGTON, NC 27215                                      | 58-0660607 | 501(C)(3)                     |                          | 601,618                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| THE SALVATION ARMY - STATESVILLE<br>1361 CALDWELL ST<br>STATESVILLE, NC 28677                                  | 58-0660607 | 501(C)(3)                     |                          | 42,237                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| THE SALVATION ARMY - WS<br>1255 N TRADE ST<br>WINSTON SALEM, NC 27101  | 58-0660607 | 501(C)(3)                     |                          | 1,313,660                         | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| THE SALVATION ARMY-MT AIRY<br>651 S SOUTH ST<br>MT AIRY, NC 27030  | 58-0660607 | 501(C)(3)                     |                          | 55,606                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| THE SHALOM PROJECT INC<br>639 GREEN ST<br>WINSTON SALEM, NC 27101  | 20-2136431 | 501(C)(3)                     |                          | 247,456                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| THOMASVILLE COMMUNITY CENTER<br>107 LEONARD ST<br>THOMASVILLE, NC 27360  | 56-1848229 | 501(C)(3)                     |                          | 366,827                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| THREE FORKS BAPTIST ASSOCIATION<br>375 W KING ST<br>BOONE, NC 28607  | 20-2007347 | 501(C)(3)                     |                          | 332,997                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| TRANSITIONING MINDS<br>5 CENTERVIEW DR<br>GREENSBORO, NC 27407   | 46-1179721 | 501(C)(3)                     |                          | 49,971                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| TRIAD ADULT DAY CARE<br>409 E FAIRFIELD RD<br>HIGH POINT, NC 27263   | 56-1884922 | 501(C)(3)                     |                          | 34,634                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| TRI-COUNTY CHRISTIAN CRISIS MINISTRY<br>134-A BLUFF ST<br>JONESVILLE, NC 28642                                 | 56-1591093 | 501(C)(3)                     |                          | 157,364                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| TRINITY EPISCOPAL CHURCH<br>427 N MAIN ST<br>MT AIRY, NC 27030   | 56-0588469 | 501(C)(3)                     |                          | 45,992                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| TRINITY WORSHIP CENTER<br>3157 S CHURCH ST<br>BURLINGTON, NC 27215   | 56-2154273 | 501(C)(3)                     |                          | 90,007                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| UNION BAPTIST CHURCH<br>406 NORTHWEST BLVD<br>WINSTON SALEM, NC 27105  | 56-1421926 | 501(C)(3)                     |                          | 290,422                           | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |
| UNION GROVE UMC<br>1331 SLOANS MILL RD<br>UNION GROVE, NC 28689  | 56-6095901 | 501(C)(3)                     |                          | 72,433                            | WHOLESALE VALUE                                       | TEFAP, SAM, & DONATED PRODUCT          | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| UNITED YOUTH CARE FOUNDATION<br>1207 FOURTH ST<br>GREENSBORO, NC 27405   | 27-1449113 | 501(C)(3)                     |                          | 121,420                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| UPPER ROOM FOOD MINISTRY<br>11500 NC HWY 8<br>LEXINGTON, NC 27292  | 26-4609627 | 501(C)(3)                     |                          | 359,956                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| VANDALIA PRESBYTERIAN CHURCH<br>101 W VANDALIA RD<br>GREENSBORO, NC 27406                                      | 56-0766966 | 501(C)(3)                     |                          | 58,873                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| WARD ST UMC<br>1619 W WARD AVE<br>HIGH POINT, NC 27260   | 36-2167731 | 501(C)(3)                     |                          | 128,830                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WELLS MEMORIAL-WE CARE PANTRY<br>1001 E WASHINGTON ST<br>GREENSBORO, NC 27401                                  | 56-1776700 | 501(C)(3)                     |                          | 260,616                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| WEST END MINISTRIES<br>903 ENGLISH RD<br>HIGH POINT, NC 27261  | 56-2273642 | 501(C)(3)                     |                          | 313,019                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WHOLE MAN MINISTRIES<br>3916 OLD LEXINGTON RD<br>WINSTON SALEM, NC 27107                                       | 26-0136378 | 501(C)(3)                     |                          | 99,418                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| WINSTON SALEM FRIENDS MEETING<br>3151 REYNOLDA RD<br>WINSTON SALEM, NC 27106                                   | 56-0619363 | 501(C)(3)                     |                          | 9,592                             | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WORDS OF COMFORT<br>OUTREACH<br>2108-A ENGLISH RD<br>HIGH POINT, NC 27260                                      | 86-1163503 | 501(C)(3)                     |                          | 48,830                            | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| WS RESCUE MISSION<br>717 OAK ST<br>WINSTON SALEM, NC 27101   | 56-0891921 | 501(C)(3)                     |                          | 857,827                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| YADKIN CHRISTIAN MINISTRIES<br>121 W ELM ST<br>YADKINVILLE, NC 27055   | 56-1802585 | 501(C)(3)                     |                          | 574,424                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |
| YOKEFELLOW MINISTRY OF MT AIRY<br>215 JONES SCHOOL RD<br>MT AIRY, NC 27030                                     | 56-1445474 | 501(C)(3)                     |                          | 612,223                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| YOKEFELLOW MINISTRY OF STATESVILLE<br>1386 SHELTON AVE<br>STATESVILLE, NC 28677                                | 56-1010615 | 501(C)(3)                     |                          | 642,612                           | WHOLESALE VALUE                                       | TEFAP,SAM,& DONATED PRODUCT            | FEEDING THE POOR AND NEEDY         |

|   |   |  |
|---|---|--|
| Schedule J<br>(Form 990)  | Compensation Information  | OMB No. 1545-0047                            |
|   |   | 2019   |
|   |   |  |
| Department of the Treasury<br>Internal Revenue Service                      | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees<br>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.<br>▶ Attach to Form 990.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. |  |
| Name of the organization<br>SECOND HARVEST FOOD BANK<br>OF NORTHWEST NC INC |   | Employer identification number<br>58-1457912 |

| Part I Questions Regarding Compensation  |   | Yes | No |
|--|---|-----|----|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  |   |     |    |
| <input type="checkbox"/> First-class or charter travel   | <input type="checkbox"/> Housing allowance or residence for personal use            |     |    |
| <input type="checkbox"/> Travel for companions   | <input type="checkbox"/> Payments for business use of personal residence            |     |    |
| <input type="checkbox"/> Tax idemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              |     |    |
| <input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |     |    |
| <b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  |   | 1b  |    |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?  |   | 2   |    |
| <b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. |   |     |    |
| <input type="checkbox"/> Compensation committee  | <input type="checkbox"/> Written employment contract                                |     |    |
| <input type="checkbox"/> Independent compensation consultant   | <input checked="" type="checkbox"/> Compensation survey or study                    |     |    |
| <input checked="" type="checkbox"/> Form 990 of other organizations  | <input checked="" type="checkbox"/> Approval by the board or compensation committee |     |    |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  |   |     |    |
| <b>a</b> Receive a severance payment or change-of-control payment?   |   | 4a  | No |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?   |   | 4b  | No |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?  |   | 4c  | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |   |     |    |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>  |   |     |    |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  |   |     |    |
| <b>a</b> The organization?   |   | 5a  | No |
| <b>b</b> Any related organization?   |   | 5b  | No |
| If "Yes," on line 5a or 5b, describe in Part III.  |   |     |    |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  |   |     |    |
| <b>a</b> The organization?   |   | 6a  | No |
| <b>b</b> Any related organization?   |   | 6b  | No |
| If "Yes," on line 6a or 6b, describe in Part III.  |   |     |    |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  |   | 7   | No |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  |   | 8   | No |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  |   | 9   |    |

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

[illegible]

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number  
58-1457912

Part I

Types of Property

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art . . . . .   |                               |  |   |  |
| 2 Art—Historical treasures . . . . .                                       |                               |  |   |  |
| 3 Art—Fractional interests . . . . .                                       |                               |  |   |  |
| 4 Books and publications . . . . .   |                               |  |   |  |
| 5 Clothing and household<br>goods . . . . .                                |                               |  |   |  |
| 6 Cars and other vehicles . . . . .  |                               |  |   |  |
| 7 Boats and planes . . . . .   |                               |  |   |  |
| 8 Intellectual property . . . . .  |                               |  |   |  |
| 9 Securities—Publicly traded . . . . .                                     |                               |  |   |  |
| 10 Securities—Closely held stock . . . . .                                 |                               |  |   |  |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                               |  |   |  |
| 12 Securities—Miscellaneous . . . . .                                      |                               |  |   |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |  |   |  |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                               |  |   |  |
| 15 Real estate—Residential . . . . .                                       |                               |  |   |  |
| 16 Real estate—Commercial . . . . .  |                               |  |   |  |
| 17 Real estate—Other . . . . .   |                               |  |   |  |
| 18 Collectibles . . . . .  |                               |  |   |  |
| 19 Food inventory . . . . .  | X                             |  | 64,152,688  | NCDA ASSIGNED VALUE  |
| 20 Drugs and medical supplies . . . . .                                    |                               |  |   |  |
| 21 Taxidermy . . . . .   |                               |  |   |  |
| 22 Historical artifacts . . . . .  |                               |  |   |  |
| 23 Scientific specimens . . . . .  |                               |  |   |  |
| 24 Archeological artifacts . . . . .                                       |                               |  |   |  |
| 25 Other ► ( )   |                               |  |   |  |
| 26 Other ► ( )   |                               |  |   |  |
| 27 Other ► ( )   |                               |  |   |  |
| 28 Other ► ( )   |                               |  |   |  |

29

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

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

Yes

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.



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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Internal Revenue Service

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

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

**Employer identification number**

58-1457912

**990 Schedule O, Supplemental Information**

| Return<br>Reference              | Explanation  |
|----------------------------------|--|
| FORM 990,<br>PART III,<br>LINE 2 | POP UP PANTRIES/ DIRECT DISTRIBUTION - DIRECT CLIENT DISTRIBUTION OF FOOD, INCLUDING FRESH PRODUCE, WHICH UTILIZES REFRIGERATED TRUCKS TO PROVIDE FOOD TO PEOPLE IN NEED IN UNDERSERVED LOCATIONS IN OUR EIGHTEEN COUNTY SERVICE AREA. |

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 18 | SECOND HARVEST FOOD BANK MAKES FORM 990 AVAILABLE ON ITS WEBSITE. INSPECTION OF THE FORM AT THE ORGANIZATION'S OFFICE CAN BE ARRANGED IF REQUESTED. |

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

| Return<br>Reference                | Explanation                     |
|------------------------------------|---------------------------------|
| FORM 990,<br>PART XII,<br>LINE 2C: | NO CHANGE SINCE THE PRIOR YEAR. |



**990 Schedule O, Supplemental Information**

| Return<br>Reference               | Explanation   |
|-----------------------------------|---|
| FORM 990,<br>PART III,<br>LINE 4A | <p>DONATED PRODUCT: DONATED PRODUCT IS ACQUIRED FROM A BROAD RANGE OF SOURCES (RECEIPTS: 49,665,080 POUNDS FOR 06/30/20) AND DISTRIBUTED (DISTRIBUTION: 42,223,049 POUNDS FOR 06/30/20) FROM SECOND HARVEST FOOD BANK'S 65,000 SQUARE FOOT WAREHOUSE. THE DISTRIBUTION PROGRAM HELPS MORE THAN 283 PARTNER AGENCIES PROVIDE 457 SEPARATE FEEDING PROGRAMS THAT FEED THE POOR AND NEEDY ACROSS 18 COUNTIES. ALL PARTNER AGENCIES MAY PICK UP FOOD FROM THE WAREHOUSE; MANY COUNTIES IN OUR SERVICE AREA ALSO HAVE THE OPTION OF USING THE RURAL DELIVERY PROGRAM. SECOND HARVEST FOOD BANK STAFF AND BOARD MEMBERS ADVOCATE AND EDUCATE TARGET AUDIENCES, INCREASING VISIBILITY OF HUNGER ISSUES IN OUR COMMUNITIES THROUGH MARKETING, PUBLIC RELATIONS AND GOVERNMENT RELATIONS PROGRAMS.</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference               | Explanation   |
|-----------------------------------|---|
| FORM 990,<br>PART III,<br>LINE 4B | <p>BACKPACK PROGRAM: THE BACKPACK PROGRAM IS A PROGRAM OF FEEDING AMERICA AND AIMS TO ADDRESS CHILDHOOD HUNGER IN RURAL AND URBAN COMMUNITIES BY PROVIDING SCHOOL CHILDREN AT RISK OF HUNGER WITH BACKPACKS FULL OF NUTRITIOUS CHILD-FRIENDLY FOODS TO TAKE HOME OVER THE WEEKENDS DURING THE SCHOOL YEAR. AS OF 6/30/20 SECOND HARVEST FOOD BANK OPERATES 103 PROGRAM SITES IN COLLABORATION WITH SELECTED PARTNER AGENCIES AND SCHOOLS. SECOND HARVEST FOOD BANK PROVIDES BACKPACKS, FOOD, AND OVERSIGHT OF THE PROGRAM BY OUR PARTNERSHIPS AND IMPACT STAFF. DAY-TO-DAY COORDINATION IS HANDLED BY PARTNER AGENCIES OF SECOND HARVEST FOOD BANK AND THE SCHOOLS TO WHICH THEY ARE MATCHED. PARTICIPATING SCHOOLS HAVE 50% OR MORE OF STUDENTS RECEIVING FREE OR REDUCED PRICE SCHOOL MEALS. PARTNER AGENCIES PICK UP DONATED FOOD FROM SECOND HARVEST FOOD BANK AND RECRUIT AND COORDINATE VOLUNTEERS TO FILL THE BACKPACKS FOR DELIVERY TO SELECTED SCHOOLS EACH FRIDAY. SCHOOL TEACHERS AND ADMINISTRATORS DETERMINE WHICH CHILDREN WILL PARTICIPATE. PARENTAL CONSENT IS REQUIRED FOR EACH CHILD AND STUDENT NAMES ARE KEPT CONFIDENTIALLY AT THE SCHOOL.</p> |

**990 Schedule O, Supplemental Information**

| <b>Return<br/>Reference</b>       | <b>Explanation</b>   |
|-----------------------------------|--|
| FORM 990,<br>PART III,<br>LINE 4C | TCK PROVIDENCE: ALL ACTIVITIES ARE REPORTED ON THE FORM 990 OF THE RELATED ENTITY EFFECTIVE 7/01/15. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference               | Explanation  |
|-----------------------------------|--|
| FORM 990,<br>PART III,<br>LINE 4D | <p>CHILD AND ADULT CARE PROGRAM: CHILD AND ADULT CARE PROGRAM PROVIDES REIMBURSEMENTS FOR NUTRITIOUS MEALS AND SNACKS TO ELIGIBLE CHILDREN AND ADULTS WHO ARE ENROLLED FOR CARE AT PARTICIPATING CHILD CARE CENTERS, DAY CARE HOMES, AND ADULT DAY CARE CENTERS; 18,714 MEALS SERVED AT 8 SITES. FOOD PURCHASE PROGRAM: SECOND HARVEST FOOD BANK PURCHASES NUTRITIOUS FOOD PRODUCTS FROM VENDORS AND MAKES THESE PRODUCTS AVAILABLE FOR PURCHASE BY PARTICIPATING PARTNER AGENCIES. THE ORGANIZATION SHOPS FOR FOOD PRODUCTS FROM VARIOUS SOURCES, LEVERAGING OUR BUYING POWER TO OBTAIN THE BEST VALUE. THIS PROGRAM ALLOWS PARTICIPATING AGENCIES TO OBTAIN FOOD PRODUCTS AT A LOWER COST THAN AVERAGE RETAIL COST. THE PRODUCT MIX IS NARROWLY FOCUSED, CONSISTING OF STAPLE ITEMS MOST OFTEN PURCHASED BY THE PARTNER AGENCIES SUCH AS SPAGHETTI, SOUP, MACARONI AND CHEESE, BEANS, MILK, AND RICE. ANY NET GAINS FROM FOOD SALES TO PARTNER AGENCIES ARE REINVESTED INTO THIS PROGRAM. THE FOOD PURCHASE PROGRAM IS AN INNOVATIVE APPROACH TO PROVIDING NUTRITIOUS FOOD PRODUCTS NEEDED BY THE PARTNER AGENCIES AT A TIME WHEN DONATED FOOD IS DECLINING. SUMMER FEEDING PROGRAM: SUMMER FEEDING IS A PROGRAM DESIGNED TO ENSURE CHILDREN AT RISK OF HUNGER HAVE ACCESS TO MEALS DURING THE SUMMER MONTHS WHEN SCHOOL IS OUT. SITES OPERATE IN LOW-INCOME AREAS WHERE THE CHILDREN COME FROM FAMILIES WITH INCOMES AT OR BELOW 185% OF THE FEDERAL POVERTY LEVEL, MAKING THEM ELIGIBLE FOR FREE AND REDUCED-PRICE SCHOOL MEALS. MEALS ARE SERVED FREE TO ANY CHILD AT THE SITE. APPROXIMATELY 63,487 CHILDREN WERE SERVED AT 30 SITES. FOOD &amp; NUTRITION SERVICES (FNS) OUTREACH &amp; NUTRITION EDUCATION SERVICES PROGRAM: THE FNS OUTREACH PROGRAM PROVIDES TRAINING FOR PARTNER AGENCY STAFF AND VOLUNTEERS, EQUIPPING THEM TO GUIDE POTENTIALLY ELIGIBLE INDIVIDUALS THROUGH THE APPLICATION PROCESS. THE PROGRAM OFFERS A VARIETY OF NUTRITION-RELATED MATERIALS, WORKSHOPS AND TRAININGS TO PARTNER AGENCIES AND THEIR CLIENTS. 1226 FNS APPLICATIONS WERE SUBMITTED BY SECOND HARVEST FOOD BANK AND PARTNER AGENCIES DURING THE FISCAL YEAR ENDING 6/30/20. COMMUNITY CUPBOARDS: THE PROGRAM PROVIDES DIRECT CLIENT DISTRIBUTION OF FOOD, INCLUDING FRESH PRODUCE, WORKING IN PARTNERSHIP WITH A COMMUNITY GROUP WHICH UTILIZES REFRIGERATED TRUCKS TO PROVIDE FOOD TO PEOPLE IN NEED IN UNDERSERVED LOCATIONS IN OUR EIGHTEEN COUNTY SERVICE AREA. THE PROGRAM MADE 104 DISTRIBUTIONS AS OF 6/30/20. IMAGINE FORSYTH: A PROJECT THAT USES COLLECTIVE IMPACT PRINCIPLES TO ADDRESS FOOD INSECURITY AND RELATED SYSTEMIC CHALLENGES WITH A FOCUS ON ECONOMIC STABILITY, HEALTH, AND AFFORDABLE HOUSING. POP UP PANTRIES / DIRECT DISTRIBUTION: DIRECT CLIENT DISTRIBUTION OF FOOD, INCLUDING FRESH PRODUCE, WHICH UTILIZES REFRIGERATED TRUCKS TO PROVIDE FOOD TO PEOPLE IN NEED IN UNDERSERVED LOCATIONS IN OUR EIGHTEEN COUNTY SERVICE AREA. THE PROGRAM MADE 48 DISTRIBUTIONS TOTALING 1,208,324 POUNDS FOR 6/30/20.</p> |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number  
  
58-1457912

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity      | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|------------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                              |  |                            |   |                                  | Yes  | No |
| (1)TCK PROVIDENCE INC<br>5790 UNIVERSITY PARKWAY<br><br>WINSTONSALEM, NC 27105<br>46-5315289 | CULINARY WORKFORCE EDUCATION | NC   | 501(C)(3)                  | LINE 7  | SECOND HARVEST FOOD BANK OF NWNC | Yes  |    |
|  |                              |  |                            |   |                                  |  |    |
|  |                              |  |                            |   |                                  |  |    |
|  |                              |  |                            |   |                                  |  |    |
|  |                              |  |                            |   |                                  |  |    |
|  |                              |  |                            |   |                                  |  |    |
|  |                              |  |                            |   |                                  |  |    |

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
|  |                            |   |  |  |                                 |  | Yes                                     | No |  | Yes                                       | No |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |   |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . . |     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | Yes |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   |     | No |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .                              | Yes |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .                               |     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                               | Yes |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  |     | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | Yes |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | Yes |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1)TCK PROVIDENCE INC               | B                                | 1,982,051              | FAIR MARKET VALUE                            |
| (2)TCK PROVIDENCE INC               | L                                | 67,233                 | FAIR VALUE OF SERVICES RENDERED              |
| (3)TCK PROVIDENCE INC               | O                                | 89,505                 | FAIR VALUE OF SERVICES RENDERED              |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]



**Part VII**

**Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |