

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

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

Open to Public Inspection

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

A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SECOND HARVEST FOOD BANK OF NORTHWEST NC INC		D Employer identification number 58-1457912
	Doing business as 3330 SHOREFAIR DR		E Telephone number 336-784-5770
	Number and street (or P.O. box if mail is not delivered to street address) 3330 SHOREFAIR DR		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code WINSTON SALEM NC 27105		G Gross receipts \$ 73,891,967
F Name and address of principal officer: ERIC A AFT 3330 SHOREFAIR DR WINSTON-SALEM NC 27105			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HUNGERNWNC.ORG			H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1981 M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OPERATION OF FOOD BANK IN NORTH CAROLINA			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	166
	6	Total number of volunteers (estimate if necessary)	6	2750
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		81,337,098	71,202,440
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,977,876	2,398,933
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,620,587	116,019
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		42,676	88,073
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		84,978,237	73,805,465
	14 Benefits paid to or for members (Part IX, column (A), line 4)		63,922,410	64,844,365
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		4,916,860	4,698,387
	b Total fundraising expenses (Part IX, column (D), line 25)		195,844	173,786
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,645,204	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,918,875	4,780,466
19 Revenue less expenses. Subtract line 18 from line 12		72,953,989	74,497,004	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		12,024,248	-691,539
	21 Total liabilities (Part X, line 26)		Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20		40,643,437	32,943,290
		2,856,843	2,681,486	
		37,786,594	30,261,804	

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 Type or print name and title		Date CEO	
	Print/Type preparer's name RUFUS W DOLLAR		Preparer's signature RUFUS W DOLLAR	Date 01/28/24
Paid Preparer Use Only	Firm's name CARTER, P. C.		Firm's EIN 38-3828234	
	Firm's address 301 COLLEGE ST STE 320 ASHEVILLE, NC 28801-2449		Phone no. 828-259-9900	
	Check <input type="checkbox"/> if self-employed		PTIN P01293995	

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

For Paperwork Reduction Act Notice, see the separate instructions.

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:

TO PROVIDE FOOD ASSISTANCE THROUGH A NETWORK OF PARTNERS, WHILE EDUCATING AND ENGAGING OUR COMMUNITIES IN THE ELIMINATION OF HUNGER AND ITS CAUSES.

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 \$ **71,851,721** including grants of \$ **64,844,365**) (Revenue \$ **2,398,933**)

SEE SCHEDULE O

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

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses **71,851,721**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	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? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	166		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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
1a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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

JOSH FULLER
WINSTON-SALEM

3655 REED ST

NC 27107

336-784-5770

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the 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.

(A) Name and title	(B) Average hours per week 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)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANN GARNER RIDDLE	2.00									
CHAIR	0.00	X		X			0	0	0	
(2) TRAVIS GARLAND	2.00									
VICE CHAIR	0.00	X		X			0	0	0	
(3) TIM FAVINGER	2.00									
TREASURER	0.00	X		X			0	0	0	
(4) MICHELLE COOK	2.00									
SECRETARY	0.00	X		X			0	0	0	
(5) PHILLIP L MCADAMS	1.50									
IMMEDIATE PAST CHAIR	0.00	X		X			0	0	0	
(6) JENNI BROYLES	1.50									
DIRECTOR	0.00	X					0	0	0	
(7) JOSH R CRANE	1.50									
DIRECTOR	0.00	X					0	0	0	
(8) TONYA DEEM	1.50									
DIRECTOR	0.00	X					0	0	0	
(9) ROBERT GARCIA	1.50									
DIRECTOR	0.00	X					0	0	0	
(10) SAMMY GIANOPOULOS	1.50									
DIRECTOR	0.00	X					0	0	0	
(11) VALERIE L GIDDINGS	1.50									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (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)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CHERE M GREGORY	1.50									
DIRECTOR	0.00	X					0	0	0	
(13) REVEREND DAVID HARRISON JR	1.50									
DIRECTOR	0.00	X					0	0	0	
(14) ANDREW S HOLMES	1.50									
DIRECTOR	0.00	X					0	0	0	
(15) KIMBERLY MONTEZ	1.50									
DIRECTOR	0.00	X					0	0	0	
(16) TRACY M MYERS	1.50									
DIRECTOR	0.00	X					0	0	0	
(17) KENT S PRICE III	1.50									
DIRECTOR	0.00	X					0	0	0	
(18) JASON RAMSEY	1.50									
DIRECTOR	0.00	X					0	0	0	
(19) ZANZELLA FOSTER SAVOY	1.50									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A							982,788		96,006	
d Total (add lines 1b and 1c)							982,788		96,006	

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 **6**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	82,377				
	b Membership dues	1b					
	c Fundraising events	1c	944,381				
	d Related organizations	1d	243,019				
	e Government grants (contributions)	1e	4,076,253				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	65,856,410				
	g Noncash contributions included in lines 1a-1f	1g	\$ 57,518,733				
	h Total. Add lines 1a-1f		71,202,440				
	Program Service Revenue			Business Code			
2a HANDLING FEES			2,089,950	2,089,950			
b BACKPACK PROGRAM			308,983	308,983			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			2,398,933				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		150,593			150,593	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
		6a	(ii) Personal				
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities				
		7a	(ii) Other		13,500		
		b Less: cost or other basis and sales exps.	7b		48,074		
	c Gain or (loss)	7c		-34,574			
	d Net gain or (loss)			-34,574			-34,574
	8a Gross income from fundraising events (not including \$ 944,381 of contributions reported on line 1c). See Part IV, line 18						
		8a		48,160			
b Less: direct expenses		8b	38,428				
c Net income or (loss) from fundraising events			9,732			9,732	
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a OTHER INCOME		78,341			78,341	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			78,341				
12 Total revenue. See instructions			73,805,465	2,398,933	0	204,092	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	54,904,682	54,904,682		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	9,939,683	9,939,683		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,099,960	602,587	308,010	189,363
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,698,526	2,163,083	149,832	385,611
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,676	53,381	5,787	15,508
9 Other employee benefits	555,966	461,522	11,253	83,191
10 Payroll taxes	269,259	197,532	31,677	40,050
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	45,845		45,845	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	173,786			173,786
f Investment management fees	8,355		8,355	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	601,020	580,505	11,610	8,905
12 Advertising and promotion	199,709	19,971	19,971	159,767
13 Office expenses	1,589,941	1,014,898	199,980	375,063
14 Information technology				
15 Royalties				
16 Occupancy	1,503,611	1,202,889	150,361	150,361
17 Travel	136,209	94,772	17,618	23,819
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	20,554	6,988	6,783	6,783
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	186,890	149,512	18,689	18,689
23 Insurance	64,523	51,619	6,452	6,452
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DISPOSAL FEES	362,502	362,502		
b SCHOOL PANTRY	37,500	37,500		
c				
d				
e All other expenses	23,807	8,095	7,856	7,856
25 Total functional expenses. Add lines 1 through 24e	74,497,004	71,851,721	1,000,079	1,645,204
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	197,928	1	232,643
	2 Savings and temporary cash investments	6,469,909	2	6,973,875
	3 Pledges and grants receivable, net	7,606,096	3	2,995,066
	4 Accounts receivable, net	66,366	4	63,513
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	18,234,763	7	16,967,607
	8 Inventories for sale or use	5,332,729	8	2,319,161
	9 Prepaid expenses and deferred charges	402,421	9	122,242
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,274,327		
	b Less: accumulated depreciation	10b 669,959	10c	1,604,368
	11 Investments—publicly traded securities	800,277	11	854,333
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	194,240	15	810,482
16 Total assets. Add lines 1 through 15 (must equal line 33)	40,643,437	16	32,943,290	
Liabilities	17 Accounts payable and accrued expenses	655,432	17	412,288
	18 Grants payable	160,353	18	
	19 Deferred revenue	804,124	19	400,614
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,236,934	23	1,185,488
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	683,096
	26 Total liabilities. Add lines 17 through 25	2,856,843	26	2,681,486
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	30,956,574	27	25,821,238
	28 Net assets with donor restrictions	6,830,020	28	4,440,566
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	37,786,594	32	30,261,804
33 Total liabilities and net assets/fund balances	40,643,437	33	32,943,290	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	73,805,465
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,497,004
3	Revenue less expenses. Subtract line 2 from line 1	3	-691,539
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,786,594
5	Net unrealized gains (losses) on investments	5	47,522
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-6,880,773
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,261,804

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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

(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)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) SCOTT SEWELL DIRECTOR	1.50 0.00	X						0	0	0
(21) STUART STOGNER DIRECTOR	1.50 0.00	X						0	0	0
(22) MATTHEW THIEL DIRECTOR	1.50 0.00	X						0	0	0
(23) JEFF WHITE DIRECTOR	1.50 0.00	X						0	0	0
(24) ERIC A AFT CEO	38.50 1.50			X				197,860	0	16,956
(25) LISA RICHARDSON VP OPERATIONS	38.50 1.50			X				150,615	0	11,784
(26) CAROLYN BREESE VP PHILANTHROPY	38.50 1.50			X				148,234	0	14,182
(27) JEFF BACON VP & EXEC DIRECTOR	38.50 1.50			X				141,463	0	14,133
1b Subtotal								638,172		57,055
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

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

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

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

(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)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) REBECCA NELSON	38.50									
VP HUMAN RESOURCES	1.50			X			124,976	0	13,758	
(29) JOSH FULLER	38.50									
VP FINANCE	1.50			X			125,759	0	12,183	
(30) NIKKI MCCORMICK	38.50									
VP PARTNERSHIPS	1.50			X			93,881	0	13,010	
1b Subtotal							344,616		38,951	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization SECOND HARVEST FOOD BANK OF NORTHWEST NC INC	Employer identification number 58-1457912
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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).)
- 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 **section 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 on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60,981,266	79,431,944	90,193,095	81,337,098	70,959,422	382,902,825
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	60,981,266	79,431,944	90,193,095	81,337,098	70,959,422	382,902,825
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						153,682,273
6 Public support. Subtract line 5 from line 4						229,220,552

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	60,981,266	79,431,944	90,193,095	81,337,098	70,959,422	382,902,825
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	39	5,499	336	67,984	150,593	224,451
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10,830	9,763	4,544	4,373	78,341	107,851
11 Total support. Add lines 7 through 10						383,235,127

12 Gross receipts from related activities, etc. (see instructions) **12** 22,122,518

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	59.81 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	59.49 %

16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. 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 (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2022.** 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—2021.** 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 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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 Part VI when and how the organization made the determination.</i>		
c 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 Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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 Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on 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 Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI 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 officers, 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>		
1		
2 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described on line 2, above, 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 Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described on line 2a, above, 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 Part VI 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>		
2b		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a 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>If "Yes" or "No," provide details in Part VI.</i>		
3a		
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 Part VI the role played by the organization in this regard.</i>		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME **\$ 107,851**

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2022

Name of the organization SECOND HARVEST FOOD BANK OF NORTHWEST NC INC	Employer identification number 58-1457912
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33^{1/3}% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

SECOND HARVEST FOOD BANK

Employer identification number

58-1457912

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 6,391,178	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 16,516,780	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,466,545	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 17,955,095	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,027,046	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 4,346,995	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SECOND HARVEST FOOD BANK

Employer identification number

58-1457912

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	USDA FOOD RECEIPTS	\$ 6,391,178	
2	FOOD	\$ 16,516,780	
3	FOOD	\$ 1,466,545	
4	FOOD	\$ 17,955,095	
5	FOOD	\$ 2,027,046	
6	FOOD	\$ 4,346,995	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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 make 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 program
- 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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 on 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	800,277	878,551	704,318	715,673	656,481
b Contributions	14,889	3,000		6,690	25,896
c Net investment earnings, gains, and losses	40,698	-79,918	174,233	-18,045	33,296
d Grants or scholarships	1,531	1,356			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	854,333	800,277	878,551	704,318	715,673

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

- a** Board designated or quasi-endowment **50.67** %
- b** Permanent endowment **49.33** %
- c** Term 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)	X	
3a(ii)		X
3b		

b If "Yes" on line 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				
b Buildings				
c Leasehold improvements		343,393	59,793	283,600
d Equipment		1,823,287	508,262	1,315,025
e Other		107,647	101,904	5,743
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,604,368

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 (including name of security)	(b) Book value	(c) Method of valuation: 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: 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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) OPERATING LEASE	683,096
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	683,096

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 FASB 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.

1	Total revenue, gains, and other support per audited financial statements		1	73,883,060
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	47,522	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	38,428	
e	Add lines 2a through 2d		2e	85,950
3	Subtract line 2e from line 1		3	73,797,110
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,355	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	8,355
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	73,805,465

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.

1	Total expenses and losses per audited financial statements		1	81,407,850
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	6,919,201	
e	Add lines 2a through 2d		2e	6,919,201
3	Subtract line 2e from line 1		3	74,488,649
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,355	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	8,355
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	74,497,004

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.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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.

PART X - FIN 48 FOOTNOTE

[THE ORGANIZATION IS] EXEMPT FROM FEDERAL INCOME TAXES UNDER SEC 501(C)(3) OF THE INTERNAL REVENUE CODE EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE ORGANIZATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE AN UNCERTAIN TAX POSITIONS MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.

THE ORGANIZATION'S FORM 990 FOR THE YEARS ENDED JUNE 30, 2022, 2021, AND 2020 ARE SUBJECT TO EXAMINATION BY THE IRS GENERALLY FOR THREE YEARS AFTER

Part XIII Supplemental Information *(continued)*

THEY WERE FILED.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES \$ **38,428**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES \$ **38,428**

TRANSFERS TO RELATED ENTITIES \$ **6,880,773**

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

**SECOND HARVEST FOOD BANK
OF NORTHWEST NC INC**

Employer identification number

58-1457912

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ALLEGIANCE FUNDRAISING LLC 1 6900 COLLEGE BLVD #5500 OVERLAND PARK KS 66211	MAIL SOLIC		X	1,717,637	173,786	1,543,851
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,717,637	173,786	1,543,851

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

NORTH CAROLINA

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	
		OTHER EVENTS (event type)	EMPTY BOWLS (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	748,692	150,727	93,122	992,541
	2	Less: Contributions	748,692	116,267	79,422	944,381
	3	Gross income (line 1 minus line 2)		34,460	13,700	48,160
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages		27,500	9,397	36,897
	8	Entertainment				
	9	Other direct expenses	1,531			1,531
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					9,732

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	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. 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: _____

**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 for the latest information.

OMB No. 1545-0047

2022

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	A GIFT OF GIVING 1309 LEONARD AVE HIGH POINT NC 27260	02-0776308	501C3		15,191	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	A STOREHOUSE FOR JESUS 675 E LEXINGTON RD MOCKSVILLE NC 27028	56-1875073	501C3		748,793	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	ABBOTTS CREEK - LABOR OF LOVE 2817 ABBOTTS CREEK CHURCH RD HIGH POINT NC 27265	56-1225121	501C3		31,592	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	AGAPE CARE & SHARE 3950-G PATTERSON AVE WINSTON SALEM NC 27105	26-3196368	501C3		406,357	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	ALAMANCE PRESBYTERIAN CHURCH 4000 PRESBYTERIAN RD GREENSBORO NC 27406	56-0615186	501C3		75,759	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	ALEXANDER CO HABITAT FOR HUMANITY 135 E MAIN AVE TAYLORSVILLE NC 28681	56-2085600	501C3		10,168	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	ALLEGHANY CO MINISTERIUM - SOLID RO 71 WOMBLE ST SPARTA NC 28675	20-0758409	501C3	2,500	562,258	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	ALLIED CHURCHES OF ALAMANCE CO 206 N FISHER ST BURLINGTON NC 27216	56-1553388	501C3		125,055	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	AMOS OF ALAMANCE PO BOX 2763 / 617 RAUHUT ST BURLINGTON NC 27217	56-1895793	501C3		9,821	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 242**
- 3 Enter total number of other organizations listed in the line 1 table **▶ 0**

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

Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

2022

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ANTIOCH BAPTIST CHURCH 1298 ANTIOCH CHURCH RD WILKESBORO NC 28697	20-4906646	501C3		201,661	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	ARDMORE UNITED METHODIST CHURCH 630 S HAWTHORNE RD WINSTON SALEM NC 27103	56-0599231	501C3		57,206	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	ASHE FOOD PANTRY 03 N THIRD AVE WEST JEFFERSON NC 28694	58-1574702	501C3		1,660,964	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	ASHE OUTREACH MINISTRIES - PANTRY 9382 HWY 88 WEST WARRENSVILLE NC 28693	20-5866892	501C3		209,128	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	ASHE REALLY CARES 626 ASHE CENTRAL SCHOOL RD JEFFERSON NC 28640	56-0556746	501C3		193,742	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	ASHEBORO SHELTER OF HOPE PO BOX 1851 ASHEBORO NC 27204	47-5498802	501C3		214,368	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	BACKPACK BEGINNINGS 3714 ALLIANCE DR SUITE 105 GREENSBORO NC 27407	46-1251223	501C3		242,476	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	BEULAH BAPTIST CHURCH 1352 N TRADE ST WINSTON SALEM NC 27105	56-1129610	501C3		7,715	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	BEULAH BAPTIST CHURCH (BENNET) 8454 HOWARD MILL RD BENNETT NC 27208	56-1380750	501C3		24,482	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 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 ▶

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

Schedule I (Form 990) (2022)

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BLESSED SACRAMENT CATHOLIC CH 710 KOURY DR BURLINGTON NC 27215	56-6017086	501C3		372,183	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	BLOWING ROCK CARES FOOD PANTRY PO BOX 1203 / 1218 MAIN ST BLOWING ROCK NC 28605	27-2661003	501C3	333	39,661	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	BREAKTHROUGH COMMUNITY CHURCH 703 S THIRD ST MEBANE NC 27302	45-4432587	501C3		574,337	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	BRIDGING THE GAP CDC (ALA) PO BOX 974 / 2414 SWANN RD HAW RIVER NC 27258	90-0984738	501C3		41,985	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	BROC-WILKES COMMUNITY ACTION 710 BEECH ST N WILKESBORO NC 28659	56-0857800	501C3		109,387	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	BRUSHY MOUNTAIN BAPTIST ASSOCIATION 513 ELKIN HWY N WILKESBORO NC 28659	56-1229627	501C3		382,072	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	BURLINGTON ASSEMBLY OF GOD 821 TUCKER ST BURLINGTON NC 27215	56-1346751	501C3		331,442	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	BURNETT'S CHAPEL CHRISTIAN CHU 1957 BURNETT'S CHURCH RD GRAHAM NC 27253	56-1378700	501C3		185,781	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	CALDWELL COUNTY YOKEFELLOW 1602 HARPER AVE NW LENOIR NC 28645	23-7031955	501C3		114,555	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 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 ▶

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

Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

2022

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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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CANAAN UNITED METHODIST CHURCH 1760 SHADY GROVE CHURCH RD WINSTON SALEM NC 27107	56-6046477	501C3		26,022	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	CARING SERVICES 102 CHESTNUT ST HIGH POINT NC 27260	58-2181296	501C3		218,721	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	CASTING BREAD FOOD PANTRY 194 AHO RD BLOWING ROCK NC 28605	45-3482657	501C3	333	198,617	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	CASWELL COUNTY PARISH, INC 1038 MAIN ST YANCEYVILLE NC 27379	56-1079607	501C3	5,023	411,278	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	CATHEDRAL OF HIS GLORY 4501 LAKE JEANETTE RD GREENSBORO NC 27455	58-0011782	501C3		62,380	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	CATHOLIC SOCIAL SERVICES 627 W SECOND ST WINSTON SALEM NC 27101	53-0196617	501C3		256,900	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	CEDAR GROVE TABERNACLE OF PRAI 612 NORWALK ST GREENSBORO NC 27407	56-1439012	501C3		5,179	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	CENTENARY UNITED METHODIST CHURCH 657 W FIFTH ST WINSTON SALEM NC 27101	56-0552783			9,281	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	CENTRAL TRIAD CHURCH 3816 EDGEWATER ST HIGH POINT NC 27265	56-1418928	501C3		11,510	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 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 ▶

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Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

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**Open to Public
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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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHRIST RESCUE TEMPLE 1500 N DUNLEITH AVE WINSTON SALEM NC 27105	56-1517542	501C3		15,721	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	CHRISTIAN CRISIS CENTER 215 FIFTH AVE TAYLORSVILLE NC 28681	56-1995730	501C3	769	296,013	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	CHRISTIANS BELOVED COMMUNITY 3205 S MAIN ST WINSTON SALEM NC 27127	81-2487898	501C3		273,839	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	CHRISTIANS UNITED OUTREACH CTR 135 SUNSET AVE ASHEBORO NC 27203	56-1823588	501C3		695,272	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	CITY LIGHTS MINISTRY 1600 WILLIAMSON ST WINSTON SALEM NC 27107	47-0977146	501C3		339,831	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	CLEMMONS UNITED METHODIST 6000 MEADOWBROOK MALL, STE 14 CLEMMONS NC 27012	56-0943736	501C3		711,366	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	COLISEUM OUTREACH MINISTRIES PO BOX 20661/1906 BAILIFF ST GREENSBORO NC 27420	83-1456881	501C3		8,999	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	COMMUNITIES IN SCHOOLS-THOMASV 400 TURNER ST THOMASVILLE NC 27360	56-1838845	501C3	4,000	103,322	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	COMMUNITY CARE CENTER FOR FSY 2135 NEW WALKERTOWN RD WINSTON-SALEM NC 27101	58-1403699	501C3		27,547	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 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 ▶

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Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

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Internal Revenue Service

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY OUTREACH CMP 225 THIRD ST YANCEYVILLE NC 27379	46-2781148	501C3	1,067	44,776	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2) COOLEEMEE COMMUNITY FP PO BOX 518 COOLEEMEE NC 27014	56-0556746	501C3		76,362	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3) CORMII CDC 1309-D NORTHUP ST REIDSVILLE NC 27320	83-4078228	501C3		57,416	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4) CORNERSTONE CHURCH 650 GLOVER ST STATESVILLE NC 28625	23-7451724	501C3		188,284	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5) CRISIS CONTROL MINISTRY 200 E 10TH ST WINSTON SALEM NC 27101	23-7348188	501C3		678,815	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6) DAVIDSON COMMUNITY ACTION 15 E SECOND AVE LEXINGTON NC 27292	56-0859971	501C3		14,576	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7) DIAKANOS - FIFTH ST SHELTER 1421 FIFTH ST STATESVILLE NC 28677	58-1821225	501C3		463,734	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8) DIVINE INTERVENTION PO BOX 1916 GREENSBORO NC 27402	46-4253533	501C3		47,139	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9) DIVINO REDENTOR CATHOLIC CHURCH 209 LON AVE BOONVILLE NC 27011	11-3713089	501C3		69,685	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 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 ▶

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

Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

2022

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	DRAPER PHC - HOPE OUTREACH CTR 1608 DELEWARE AVE EDEN NC 27288	58-1785250	501C3		102,707	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	DREAMALIGN MINISTRIES 124 EAST PINE ST GRAHAM NC 27253	45-3678690	501C3		101,654	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	DULATOWN OUTREACH CENTER 1302 NORWOOD ST LENOIR NC 28645	56-1386261	501C3		38,273	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	DULATOWN PRESBYTERIAN CHURCH 1537 MILLER HILL RD LENOIR NC 28645	23-6393377	501C3		8,258	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	EAST STOKES OUTREACH 207 W 3RD ST WALNUT COVE NC 27052	56-1652746	501C3		205,622	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	ECHO MINISTRY 130 HILL ST ELKIN NC 28621	56-2125976	501C3		15,042	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	EDEN SEVENTH DAY ADVENTIST CHU PO BOX 247 / 220 E. MEADOW RD EDEN NC 27288	90-0515440	501C3		84,492	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	ELON FIRST BAPTIST CHURCH PO BOX 515 / 113 LYNN ST ELON NC 27244	42-1648009	501C3	1,000	27,384	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	EMERYWOOD BAPTIST CHURCH 1300 COUNTRY CLUB DRIVE HIGH POINT NC 27262	56-0664329	501C3		19,263	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

2022

**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

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(1)	EPHESUS SEVENTH DAY ADVENTIST 1225 N CLEVELAND AVE WINSTON SALEM NC 27101	56-2085308	501C3		606,325	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	FAIRGROVE FAMILY RESOURCE CENTER 219 CEDAR LODGE RD THOMASVILLE NC 27360	56-1959113	501C3		322,722	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	FIRST ASSEMBLY - CARING PLACE 909 MEADOWBROOK RD ASHEBORO NC 27203	56-1260483	501C3		66,163	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	FIRST ASSEMBLY OF GOD (LEX) 382 WALSER RD LEXINGTON NC 27295	56-1350496	501C3		103,214	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	FIRST BAPTIST CHURCH - WHITNEL 1201 CONNELLY SPRINGS RD LENOIR NC 28645	20-4906646	501C3		54,471	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	FIRST CHRISTIAN CH. OF HIGH PT 2066 DEEP RIVER RD HIGH POINT NC 27265	46-1848698	501C3		356,110	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	FIRST CHURCH OF NAZARENE-STATESVILLE 501 MEDLIN ST STATESVILLE NC 28677	56-1539087	501C3		74,632	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	FIRST PENTECOSTAL HOLINESS CHURCH 509 CLONIGER DR THOMASVILLE NC 27360	58-0904463	501C3		36,443	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	FIRST UMC - HIGH POINT 512 N MAIN ST HIGH POINT NC 27260	56-0560322	501C3		83,147	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

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Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

2022

**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
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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.

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(1)	FOOTHILLS FOOD PANTRY 233 COOPER ST DOBSON NC 27017	56-1900063	501C3		410,709	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	FORSYTH BACKPACK PROGRAM 380-H KNOLLWOOD ST BOX402 WINSTON-SALEM NC 27103	46-1940233	501C3		7,749	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	FRANCISCO PRESBYTERIAN CHURCH 7257 NC HWY 90 W WESTFIELD NC 27053	56-1922304	501C3		176,787	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	FREE INDEED OUTREACH MIN. 4 LANDRY CT GREENSBORO NC 27407		501C3		40,278	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	GATE CITY VINEYARD CHRISTIAN F 204 S. WESTGATE DR GREENSBORO NC 27407	56-1668651	501C3		122,324	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	GENESIS BAPTIST CHURCH 2812 E BESSEMER AVE GREENSBORO NC 27405	56-2045749	501C3		116,225	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	GOD'S HELPING HANDS FOOD PTRY PO BOX 322 STONEVILLE NC 27048	56-2000117	501C3		50,826	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	GRACE BAPTIST CHURCH - MADISON 3097 US HWY 311 MADISON NC 27025	56-1395044	501C3		33,972	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	GRACE CHURCH/HELPING HANDS 1919 SURRETT DR HIGH POINT NC 27263	56-1236931	501C3		821,840	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

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Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

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Department of the Treasury
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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
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(1)	GRACE EPISCOPAL CHURCH 419 S MAIN ST LEXINGTON NC 27292	56-0788958	501C3		5,471	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	GRACE POINT UPC 5934 SURRETT DR HIGH POINT NC 27263	56-1722465	501C3		28,447	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	GREATER MT AIRY MINISTRY OF HO PO BOX 1722 / 227 ROCKFORD ST MT AIRY NC 27030	94-3420831	501C3		7,156	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	GREATER THINGS OUTREACH 6282 OLD US HWY 52 LEXINGTON NC 27374	47-2412828	501C3		567,195	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	GREENSBORO URBAN MINISTRY 305 W LEE ST GREENSBORO NC 27406	56-0890545	501C3		2,843,004	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	GREENWAY BAPTIST CHURCH 880 GREENWAY RD BOONE NC 28607	56-0949461	501C3		91,746	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	H.O.P.E. OF WINSTON-SALEM 505 DEACON BLVD WINSTON SALEM NC 27105	46-3772491	501C3		241,382	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	HARVEST BAPTIST CHURCH 3741 S CHURCH ST BURLINGTON NC 27215	56-1316805	501C3		213,616	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	HE CARES, INC. 26 W MAIN ST THOMASVILLE NC 27360	27-5486618	501C3		762,156	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

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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

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(1)	HELPING HANDS FOUNDATION SURRY 114 W LEBANON ST MT AIRY NC 27030	45-4896030	501C3		199,731	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	HIDDENITE COMMUNITY HELPERS 45 FIRE DEPT LN HIDDENITE NC 28636	90-0821608	501C3		279,658	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	HIGHLAND PRESBYTERIAN CHURCH 2380 CLOVERDALE AVE WINSTON SALEM NC 27103	56-0660460	501C3		29,612	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	HOPE BAPTIST CHURCH 4872 OLD EDGAR RD SOPHIA NC 27350	56-2213372	501C3		18,908	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	HOPE COMMUNITY CHURCH 4660 BROWNSBORO RD WINSTON SALEM NC 27106	56-1894856	501C3		326,144	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	HOSPITALITY HOUSE 302 W KING ST BOONE NC 28607	56-1442966	501C3	27,535	311,874	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	IGLESIA NUEVA VIDA 4423 S MAIN ST WINSTON SALEM NC 27127	56-1769632	501C3		131,537	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	IGLESIA WESLEYANA EL BUEN SAMARITAN 2800 LUDWIG ST WINSTON SALEM NC 27107	35-1148762	501C3		163,892	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	IN HIS NAME CHRISTIAN SERVICES 1863 SOUTH PARK DR REIDSVILLE NC 27320	20-3250719	501C3		25,181	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

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Schedule I (Form 990) (2022)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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- 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
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(1)	IREDELL CHRISTIAN MINISTRIES 322 E FRONT ST STATESVILLE NC 28677	20-4761133	501C3		973,822	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	J SMITH YOUNG YMCA 119 W 3RD ST LEXINGTON NC 27292	50-0576153	501C3		5,786	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	JCF MINISTRIES FULL GOSPEL CHURCH 1700 S MAIN ST LEXINGTON NC 27292	56-1186246	501C3		102,567	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	JEFFERSON UNITED METHODIST CHURCH 115 E MAIN ST JEFFERSON NC 28640	56-1146791	501C3		139,104	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	JULIAN UNITED METHODIST CHURCH 2105 NC HWY 62 E JULIAN NC 27283	56-1395531	501C3		41,814	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	KING OUTREACH MINISTRY 413 KINGSWAY DR KING NC 27021	56-1409298	501C3		818,878	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	KINGDOM BUILDING CHURCH 1547 ENGLISH RD HIGH POINT NC 27262	14-1970127	501C3		45,511	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	KNOLLWOOD BAPTIST CHURCH 330 KNOLLWOOD ST WINSTON SALEM NC 27105	56-0670668	501C3		31,332	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	LANDMARK CHURCH OF GOD 2200 E BROAD ST STATESVILLE NC 28625	30-0135732	501C3		226,558	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

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OMB No. 1545-0047

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Department of the Treasury
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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

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(1)	LEAST OF THESE MINISTRIES, INC 4600 W OLD HWY 64 LEXINGTON NC 27295	46-2086133	501C3		190,625	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	LEBANON BAPTIST CHURCH 4635 HICONE RD GREENSBORO NC 27405	56-1252737	501C3		87,825	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	LENOIR SOUP KITCHEN 1113 COLLEGE AVE SW LENOIR NC 28645	56-1743480	501C3		22,389	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	LIBERTY ASSOC. OF CHURCHES 329 B WEST BOWMAN AVE LIBERTY NC 27298	56-1697437	501C3		68,048	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	LIFE CHANGING OUTREACH MIN 142 S LEXINGTON AVE BURLINGTON NC 27216	42-1645375	501C3		25,779	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	LOAVES AND FISHES FOOD MINISTR PO BOX 409 LEXINGTON NC 27293	46-4341245	501C3		261,926	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	LOCUST GROVE 4707 NC HWY 150 BROWNS SUMMIT NC 27214	61-1699979	501C3	1,000	88,677	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	LOCUST HILL UNITED METHODIST 281 STONEY CREEK SCHOOL RD REIDSVILLE NC 27320	56-1151103	501C3	703	19,731	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	LOT 2540, INC. 411 S 2ND AVE MAYODAN NC 27025	45-2387075	501C3		743,810	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 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 ▶

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

Schedule I (Form 990) (2022)

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LOVE COMMUNITY DEVELOPMENT 3980 N LIBERTY ST WINSTON SALEM NC 27105	58-2463983	501C3		1,283,725	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	LUTHERAN CHURCH OF OUR FATHER 3304 GROOMTOWN RD GREENSBORO NC 27407	56-1216775	501C3		107,369	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	MAPLE SPRINGS UNITED METHODIST CHUR 2569 REYNOLDA RD WINSTON SALEM NC 27107	20-5665302	501C3		100,034	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	MAPLE SPRINGS UNITED METHODIST CHUR 15733 ELKIN HWY RONDA NC 28670	56-1371086	501C3		32,581	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	MATTHEW 25 MINISTRIES 105 E MEMORIAL HWY HARMONY NC 28634	16-1767339	501C3		157,257	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	MELFIELD UNITED CHURCH OF CHRIST 2144 MELFIELD DR HAW RIVER NC 27258	20-5904439	501C3		453,981	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	MEN IN CHRIST, INC. 200 S MAIN ST REIDSVILLE NC 27320	56-1935029	501C3		61,517	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	MIDWAY UNITED MISSIONARY CHURC 307 S STOUT ST RANDLEMAN NC 27317	20-0422537	501C3		36,448	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	MINISTERIO FIL 4 13 1526 BRUCE ST WINSTON SALEM NC 27107	84-3275845	501C3		460,964	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2022

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MORRIS CHAPEL UNITED METHODIST 2715 DARROW RD WALKERTOWN NC 27051	26-3408881	501C3		131,783	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	MOSES H CONE MEMORIAL HOSPITAL 1200 N ELM ST GREENSBORO NC 27401	58-1588823	501C3		128,589	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	MOUNTAIN GROVE BAPTIST CHURCH 2485 CONNELLY SPRINGS RD GRANITE FALLS NC 28630	20-4906646	501C3	769	193,686	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	MT MORIAH OUTREACH CENTER 317 JEFFERSON ST KERNERSVILLE NC 27284	55-0834776	501C3		230,775	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	MT OLIVET UNITED METHODIST CHURCH 3282 COLLETTSVILLE RD LENOIR NC 28645	33-1092212	501C3		19,529	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	MT PISGAH LC-GOOD SAMARITAN FOOD PA 9379 NC HWY 127 HICKORY NC 28601	56-0997274	501C3	769	150,764	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	MT PLEASANT UMC 4400 ALAMANCE CHURCH RD LIBERTY NC 27298	58-1552761	501C3		49,494	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	MT TABOR FOOD FOR THOUGHT 601 N CHERRY ST STE 300 WINSTON SALEM NC 27101	20-4072222	501C3		5,567	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	NC A&T REAL ESTATE FOUNDATION 1601 E MARKET ST GREENSBORO NC 27401	56-6075899	501C3		47,116	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

2022

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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.

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NEIGHBORHOODS HANDS INC PO BOX 1371 / 1713 N. LIBERTY ST WINSTON SALEM NC 27102	84-5011438	501C3		123,305	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	NEW BEGINNINGS FULL GOSPEL MINISTRY 215 FOURTH ST HIGH POINT NC 27260	56-1920952	501C3		117,932	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	NEW COVENANT CHRISTIAN CHURCH 1305 BALL ST GREENSBORO NC 27405	56-2027081	501C3		7,190	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	NEW DAMASCUS BAPTIST CHURCH PO BOX 241 WILKESEBORO NC 28697	56-1302511	501C3		35,870	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	NEW JERUSALEM BAPTIST CHURCH 1223 N DUNLEITH AVE WINSTON SALEM NC 27101	56-1229373	501C3		676,042	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	NEW STORY CHURCH 1401 TRADE MART BLVD WINSTON-SALEM NC 27127	47-1545156	501C3		23,920	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	NEW TEMPLE - RIOS DE AGUA VIVA 403 NATIONAL HWY THOMASVILLE NC 27360	56-2018014	501C3		126,587	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	NEW ZION MISS. BAPT. CH. 408 MARTIN LUTHER KING JR.DRIVE GREENSBORO NC 27406	56-1425712	501C3		105,137	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	NEXT STEP MINISTRIES 745 LAKE DR KERNERSVILLE NC 27284	56-2074800	501C3		23,171	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

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

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(1)	NORTH LEXINGTON BAPTIST CHURCH 201 MIZE RD LEXINGTON NC 27295	20-4906646	501C3		618,170	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	OAK RIDGE UMC 2424 OAK RIDGE RD OAK RIDGE NC 27310	56-1293108	501C3		11,687	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	ONE STEP FURTHER 623 EUGENE CT GREENSBORO NC 27401	58-1484818	501C3		1,630,340	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	OPEN DOOR MINISTRIES 400 N CENTENNIAL ST HIGH POINT NC 27260	56-1576543	501C3		201,742	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	OUR FATHERS HOUSE MINISTRIES 20 RINK RD WINSTON SALEM NC 27107	27-3409930	501C3		147,252	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	OUT OF THE GARDEN PROJECT 300 NC HWY 685 GREENSBORO NC 27409	27-2772988	501C3		1,967,770	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	PASTOR'S PANTRY 307 N STATE ST LEXINGTON NC 27292	31-1721281	501C3		300,490	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	PAY IT FORWARD FOOD PANTRY PO BOX 3188 LENOIR NC 28645	83-0650982	501C3	769	414,134	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	PIEDMONT HEALTH SERV & SICKLE 401 TAYLOR AVE HIGH POINT NC 27260	23-7362747	501C3		21,357	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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
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(1)	PIEDMONT RESCUE MISSION 1519 N MEBANE ST BURLINGTON NC 27217	56-1619734	501C3		370,183	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	PILGRIM OUTREACH CENTER 984 GODDARD LN MILLERS CREEK NC 28651	20-2007347	501C3		48,478	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	PINEY GROVE BAPTIST CHURCH 4633 GROVE GARDEN DR WINSTON SALEM NC 27106	58-1352564	501C3		68,291	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	POSITIVE WELLNESS ALLIANCE PO BOX 703 LEXINGTON NC 27293	56-1885607	501C3		52,687	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	PROJECT RE3 1474 KERNER RD KERNERSVILLE NC 27284	47-2551506	501C3		119,751	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	REIDSVILLE OUTREACH CENTER 435 SW MARKET ST REIDSVILLE NC 27320	56-2160123	501C3		282,391	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	RENAISSANCE ROAD CHURCH 3793 SAMET DR STE 105 HIGH POINT NC 27265	26-1215805	501C3		218,962	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	ROOM AT THE INN, INC. 736 PARK AVE GREENSBORO NC 27405	56-2152520	501C3		58,713	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	SALVATION ARMY - ASHEBORO 345 N CHURCH ST ASHEBORO NC 27203	58-0660607	501C3		236,017	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Name of the organization SECOND HARVEST FOOD BANK OF NORTHWEST NC INC	Employer identification number 58-1457912
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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
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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.

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(1)	SALVATION ARMY - DVS 314 W 9TH AVE LEXINGTON NC 27292	58-0660607	501C3		174,558	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	SALVATION ARMY - GREENSBORO 1311 S EUGENE ST GREENSBORO NC 27406	58-0660607	501C3		178,452	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	SALVATION ARMY - HIGH POINT 301 W GREEN DR HIGH POINT NC 27260	58-0660607	501C3		126,785	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	SALVATION ARMY - LENOIR 108 MORGANTON BLVD LENOIR NC 28645	58-0660607	501C3		19,472	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	SALVATION ARMY - ROCKINGHAM 704 BARNES ST REIDSVILLE NC 27320	58-0660607	501C3		312,933	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	SAMARITAN CHRISTIAN MINISTRIES - WI 164 UNION SCHOOL RD N WILKESBORO NC 28659	56-2065712	501C3		422,677	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	SAMARITAN KITCHEN OF WILKES 164 UNION SCHOOL RD NORTH WILKESBORO NC 28659	56-2065712	501C3		728,271	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	SEAMS MINISTRIES 321 OLD US 52 BYPASS PILOT MOUNTAIN NC 27041	56-2061635	501C3		613,063	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	SENIOR SERVICES INC. 2895 SHOREFAIR DR WINSTON SALEM NC 27105	56-1085968	501C3		26,864	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

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**SCHEDULE I
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Department of the Treasury
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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
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(1)	SERV. DEAF/HARD OF HEARING-DAVIDSON 8 FRANKLIN ST LEXINGTON NC 27292	56-2252177	501C3		33,971	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	SERVANT CENTER - G.A.P. 1312 LEXINGTON AVE GREENSBORO NC 27403	56-1834197	501C3		511,859	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	SHADY GROVE UNITED METHODIST 1781 SHADY GROVE RD PROVIDENCE NC 27315	23-7449895	501C3	707	34,629	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	SHARON MISSIONARY BAPTIST CH 3890 US HIGHWAY 220 BUSINESS STONEVILLE NC 27048	02-0785572	501C3		23,627	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	SHELTER HOME OF CALDWELL 515 SCROGGS ST NW LENOIR NC 28645	56-1244166	501C3		59,748	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	SOLID ROCK BAPTIST CHURCH 903 E KEARNS AVE HIGH POINT NC 27260	56-1810250	501C3		22,710	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	SOUTH CALDWELL CHRISTIAN MINISTRY 5 QUARRY RD GRANITE FALLS NC 28630	56-1339800	501C3	769	313,623	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	SOUTH DAVIDSON FAMILY RESOURCE CEN 338 W SALISBURY ST DENTON NC 27239	56-2067201	501C3		195,166	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	SOUTHERN ALAMANCE FAMILY EMPOW PO BOX 286 SAXAPHAW NC 27340	46-2764405	501C3		94,012	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Name of the organization SECOND HARVEST FOOD BANK OF NORTHWEST NC INC	Employer identification number 58-1457912
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST JAMES UMC PO BOX 176 RURAL HALL NC 27045	56-1389234	501C3		27,309	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	ST JOHN CME CHURCH 350 NW CRAWFORD PLACE WINSTON SALEM NC 27105	58-0008352	501C3		44,179	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	ST PAUL BAPTIST CHURCH 1309 LARKIN ST GREENSBORO NC 27406	56-0653355	501C3		56,993	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	ST PAUL'S UNITED METHODIST CHURCH 2400 DELLABROOK WINSTON SALEM NC 27105	56-1134319	501C3		108,550	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	ST PETER'S WORLD OUTREACH 3683 OLD LEXINGTON RD WINSTON SALEM NC 27107	56-1417838	501C3		90,731	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	ST STEPHEN MISSIONARY BAPTIST 5000 NOBLE ST WINSTON SALEM NC 27105	03-4014381	501C3		194,730	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	STAR OF BETHLEHEM LUTHERAN CH 1355 JAMESTOWN RD WINSTON SALEM NC 27103	56-2090165	501C3		20,705	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	STONE SOUP MENUS INC 1307 E MAIN ST SWEPSONVILLE NC 27253	85-1470637	501C3		11,070	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	STONY POINT CHRISTIAN MINISTRIES 411 RURITAN PARK RD STONY POINT NC 28678	56-0928522	501C3	769	47,773	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 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 ▶

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

Schedule I (Form 990) (2022)

**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 for the latest information.

OMB No. 1545-0047

2022

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SUNNYSIDE MINISTRY 319 HALED ST WINSTON SALEM NC 27127	56-0552778	501C3		500,699	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	THE CHURCH OF THE ASCENSION FOOD PA 183 FORK-BIXBY RD ADVANCE NC 27006	56-0588469	501C3		208,277	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	THE HUNGER & HEALTH COALITION 141 HEALTH CENTER DR BOONE NC 28607	56-1322973	501C3	54,582	1,469,258	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	THE LORD'S PANTRY 602 N BRIDGE ST EDEN NC 27288	20-4906646	501C3		392,963	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	THE REDEEMED CHRISTIAN CHURCH 1808 MACK ST GREENSBORO NC 27406	13-4209863	501C3		138,458	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	THE ROCK CHURCH 416 W KING ST KING NC 27021	90-0100060	501C3		15,412	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	THE SALVATION ARMY - ALAMANCE 821 N ANTHONY ST BURLINGTON NC 27215	58-0660607	501C3		679,461	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	THE SALVATION ARMY - MT AIRY 651 S SOUTH ST MT AIRY NC 27030	58-0660607	501C3		76,495	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	THE SALVATION ARMY - STATESVIL 1361 CALDWELL ST STATESVILLE NC 28677	58-0660607	501C3		94,595	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 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 ▶

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

Schedule I (Form 990) (2022)

**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 for the latest information.

OMB No. 1545-0047

2022

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE SALVATION ARMY -WS 1255 N TRADE ST WINSTON SALEM NC 27101	58-0660607	501C3		1,537,495	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	THE SHALOM PROJECT 639 GREEN ST WINSTON SALEM NC 27101	20-2136431	501C3		175,260	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	THOMASVILLE COMMUNITY CENTER 107 LEONARD ST THOMASVILLE NC 27360	56-1848229	501C3		346,912	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	THREE FORKS BAPTIST ASSOCIATION 375 W KING ST BOONE NC 28607	20-2007347	501C3	333	274,140	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	TRI COUNTY CHRISTIAN CRISIS MI 134 A BLUFF ST JONESVILLE NC 28642	56-1591093	501C3		146,860	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	TRIAD ADULT DAY CARE 409 E FAIRFIELD RD HIGH POINT NC 27263	56-1884922	501C3		20,069	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	TRIAD FOOD PANTRY 1311 JOHNSON ST HIGH POINT NC 27262	86-2066110	501C3		1,613,501	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	TRINITY CENTER OF WINSTONSALEM 5307 PETERS CREEK PARKWAY WINSTON SALEM NC 27127	56-1613035	501C3		75,643	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	TRINITY EPISCOPAL CHURCH 427 N MAIN ST MT AIRY NC 27030	56-0588469	501C3		28,328	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 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 ▶

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

Schedule I (Form 990) (2022)

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TRINITY WORSHIP CENTER 3157 S CHURCH ST BURLINGTON NC 27215	56-2154273	501C3		76,101	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2)	TRUE SALVATION OUTREACH MIN 1901 SPENCER ST GREENSBORO NC 27401	77-0619144	501C3		140,304	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3)	UNION BAPTIST CHURCH 406 NORTHWEST BLVD WINSTON SALEM NC 27105	56-1421926	501C3		491,902	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4)	UNION GROVE BAPTIST CHURCH 1808 UNION GROVE RD LENOIR NC 28645	56-1153418	501C3	10,000	6,722	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5)	UNION GROVE UMC 1331 SLOANS MILL RD UNION GROVE NC 28689	56-6095901	501C3		60,598	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6)	UPPER ROOM FOOD MINISTRY 11500 NC HWY 8 LEXINGTON NC 27292	26-4609627	501C3		281,481	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7)	VANDALIA PRESBYTERIAN CHURCH 101 W VANDALIA RD GREENSBORO NC 27406	56-0766966	501C3		104,626	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)	WARD ST UMC 1619 W WARD AVE HIGH POINT NC 27260	36-2167731	501C3		147,408	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(9)	WELLS MEMORIAL-WE CARE PANTRY 1001 E. WASHINGTON ST GREENSBORO NC 27401	56-1776700	501C3		244,018	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO

- 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 ▶

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

Schedule I (Form 990) (2022)

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WEST END MINISTRIES 903 ENGLISH RD HIGH POINT NC 27261	56-2273642	501C3		178,195	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(2) WHOLE MAN MINISTRIES 3916 OLD LEXINGTON RD WINSTON SALEM NC 27107	26-0136378	501C3		54,591	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(3) WINSTON-SALEM RESCUE MISSION 717 OAK ST WINSTON SALEM NC 27101	56-0891921	501C3		608,864	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(4) WORLD VICTORY INTL CHRISTIAN C 1414 CLIFFWOOD DR. GREENSBORO NC 27406	56-1691936	501C3		30,924	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(5) YADKIN CHRISTIAN MINISTRIES 121 W ELM ST YADKINVILLE NC 27055	56-1802585	501C3		565,948	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(6) YOKEFELLOW MINISTRY OF MT AIRY 215 JONES SCHOOL RD MT AIRY NC 27030	56-1445474	501C3		688,393	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(7) YOKEFELLOW MINISTRY OF STATESV 1386 SHELTON AVE STATESVILLE NC 28677	56-1010615	501C3		629,607	WHOLESALE	TEFAP SNAP	FEEDING THE POOR AND & DO
(8)							
(9)							

- 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 ▶

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

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 DIRECT FOOD ASSISTANCE			9,939,683	WHOLESALE	FOOD
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.

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2022, or tax year beginning

07/01/22

, and ending

06/30/23

2022

Name of the organization

SECOND HARVEST FOOD BANK
OF NORTHWEST NC INC

Employer identification number

58-1457912

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PARTNER AGENCIES OF SECOND HARVEST FOOD BANK OF NWNC ("SHFB") THAT OPERATE EMERGENCY FOOD PANTRIES ARE ELIGIBLE TO PARTICIPATE IN THE TEFAP PROGRAM. THE PARTNER AGENCY MUST APPLY IN WRITING TO SHFB IN ORDER TO BECOME ELIGIBLE TO PARTICIPATE IN THE TEFAP PROGRAM. THE PARTNER AGENCY MUST ALSO ATTEND AN AGENCY ORIENTATION SESSION AND HAVE A MONITORING VISIT TO ENSURE THERE IS PROPER STORAGE FOR THE TEFAP FOOD. THE PARTNER AGENCY MUST SIGN A RECORD-KEEPING AGREEMENT SPECIFYING ALL OF THE REQUIREMENTS FOR RECEIVING, STORING, DISTRIBUTING AND REPORTING TEFAP PRODUCT. ALL OF THIS DOCUMENTATION IS KEPT ON FILE AT SHFB.

INDIVIDUALS WHO RECEIVE TEFAP PRODUCT FROM OUR PARTNER AGENCIES MUST COMPLETE A TEFAP APPLICATION THAT INDICATES THEIR NAME, ADDRESS AND PHONE NUMBER, ALONG WITH THEIR HOUSEHOLD'S MONTHLY GROSS INCOME. THESE APPLICATIONS MUST BE COMPLETED BY THE INDIVIDUALS EVERY MONTH THAT THEY RECEIVE TEFAP FOOD. INDIVIDUALS MUST MEET THE INCOME ELIGIBILITY GUIDELINES ISSUED BY THE NC DEPARTMENT OF AGRICULTURE TO BE ELIGIBLE TO RECEIVE TEFAP FOOD. THE INDIVIDUALS' APPLICATIONS ARE KEPT ON FILE AT THE PARTNER AGENCY THAT IS DISTRIBUTING THE PRODUCT.

THE PARTNER AGENCIES MUST SUBMIT MONTHLY SERVICE REPORTS BY THE TENTH OF THE FOLLOWING MONTH INDICATING THE NUMBER OF DUPLICATED AND UNDUPLICATED INDIVIDUALS SERVED AND THE NUMBER OF DUPLICATED AND UNDUPLICATED HOUSEHOLDS SERVED. PARTNER AGENCIES ARE SUSPENDED FROM RECEIVING ADDITIONAL TEFAP PRODUCT IF THESE REPORTS ARE NOT MADE IN A TIMELY MANNER.

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2022, or tax year beginning 07/01/22, and ending 06/30/23

2022

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

Employer identification number

58-1457912

ALL SHFB PARTNER AGENCIES ARE MONITORED AT LEAST ONCE EVERY 24 MONTHS TO ENSURE CONTINUED COMPLIANCE WITH ALL PROCEDURES AND POLICIES.

SHFB'S INVENTORY SOFTWARE MAINTAINS A RECORD OF TEFAP POUNDAGE DISTRIBUTED TO EACH OF OUR PARTNER AGENCIES. ALL TEFAP POUNDAGE DISTRIBUTED IS ASSIGNED A MONETARY VALUE BY THE NC DEPARTMENT OF AGRICULTURE. A REPORT GENERATED BY OUR INVENTORY SOFTWARE INDICATES A DESCRIPTION OF THE TEFAP PRODUCT DISTRIBUTED TO EACH PARTNER AGENCY, THE NUMBER OF POUNDS OF TEFAP PRODUCT DISTRIBUTED, AND THE DOLLAR VALUE OF THE TEFAP POUNDAGE DISTRIBUTED TO EACH PARTNER AGENCY. THE DOLLAR VALUE OF TEFAP POUNDAGE DISTRIBUTED TO OUR PARTNER AGENCIES (OVER \$5,000) IS REPORTED AS GRANTS TO ORGANIZATIONS ON SCHEDULE I OF OUR FORM 990. THESE INVENTORY REPORTS ARE KEPT ON FILE AT SHFB.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

**SECOND HARVEST FOOD BANK
OF NORTHWEST NC INC**

Employer identification number

58-1457912

Part I Questions Regarding Compensation

1a 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 indemnification 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 (such as maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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 |

4 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:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 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:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 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:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ERIC A AFT CEO	(i)	197,860	0	0	7,911	9,045	214,816	0
	(ii)	0	0	0	0	0	0	0
2 LISA RICHARDSON VP OPERATIONS	(i)	150,615	0	0	2,739	9,045	162,399	0
	(ii)	0	0	0	0	0	0	0
3 CAROLYN BREESE VP PHILANTHROPY	(i)	148,234	0	0	5,137	9,045	162,416	0
	(ii)	0	0	0	0	0	0	0
4 JEFF BACON VP & EXEC DIRECTOR	(i)	141,463	0	0	5,088	9,045	155,596	0
	(ii)	0	0	0	0	0	0	0
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open To Public
Inspection**

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

OF NORTHWEST NC INC

Employer identification number

58-1457912

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	32131872	57,503,039	NCDA ASSIGNED VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SUPPLIES)	X	1	15,694	FAIR MARKET VALUE
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 V, Donee Acknowledgement **29**

	Yes	No
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.

SCHEDULE M - SUPPLEMENTAL INFORMATION

FOOD INVENTORY OF 32,131,872 REPRESENTS THE NUMBER OF CONTRIBUTIONS IN POUNDS (LBS).

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization	SECOND HARVEST FOOD BANK OF NORTHWEST NC INC	Employer identification number 58-1457912
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FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

• DONATED PRODUCT:

DONATED PRODUCT IS ACQUIRED FROM A BROAD RANGE OF SOURCES (RECEIPTS: 33,377,569 POUNDS FOR 06/30/23) AND DISTRIBUTED (DISTRIBUTION: 32,034,698 POUNDS FOR 06/30/23) FROM SECOND HARVEST FOOD BANK'S 130,000 SQUARE FOOT DISTRIBUTION FACILITY. THE DISTRIBUTION PROGRAM HELPS MORE THAN 297 PARTNER AGENCIES PROVIDE 497 SEPARATE FEEDING PROGRAMS THAT FEED THOSE FACING FOOD INSECURITY WITHIN AN 18 COUNTY SERVICE AREA. 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.

• 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 WEEKEND DURING THE SCHOOL YEAR. AS OF 06/30/23, SECOND HARVEST FOOD BANK OPERATES 66 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

Name of the organization

SECOND HARVEST FOOD BANK

Employer identification number

58-1457912

ARE MATCHED. PARTICIPATING SCHOOLS HAVE 50% OR MORE OF STUDENTS RECEIVING FREE OR REDUCED PRICE SCHOOL MEALS. PARTNER AGENCIES PICK UP 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.

• 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.

• FOOD & NUTRITION SERVICES (FNS) OUTREACH & 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.

Name of the organization

Employer identification number

SECOND HARVEST FOOD BANK

58-1457912

399 FNS APPLICATIONS WERE SUBMITTED BY SECOND HARVEST FOOD BANK AND PARTNER AGENCIES DURING THE FISCAL YEAR ENDING 06/30/23.

• IMAGINE FORSYTH:

A PROJECT THAT USES COLLECTIVE IMPACT PRINCIPLES TO ADDRESS FOOD INSECURITY AND RELATED SYSTEMATIC CHALLENGES WITH A FOCUS ON ECONOMIC STABILITY, HEALTH, AND AFFORDABLE HOUSING.

• 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 EIGHTEENCOUNTY SERVICE AREA. THE PROGRAM MADE 64 DISTRIBUTIONS TOTALING 3,327,807 POUNDS IN FISCAL YEAR ENDING 06/30/23.

FORM 990, PART VI, LINE 1A - AUTHORITY DELEGATED TO COMMITTEE EXPLANATION THE EXECUTIVE COMMITTEE CONSISTS OF THE ELECTED OFFICERS OF THE BOARD, UP TO THREE AT-LARGE MEMBERS, THE CHAIRPERSONS OF EACH STANDING COMMITTEE AND THE CEO AS A NON-VOTING MEMBER. THE COMMITTEE MAY EXERCISE ALL OF THE POWERS OF THE BOARD WHEN THE BOARD IS NOT IN SESSION, EXCEPT THAT IT MAY NOT (1) ELECT OFFICERS OF THE BOARD (2) ADOPT A BUDGET (3) ACT IN CONFLICT WITH FUNDAMENTAL POLICIES OF THE BOARD OR CONTRARY TO PRIOR AFFIRMATIVE ACTION OF THE BOARD AND (4) TAKE ACTION PROHIBITED BY LAW.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS THE BYLAWS WERE AMENDED TO ADOPT THE CREATION OF AN EXECUTIVE COMMITTEE. SEE RESPONSE TO LINE 1A ABOVE.

Name of the organization

SECOND HARVEST FOOD BANK

Employer identification number

58-1457912

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
 THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND
 OVERSIGHT BY MANAGEMENT. UPON COMPLETION AND REVIEW, THE RETURN WAS
 PROVIDED TO ALL CURRENT VOTING BOARD MEMBERS PRIOR TO ITS SUBMISSION TO THE
 IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
 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.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 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

Name of the organization

Employer identification number

SECOND HARVEST FOOD BANK

58-1457912

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.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

TRANSFER TO RELATED ENTITY	\$ -1,842,586
TRANSFER TO RELATED ENTITY	\$ -5,038,187
TOTAL	\$ -6,880,773

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

OMB No. 1545-0047

2022

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**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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) TCK PROVIDENCE INC 3330 SHOREFAIR DR 46-5315289 WINSTON-SALEM NC 27105	EDUCATION	NC	501C3	7	N/A	X	
(2) SHFB NWC HEADQUARTERS INC 3330 SHOREFAIR DR 87-3602177 WINSTON-SALEM NC 27105	SUPPORTING	NC	501C3	12A	N/A	X	
(3)							
(4)							
(5)							

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TCK PROVIDENCE INC	R	1,842,586	CASH
(2) SHFB NWNC HEADQUARTERS INC	D	1,846,919	CASH
(3) QALICB	R	5,038,187	CASH
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

