			EXTENDED TO MAY 15,	2020		
	Ω	00	Return of Organization Exempt I	From	Income Tax	OMB No. 1545-0047
For	m IJ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	e Code (e)	cept private foundation	ns) 2018
Depa	rtment	of the Treasury	Do not enter social security numbers on this form	as it may	be made public.	Open to Public
Interr	nal Rev	anue Service	Go to www.irs.gov/Form990 for instructions and			Inspection
AF	or th	e 2018 calend	tar year, or tax year beginning $JUL 1, 2018$ and	ending	JUN 30, 2019	
B	heck if	101	of organization		D Employer identifie	cation number
_	Addr	DDDC	ND HARVEST FOODBANK OF NORTH CENT	RAL		
	_chan)			
	_chan	Doing b	usiness as			446685
	_Ireturr	Numbe		Room/suite	E Telephone number	
L	Final return		BAUMHART ROAD	_		960-2265
_	termi ated		town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,187,306.
-	_returr]Appli]tion	1 LOKF	AIN, OH 44053		H(a) Is this a group re	
	_tion pend		nd address of principal officer: JULIANA CHASE-MORE. BAUMHART ROAD, LORAIN, OH 44053	LIPPD		? Yes X No
1 7			X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 52	H(b) Are all subordinates in	
			SECONDHARVESTFOODBANK.ORG		H(c) Group exemption	list. (see instructions)
			X Corporation Trust Association Other	I Vea		State of legal domicile; OH
	art I	Summary		LICa		State of legal dominile, OII
	1		be the organization's mission or most significant activities: ${ m TO}~{ m Gi}$	ROW H	OPE IN OUR RI	EGTON BY
oce			IG PATHWAYS TO NUTRITIOUS FOOD.			
Activities & Governance	2		x ▶	sed of mor	re than 25% of its net as	sets.
ove	3				3	14
Ğ	4		dependent voting members of the governing body (Part VI, line 1b)			14
es	5		of individuals employed in calendar year 2018 (Part V, line 2a)			26
viti	6		of volunteers (estimate if necessary)			2905
Acti	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12		7a	0.
_			business taxable income from Form 990-T, line 38			0.
				_	Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)		11,448,115.	11,619,497.
Revenue	9	-	ice revenue (Part VIII, line 2g)		341,599.	280,451.
Rev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		55,349.	97,714.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,118.	34,190.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,875,181.	12,031,852.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,301,953.	1,365,208.
ses			undraising fees (Part IX, column (A), line 11e)		0.	0.
Expen			ing expenses (Part IX, column (D), line 25) > 297, 3	78.		
Щ			es (Part IX, column (A), lines 11a-11d, 11f-24e)		10,514,745.	10,703,838.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,816,698.	12,069,046.
	19		expenses. Subtract line 18 from line 12		58,483.	-37,194.
or					eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		7,896,562.	7,846,549.
t As Id B	21	Total liabilities	(Part X, line 26)		89,880.	89,286.
			fund balances. Subtract line 21 from line 20		7,806,682.	7,757,263.
	nrt II	Signatur				
			I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.	1 100
_		Signatur	e of officer		Date 12	14/19
Sigr		1.		CEO.	Date	1
Her	e		ANA CHASE-MOREFIELD, PRESIDENT & (CEO		/
		Print/Type pre		- 1	Date Check	PTIN
Paid			G. ZUNICH, CPA, AB		12/16/19 If self-employe	
Prep		Firm's name	BARNES WENDLING CPAS INC.	<u> </u>	Firm's EIN	34-1463411
	Only		5050 WATERFORD DRIVE			OT TROOTT
	.,		SHEFFIELD VILLAGE, OH 44035		Phone no. (44	40) 934-3850
Mav	the I	RS discuss thi	s return with the preparer shown above? (see instructions)		1. nono not (#)	X Yes No
-	01 12-3		For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2018)

	990 (2018)	OHIO				34-144	6685	Page
	't III Statement of F	Program Servic	e Accomplishme	ents				, ug
	Check if Schedule	O contains a respon	se or note to any line	in this Part III				[
1	Briefly describe the organ TO GROW HOPE		TON BY CRE		THWAYS TO	NUTTRETTOUS	FOOD	
		<u></u>	<u>JION DI CIU</u>			NOIRIIOOD	1000.	
	<u> </u>							
2	Did the organization under prior Form 990 or 990-EZ If "Yes," describe these n	?		· ·			Yes	X
3	Did the organization ceas If "Yes," describe these c	e conducting, or ma	ake significant change	s in how it condu	ucts, any program s	services?	Yes	X
4	Describe the organization Section 501(c)(3) and 501	's program service a	accomplishments for					
	revenue, if any, for each p	program service repo	orted.	_		, 		
4a	(Code:) (Expense SECOND HARVES		L,349. including g				280,4	
	IN NORTH CENT							
	HUNGER-RELIEF							
	NUTRITIOUS FO							
	THAN 80,000 U	NDUPLICATE	D PEOPLE T	HROUGHOU	CRAWFORD	, ERIE, HUR	ON ANI	5
	LORAIN COUNTI	ES. PROGRA	M PARTNERS	INCLUDE	FOOD PANT	RIES, HOT M	EAL	
	PROGRAMS, SHE							
	RECEIVES FOOL							
	PROGRAM & AGE							
	PROGRAM, FOOL	MANUFACTU	JRERS, RETA	ILERS, FA	ARMERS AND	GROWERS. 1	HE VAI	<u> </u>
	OF DONATED GO	JODS TO SEC	UND HARVES	T T2 2 0,	,914,123.7	5.		
4b	(Code:) (Expense	s\$	including g	rants of \$) (Revenue \$		
					-			
4c	(Code:) (Expense:	s\$	including g	rants of \$) (Revenue \$		
4d	Other program services (E)escribe in Scheduk	20.)					
	(Expenses \$		ling grants of \$) (Revenue \$)	
	Total program service exp		11,561,349	•				
<u>4e</u>								
	12-31-18						Form 99	30 (

	990 (2018) OHIO 34-1446	685	Р	age 3
Pa	rt 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)?			1
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	_	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	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	6	_	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		223	1
	as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
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	11b		Х
С	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	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ę	
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		2	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.0	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
83200	3 12-31-18		990	(2018)

Form 990 (2018)

	990 (2018) OHIO 34-144	6685	F	age
Pa	t 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		res	INC
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	. 24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	. 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d	<u> </u>	-
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? /f "Yes," complete Schedule L, Part I	. 25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		x
32	If "Yes," complete Schedule N, Part I	31	-	A
52	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Dar	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance Cheal if Schedule O contains a method arm line in this Bet V	. 38	X	
1 01	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	1	res	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	Ō		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
-	(gambling) winnings to prize winners?	. 1c	x	
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	4			,
81	216 758268 2766-001 2018.05010 SECOND HARVEST FOODBANK OF	270	56-1	001

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34-1446685 Page 4

OHIO

Form	990 (2018) OHIO 34-1446	685	P	age 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
		_	Yes	No						
2 a	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 26		1							
		2b	х	1.1.1						
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
30	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		X						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х						
b	If "Yes," enter the name of the foreign country:	6.75	1							
	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						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	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			77						
	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	Ch	_							
-	were not tax deductible?	6b	-	-						
7	Organizations that may receive deductible contributions under section 170(c). 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						
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	15	-							
Ŭ	to file Form 8282?	7c		x						
d	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?									
f										
g										
h										
8										
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-							
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12			0.5						
D		-								
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a									
	Gross income from other sources (Do not net amounts due or paid to other sources against									
b	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	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.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	-	1.01							
	organization is licensed to issue qualified health plans 13b									
	Enter the amount of reserves on hand 13c	1	1	37						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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	45		x						
	excess parachute payment(s) during the year?	15		A						
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10								
_										

Form 990 (2018)

832005 12-31-18

34-1446685 Page 6

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

Form 990 (2018)

oec	tion A. doverning body and Management				
4		1	4	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		4		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 1	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	-			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				v
	of officers, directors, or trustees, or key employees to a management company or other person?			-	X X
4	Did the organization make any significant changes to its governing documents since the prior Form			-	X
5	Did the organization become aware during the year of a significant diversion of the organization's as			-	X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a		0	-	Δ
7a	more members of the governing body?		7 a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	,			
	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	<u> </u>	X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenue Code.)	-	1	1
0-	Did the exercise time base level shortens been able to (199-1-10)		10	Yes	No X
	Did the organization have local chapters, branches, or affillates?		10a	-	•
D	If "Yes," did the organization have written policies and procedures governing the activities of such c		1.01		
d	and branches to ensure their operations are consistent with the organization's exempt purposes?			X	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ay before filling the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10	x	
		a to conflicte?		X	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "?		12b		
С			40-	x	
13	in Schedule O how this was done	•••••	12c	X	
	Did the organization have a written whistleblower policy?			X	
4	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		150	x	
a	The organization's CEO, Executive Director, or top management official		15a 15b	- 23	X
U	Other officers or key employees of the organization		der		
69	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
va	Annula and the short of the second		16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		Tua		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized on				
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed ►OH				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.		-,,	,	
	······································	n in Schedule O)	1.0.		
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	milicit of interest policy, a	na finar	ICIAI	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's be	ooks and records			
.0	JULIANA CHASE-MOREFIELD - 440-960-2265				
	5510 BAUMHART ROAD, LORAIN, OH 44053				
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	6		1.011		(~0 10
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Form 990 (2018) OHIO	34-1446685	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or	within the organization	's tax year.
Enter -0- in	all of the organization's current officers, directors, trustees (whether individuals or organizations), regardles columns (D), (E), and (F) if no compensation was paid. all of the organization's current key employees, if any. See instructions for definition of "key employee."	s of amount of compens	sation.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."
 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	on nor any related	u ge	11120	lion	001	npe	1541			
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average						one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson	is bot	h an	compensation	compensation	amount of
	week	⊢	cer an	dad	Irecto	T	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or di	g;			ated		organization	(W-2/1099-MISC)	from the
	related	Istee	truste		a	suad		(W-2/1099-MISC)		organization
	organizations	lal tri	onal		ploye	ee com				and related organizations
	below line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PAUL ADAIR	2.00	Ē	Ē	10	Ke	도등	요.			
TRUSTEE	2.00	x						0.	0.	0.
	2.00								0.	0.
(2) RON COCCO		v		v				0.	Ο.	0
VICE CHAIR		X		X				<u>_</u>	0.	0.
(3) MARK CHASE	2.00								0	0
TRUSTEE		X						0.	0.	0.
(4) JOE L. FLINNER	2.00									<u> </u>
TREASURER		X		X				0.	0.	0.
(5) ISAVELT AMISON	2.00									
TRUSTEE		X						0.	0.	0.
(6) DOUGLAS BLOOMFIELD	2.00									
TRUSTEE		X						0.	0.	0.
(7) THOMAS G. LAMOTTE	2.00									
SECRETARY		X		Х				0.	0.	0.
(8) CYNTHIA MCCABE	2.00									
TRUSTEE		X						0.	0.	0.
(9) ELIZABETH P. MAIDEN	2.00									
TRUSTEE		X						0.	0.	Ο.
(10) SUEANN NASO	2.00									
TRUSTEE		X						0.	0.	0.
(11) ELIZABETH NEWMAN	2.00									
TRUSTEE		X						0.	Ο.	Ο.
(12) GAYLE A. REEVES	2.00									
CHAIR		X		Х				0.	Ο.	0.
(13) VICKI TANSLER SPICE	2.00									
TRUSTEE		x						0.	Ο.	0.
(14) COURTNEY GRANDON	2.00			_						
TRUSTEE		x						0.	0.	0.
(15) BLANCA CHAVEZ	2.00					-				
TRUSTEE		x						0.	Ο.	0.
(16) ERIN ESAREY	2.00		\square				-			
TRUSTEE		x						0.	Ο.	0.
(17) JULIANA CHASE-MOREFIELD	40.00	<u> </u>								
PRESIDENT & CEO				х				110,959.	Ο.	25,783.
832007 12-31-18										Form 990 (2018)

832007 12-31-18

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2018.05010 SECOND HARVEST FOODBANK OF 2766-001

SECOND	HARVEST	FOODBANK	\mathbf{OF}	NORTH	CENTRAL
OUTO					

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orm 990 (2018) OHIO					_				34-14	10083) Pa	age C
Part VII Section A. Officers, Directors, Tru		ploy	ees,			ghe	st C					
(A) Name and title	(B) Average hours per week	box	F not ch , unles cer and	eck r s per	ition more rson	than (is bot	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate imount o other	
	(list any hours for related organizations below	Individual trustee or director	institutional trustee		ployee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	c) or ar	mpensat from the ganizati nd relate	e on ed
	line)	Individu	Instituti	Officer	Key employee	Highest employ	Former				ganizatio	ns
		$\left \right $					_			+		
									· · · · · · · · · ·			
		_		_								_
		-		-								-
	-											
1b Sub-total c Total from continuation sheets to Part 1 d Total (add lines th and ta)	II, Section A							110,959. 0. 110,959.		0.	25,78 25,78	0
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but compensation from the organization 										2.1 2	15,70	55
B Did the organization list any former office											Yes	No
 line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sand related organizations greater than \$1 	sum of reportab	le co	ompe	nsa	tior	n and	l oth	ner compensation from	the organization			x
 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co. 	accrue compe	nsat	ion fr	om	any	unr				5		x
Section B. Independent Contractors Complete this table for your five highest c										ensation	from	
the organization. Report compensation fo (A) Name and busines			enain DNE		/itn	or w		(B) Description of s			(C) ensatior	
												_
			-		_		+					-
			-				+					
2 Total number of independent contractors \$100,000 of compensation from the organ		not li	mited	to	tho: (se lis)	sted	above) who received m	nore than			
				-		-				Form	n 990 (2	2018

832008 12-31-18

Form 990 (2018) OHIO
Part VIII Statement of Revenue

OHIO

34-1446685 Page 9

1	-	Check if Schedule O cont			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1 a	Federated campaigns	1a	42,958.				
5	b	Membership dues	1b		_			
	С	Fundraising events	10	21,060.				
ā		Related organizations						
	е	Government grants (contribut	ions) 1e	261,025.				
	f	All other contributions, gifts, grant	ts, and		-			
		similar amounts not included above	ve 1f	11,294,454.				
	g	Noncash contributions included in lines	1a-1f: \$	9,232,735.	The second second			
8	h	Total. Add lines 1a-1f			11,619,497.			
Т				Business Code				
12	2 a	SALE OF FOOD PRODUCTS		900099	180,579.	180,579.		
	b	SHARED MAINTENANCE FEE	S	900099	99,872.	99,872.		
	с							
	d							
	е							
	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			280,451.			
1 3	3	Investment income (including						
		other similar amounts)		▶	72,321.			72,32
4	4	Income from investment of tax	k-exempt bond	proceeds				
5	5	Royalties						
			(i) Real	(ii) Personal	1000			
6	6 a	Gross rents						1
	b	Less: rental expenses						
	С	Rental income or (loss)						a comment
	d	Net rental income or (loss)						
7	7 a	Gross amount from sales of	(i) Securities					
		assets other than inventory	162,764	4. 4,725.		1		
	b	Less: cost or other basis			-			1000
		and sales expenses	134,264					
		Gain or (loss)			-			100000
	d	Net gain or (loss)		▶	25,393.			25,393
8	Ba	Gross income from fundraising	g events (not					
		including \$ 21	,060. of		-			-
		contributions reported on line	1c). See		1			1 1
		Part IV, line 18		a 44,205.		-		
	b	Less: direct expenses		b 13,358.				-
	с	Net income or (loss) from fund	Iraising events		30,847.			30,84
9	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19		a	1			
		Less: direct expenses		b		-		
	С	Net income or (loss) from gam	ing activities					
10	Da	Gross sales of inventory, less						
		and allowances		a	1 1 1			
	b	Less: cost of goods sold		b				
	c	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu		Business Code				
11	1 a	CHANGE IN BENEFICIAL I	NTEREST IN	900099	3,343.			3,34
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶	3,343.			
1	2	Total revenue. See instructions			12,031,852.	280,451.	(131,904

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34-1446685 Page 10

Form 990 (2018) OHIO 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 respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part Vill.	(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		одранава	general expenses	олреново
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign 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	134,382.	94,605.	17,604.	22,173.
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	870,181.	609,087.	118,339.	142,755.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,736.	28,679.	5,336.	6,721.
9	Other employee benefits	246,399.	173,497.	32,286.	40,616.
10	Payroll taxes	73,510.	51,775.	9,589.	12,146.
11	Fees for services (non-employees):				
	Management	1 500	1 502		
	Legal	1,583. 17,001.	1,583. 11,875.	4,813.	212
	Accounting	17,001.	11,0/3.	4,013.	313.
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	7,926.		7,926.	
f	Investment management fees	1,520.		1,520.	
g	column (A) amount, list line 11g expenses on Sch 0.)	19,284.	17,725.	1,313.	246.
12	Advertising and promotion	28,135.	10,633.	521.	16,981.
13	Office expenses	144,603.	99,660.	40.	44,903
14	Information technology	111/0001	2270000		
15	Royalties				
16	Occupancy				
17	Travel	10,195.	8,725.	194.	1,276.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,018.	12,762.	2,147.	109.
20	Interest				
21	Payments to affiliates	and a second			
22	Depreciation, depletion, and amortization	246,828.	241,892.	2,468.	2,468.
23	Insurance	11,497.	9,550.	1,865.	82.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FOOD DISTRIBUTED	9,821,008.	9,821,008.		
b	TRANSPORTATION	130,203.	130,203.		
с	REPAIRS AND MAINTENANCE	83,005.	80,487.	2,159.	359.
d	UTILITIES	78,782.	76,480.	1,156.	1,146.
е	All other expenses	88,770.	81,123.	2,563.	5,084.
25	Total functional expenses. Add lines 1 through 24e	12,069,046.	11,561,349.	210,319.	297,378.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

832010 12-31-18

2018.05010 SECOND HARVEST FOODBANK OF 2766-001

Form 990 (2018)

Form 990 (2018) Part X Balance Sheet

34-1446685 Page 11

art 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
1	Cash - non-interest-bearing	397,272.	1	440,031
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	229,392.	3	122,472
4	Accounts receivable, net	68,902.	4	53,539
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		-	
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	735,218.	8	725,555
9	Prepaid expenses and deferred charges	30,374.	9	35,649
10a	Land, buildings, and equipment: cost or other		1	
	basis. Complete Part VI of Schedule D 10a 6,088,229.		-	inches and
b		4,769,130.	10c	4,719,016
11	Investments - publicly traded securities	1,572,503.	11	1,653,173
12	Investments - other securities. See Part IV, line 11	93,771.	12	97,114
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,896,562.	16	7,846,549
17	Accounts payable and accrued expenses	89,880.	17	89,286
18	Grants payable		18	
19	Deferred revenue		19	
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 current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	89,880.	26	89,286
	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and			
3	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	6,946,771.	27	6,910,521
28	Temporarily restricted net assets	859,911.	28	846,742
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	7,806,682.	33	7,757,263
34	Total liabilities and net assets/fund balances	7,896,562.	34	7,846,549

Form 990 (2018)

832011 12-31-18

Form	990 (2018) OHIO	34-14	46685	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		12,031		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,069	9,0	46.
з	Revenue less expenses. Subtract line 2 from line 1	3			94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,806		
5	Net unrealized gains (losses) on investments	5	-12	2,2	25.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_		
_	column (B))	10	7,757	7,2	63.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		and the second sec		
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		1000		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			X	

Form 990 (2018)

832012 12-31-18

(Form 990 or 990-E2) Department of the Treasury Internal Revenue Service	Public Charity Status omplete if the organization is a section 4947(a)(1) nonexempt ► Attach to Form 990 Go to www.irs.gov/Form990 for instr ND HARVEST FOODBANK	501(c)(3) organization charitable trust. or Form 990-EZ. actions and the latest i	or a section	OMB No. 1545-0047 2018 Open to Public Inspection er identification number
Name of the organization SECO OHIO		OF NORTH CEN		34-1446685
	Charity Status (All organizations mu	t complete this part.) Se	e instructions.	
1 A church, convention of ch 2 A school described in sect 3 A hospital or a cooperative 4 A medical research organiz city, and state:	dation because it is: (For lines 1 through nurches, or association of churches desc ion 170(b)(1)(A)(ii). (Attach Schedule E (hospital service organization described ration operated in conjunction with a hos or the benefit of a college or university or	ibed in section 170(b)(¹ Form 990 or 990 EZ).) In section 170(b)(1)(A)(i bital described in sectio	i)(A)(i). ii). n 170(b)(1)(A)(iii). Ente	
 7 X An organization that normal section 170(b)(1)(A)(vi). (C 8 A community trust describe 9 An agricultural research organization 	vernment or governmental unit described ally receives a substantial part of its supp	ort from a governmental Part II.) (A)(ix) operated in conju	unit or from the gener	nt college
 An organization that norma activities related to its exer income and unrelated busi See section 509(a)(2). (Co An organization organized an organization organized more publicly supported or 	ally receives: (1) more than 33 1/3% of its npt functions - subject to certain excepti ness taxable income (less section 511 ta mplete Part III.) and operated exclusively to test for publ and operated exclusively for the benefit ganizations described in section 509(a) describes the type of supporting organiz	ons, and (2) no more that (2) from businesses acqu (2) c safety. See section 50 (4) for perform the function (1) or section 509(a)(2).	n 33 1/3% of its suppo ired by the organizatio 09(a)(4). ons of, or to carry out the See section 509(a)(3).	ort from gross investment in after June 30, 1975. he purposes of one or
 the supported organizatio organization. You must organization. You must organization. You must organization organization (s). You must organization(s). You must organization(s). You must organization (s). You must organization (s). You must organization (s). You must organization organization (s). You must organization (s). You must organization (s). You must organization organization (s). You must organizatio	anization operated, supervised, or contro on(s) the power to regularly appoint or el complete Part IV, Sections A and B. ganization supervised or controlled in cor of the supporting organization vested in t at complete Part IV, Sections A and C. egrated. A supporting organization opera- in(s) (see instructions). You must complet egrated. A supporting organization of tegrated. A supporting organization tegrated. The organization generally must tions). You must complete Part IV, Sections anization received a written determinatio or Type III ponfunctionally integrated sup-	ect a majority of the dire nection with its support ne same persons that co ted in connection with, ate Part IV, Sections A, operated in connection w c satisfy a distribution re tions A and D, and Part n from the IRS that it is a	ctors or trustees of the ed organization(s), by I ontrol or manage the su and functionally integra D , and E . with its supported orga quirement and an atte V .	e supporting naving upported ated with, nization(s) ntiveness
	r Type III non-functionally integrated sup			
f Enter the number of supported	organizations			
(i) Name of supported organization	(ii) EIN (iii) Type of organizat (described on lines 1 above (see instruction	10 Vac No	(v) Amount of monetary support (see instructions	
Total	Notice, see the Instructions for Form 9			orm 990 or 990-EZ) 2018

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) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2381940.10027485. include any "unusual grants.") 2599395. 2358253 439,569. 2248328. 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 2358253. 439,569. 2248328. 2381940.10027485. 2599395. 4 Total. Add lines 1 through 3 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) 156,084. 9871401. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2017 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (e) 2018 (f) Total 2248328. 2381940.10027485. 2599395. 2358253. 439,569. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 60,572. 52,177. 5,333. 32,616. 72,321. 223,019. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 534. 534. assets (Explain in Part VI.) 10251038. 11 Total support. Add lines 7 through 10 1,370,297 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 96.30 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) 14 % 82.64 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. 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 - 2018. 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 - 2017. 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

Schedule A (Form 990 or 990-EZ) 2018

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Part II

Schedule A (Form 990 or 990-EZ) 2018 OHIO

34-1446685 Page 2

Schedule A (Form 990 or 990 EZ) 2018 OHIO 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.)

Calendar year (of files if year legining in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Include any "unsult grants") (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 2 Gross receipts from admissions. (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 2 Gross receipts from admissions. (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 3 Gross receipts from admissions. (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 4 Tax revenues levide of the organization's tax-exempt purpose (a) 2014 (b) 2015 (c) 2016 (c	Sec	ction A. Public Support					-	
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include any 'unusual grants.')	1	Gifts, grants, contributions, and						
include any 'unusual grants.')		membership fees received. (Do not						
2 Gross receipts from admissions, performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from adtivities that are not an unrelated trado or bus- lness under section 513		include any "unusual grants.")						
are not a unrelated trade or bus- hess under section 513 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on lits behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1, 2, and 3 received from disquallified persons b Amounts included on lines 1, 2, and 3 received from disquallified persons b Amounts included on lines 1, 2, and 3 received from disquallified persons b Amounts included on lines 1, 2, and 3 received from disquallified persons b Amounts included on lines 1, 2, and 3 received from disquallified persons b Amounts included on lines 1, 2, and 3 received from disquallified persons b Amounts included on lines 1, 2, and 3 received from disquallified persons b Amounts included in line 3 and 3 received from a public support. (anticult is the server b Amounts included in line 1, 2, and 5 Public support. (anticult is the server a data lines the server b Amounts included in line 1, 2, and 5 Public support. (anticult is the server b Amounts included in line 1, 2, and 5 Public support. (anticult is the server b Linesited business taxable income (iss section 5, 11 taxes) from businesses a aquirie after June 30, 1975 5 Add lines 10 and 10b 11 Net income from included in line 10b, whether or not the businessis activities on included in line 10b, whether or not the businessis activities on included in line 10b, whether or not the businessis activities on included in line 10b, whether or not the businessis activities on included in line 10b, 11 Net income from unrelated business activities on included in line 10b, whether or not the businessis activities on included in line 10b, whether or not the businessis activities on included in line 10b, whether or not the businessis activities on included in line 10b, whether or not the businessis activities on the adje of capital assets (Explain In Part VII). 15 I Hirst intege and the organization's first, acc	2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
Image under section 513 Image and the section 513 4 Tax revenues levid of the organization without charge Image and the section 513 5 The value of services or facilities Image and the section 513 full section without charge Image and the section 513 6 Total. Add lines 1 through 5 Image and the section 513 7a Amounts included on lines 1, 2, and 3 Image and the section 513 9 mounts included on lines 1, 2, and 3 Image and the section 513 9 mounts included on lines 1, 2, and 3 Image and the section 513 9 mounts included on lines 1, 2, and 3 Image and the section 513 9 amounts included on lines 1, 2, and 3 Image and the section 513 9 amounts included on lines 1, 2, and 3 Image and 3 9 amounts include on lines 1, 2, and 3 Image and 3 9 amounts include on lines 1, 2, and 3 Image and 3 9 amounts include an line 3 Image and 3 9 amounts include an line 3 Image and 3 9 amounts include an line 3 Image and 3 9 amounts include an line 5 Image and 3 10 address section 50 include 3 Image and 3 11 Met income from Immetile 3 Image and 3 12 Other income. Do on include 3	з	Gross receipts from activities that	and the second s					
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	rt IV Supporting Organizations			
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
Sec	stion A. All Supporting Organizations		_	_
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	000.00		
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	1		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			1.1
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			÷
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		-	
	purposes.	4c		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	and have		
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? If "Yes," provide detail in	-		
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		-	
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			

ngs in the ta Schedule C, Forn determine whether the organization had excess business holdings.)

832024 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

10b

	dule A (Form 990 or 990-EZ) 2018 OHIO	34-144668	5 Pa	ige 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b	-	<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	tion 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	1000	100	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			-
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	_	
Sec	tion 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 ta	< l	-	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		-	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		-	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		22	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		-	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see in	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see instructions		_
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			2
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1. A.		199
	how the organization was responsive to those supported organizations, and how the organization determined		1000	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1.11	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1111	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	_	-
з	Parent of Supported Organizations. Answer (a) and (b) below.			1
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? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule	A (Form 990 or 99	90-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

SECOND HARVEST FOODBANK OF NORTH CENTRAL Schedule A (Form 990 or 990 EZ) 2018 OHIO

	Check here if the organization satisfied the Integral Part Test as a qualifying	-		
Sect	other Type III non-functionally integrated supporting organizations must co ion A - Adjusted Net Income	mplete Se	ctions A through E. (A) Prior Year	(B) Current Year (optional)
-			.,	(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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
_	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7	ad .	
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		-
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
0	emergency temporary reduction (see instructions)			

instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

Sche	dule A (Form 990 or 990 EZ) 2018 OHIO	T FOODBANK OF	3	4-1446685 Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	Same and		
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
	From 2015			
_	From 2016			
_	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
1				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		-	
4	Distributions for 2018 from Section D,			
	line 7: \$			S
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h	-		
U	and 4b from line 1. For result greater than zero, explain in	the grant of the second se		
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
_	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

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	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Pa 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; F 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 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.	Part IV, Section C n B, line 1e; Part \
	(See instructions.)	nation.
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	·····	
0000 40 44 5	10	- 000 000 ET
	10 Schedule A (Forn	n 990 or 990-EZ)
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Name of the organization SECOND HARVEST FOODBANK OF NORTH CENTRAL Employee multitudine of multitude 685 [Part1] Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (c) Funds and other accounts (c) Funds and other accounts 4 Aggregate value of contributions to (during year) (c) Funds and other accounts (c) Funds and other accounts 5 Did the organization inform all grantes, chores, and donor advisors in writing that the assets held in donor advised funds (c) Funds and other accounts (c) Funds and other accounts 6 Did the organization inform all grantes, chores, and donor advisors in writing that grant funds can be used only (c) Funds and other accounts (c) Funds and pace 6 Contents East of the benefit of the donor of donard advisors in writing that the assets held in donardvisors (c) Funds and pac	(Forr Depart	HEDULE D m 990) Iment of the Treasury		ganization answe 0, 11a, 11b, 11c, 1 • Attach to Form 9	al Statements red "Yes" on Form 990, 1d, 11e, 11f, 12a, or 121 90. Is and the latest inform	.		B No. 1545-0047
organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of const from (shing year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of end form (shing year) (a) Did the organization in property, subject to the organization's exclusive legal control? Ves 6 Did the organization inform all donors and donor advisor in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or organization assemed "Yes" on Form 980, Part IV, line 7. Part.Did for onservation easements held by the organization (hock all that apph). Preservation of and for public use (e.g., recreation or education) Preservation of a historically important and area 2 Complete line S2 at through 2d the organization held a qualified conservation casement in the lati the End of the Tax' 3 Total arrange erstricted by conservation easements. 2a 4 Number of conservation easements. 2a 5 Total arrange erstricted by conservation easements. 2a 6 Number of conservation easements. 2a 6 Number of conservation easements. 2a 6 Number	_		on SECOND HARVEST FOC					
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 a) Aggregate value of grants from (during year) b) Aggregate value at end of year c) Bit the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, audject to the organization's acclusive legal control? c) Bit the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charltable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring impermissible private banefit? Part.III Conservation Easements held by the organization answered "Yea" on Form 990, Part IV, line 7. Purpose(b) or conservation assements in edity by endogratization answered "Yea" on Form 990, Part IV, line 7. Purpose(b) or conservation assements in edity by endogratization answered "Yea" on Form 990, Part IV, line 7. Preservation of and for public use (e.g., recreation or education) Preservation of a conservation assements in educated in the organization in the form of a conservation assements in the last day of the tax year. a) Total arcseque restricted by conservation assements in cluded in (a) acquired after 7/25/06, and not on historic structure induded in (a) acquired after 7/25/06, and not on historic structure induded in (a) acquired after 7/25/06, and not on historic structure induded by the organization have awitten polery regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation assements during the year is a structure induced in monitoring. Inspecting, handling of violations, and enforcing conservation easements during the year is and conservation easements the organization have a theoremay trade the organization have a theoremay the organization fave as theoremay theoremay and expense statement, and balance sheet, and include								
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are the organization's property, subject to the organization's acclusive legal control? Yes 6 Did the organization inform all granises, donors, and donor advisor, or for any other purpose conferring Yes 7 Purpose(a) of conservation Easements. Complete if the organization answered "Yes" on Form 960, Part IV, line 7. Yes 1 Purpose(b) of conservation Easements held by the organization check all that apply). Preservation of a historically important land area 1 Purpose(b) of conservation easements held by the organization (check all that apply). Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. Zei 3 Total number of conservation easements. Zei Zei 4 Total number of conservation easements in culted historic structure included in (a) Zei Zei 3 Number of conservation easements in culted historic structure included in (a) iscartification during the tax year. Zei Zei 4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure Zei Zei 3 Number of conservation easements included in (b) acquired memory, inspection, handling of violations, and enforcing conservation easements during the year Yes <t< td=""><td>4</td><td>Aggregate value a</td><td>t end of year</td><td></td><td></td><td></td><td></td><td></td></t<>	4	Aggregate value a	t end of year					
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring impermissible private benefit? PartIl Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Particle of conservation easements held by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of and for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of and for public use (e.g., recreation or education) Preservation of a lastification of natural habitat Preservation of a certified historic structure Protection of natural habitat Preservation of a certified historic structure included in (a) A transferred or conservation easements 2a 2 complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements 2 a 2 to all number of conservation easements 2 a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of status where property subject to conservation easement is located > 4 Number of a status where property subject to conservation easements in located > 5 Does the organization have a written policy regarding the periodic monitoring, nepection, handling of violations, and enforcing conservation easement is holds? 6 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) 1 n Part XII, describe how the organization francial statements that describes the organization is accounting or conservation easeme	5	•						
1 Purpose(a) of conservation easements held by the organization (check all that apply). ☐ Preservation of and for public use (e.g., recreation or education) ☐ ☐ Preservation of and for public use (e.g., recreation or education) ☐ ☐ Preservation of a certified historic structure ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a D Total acreage restricted by conservation easements 2a d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d 3 Number of states where property subject to conservation easements is located ▶	6	Did the organization for charitable purp impermissible prive	on inform all grantees, donors, and donor boses and not for the benefit of the donor ate benefit?	advisors in writing or donor advisor, o	that grant funds can be or for any other purpose	used only conferring		
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Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on a certified historic structure included in (a) Image: the tax year. a Total number of conservation easements Image: the tax year.	1						automote a l	
□ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a b Total arreage restricted by conservation easements 2a c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year				education)				а
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements on a certified historic structure included in (a) and the Tax Y 2a b 2a						neu nistoni	c structure	
day of the tax year. Held at the End of the Tax Year. a Total number of conservation easements 2a b Total accessore relation easements on a certified historic structure included in (a) 2a d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2a d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2a d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year //// action to conservation easements in close of points, inspection, handling of violations, and enforcement of the conservation easements in holds? Staff and volunter hours devoled to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year /// action and enforcing conservation easements during the year > S Staff and volunter hours devoled to monitoring, inspecting, handling of violations, and enforcement of the conservation easements in holds? 0 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) was include, if applicable, the text of the footnote to the organization's francial statements that describes the organization's accounting for conservation easements. Part III Organization sMaintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part YI, line 8. I if the organization elected, as permitted under SFAS 116	2			lified conservation	contribution in the form	of a conser	vation easeme	ent on the last
b Total acreage restricted by conservation easements b c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year b		•	•					
c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 2d 4 Number of states where property subject to conservation easement is located >>	а							
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure is the National Register								
listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶								
 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	d							
year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(I) 9 In Part XII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization is accounting for conservation easements. Part III Organization sMaintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization asswered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part X the text of the footnote to its financial statements that describes these items: b If the organization elected, as	3						1	ax
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 	-		, , ,	, ,		0	0	
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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	-							• · · · · · ·
 \$	6	Staff and voluntee	er hours devoted to monitoring, inspecting	, nandling of violat	ions, and enforcing cons	servation ea	asements duni	ng the year
 \$	7	Amount of expens	ses incurred in monitoring inspecting han	dling of violations	and enforcing conserva	tion easem	ents during the	e vear
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 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part X the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historic treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X c A For Paperwork Reduction Act Notice, see the In								Yes 🗌 No
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 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, histor treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X c Assets included in Form 990, Part X A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2 		+						
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b Assets included in Form 990, Part X HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2 10-29-18 21		•				,		
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2 32051 10-29-18 21	а	Revenue included	on Form 990, Part VIII, line 1			►	\$	
32051 10-29-18 21						►		//
21		-	eduction Act Notice, see the Instruction	ns for Form 990.			Schedule D	(Form 990) 20
	3205	1 10-29-18		21				
	81	216 758268	8 2766-001 2018.		OND HARVEST	FOODBA	NK OF	2766-00

Sche	dule D (Form 990) 2018 OHIO	IARVEST FOR		NOMIN C			34-14	46685	D Pa	iae 2
	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	r Othe					go _
3	Using the organization's acquisition, accessi									s
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange prograr	ns					
b	Scholarly research	е	Other		_			_		
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further t	he organizatio	n's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other	r simila	r assets		-	_	
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	ollection?				Yes		No
Pa	t IV Escrow and Custodial Arran	-	te if the organizatio	n answered "	Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa						_			
1a	Is the organization an agent, trustee, custod							Yes		No
	on Form 990, Part X?				•••••		L	1 Yes		NO
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					Amount		
	Designing belonce					10		Anoun		
	Beginning balance								-	-
	Additions during the year								-	
f	Ending balance									
	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.									1
Par										
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three	years back	(e) Four	years l	back
1a	Beginning of year balance	93,771.	89,605.	84	,809.	1.6	87,343.		83,	090.
b										
С	Net investment earnings, gains, and losses 3,343. 4,166. 4,7962,534. 4,253.									253.
d	Grants or scholarships									_
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	97,114.	93,771.	89	,605.		84,809.		87,	343.
2	Provide the estimated percentage of the cur		e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3 a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	ind administer	ed for t	he organi	zation	Г		
	by:								Yes	No
	(i) unrelated organizations							3a(i)	Δ	X
	(ii) related organizations		ad an Oakadula D0				•••••	3a(ii) 3b	-	25
b	If "Yes" on line 3a(ii), are the related organiza				••••			. 30	_	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunds.							
1 ai	Complete if the organization answere		Part IV, line 11a.	See Form 990.	Part X	line 10.				
	Description of property	(a) Cost or ot		or other		ccumulat	ed	(d) Book	value	9
	Description of property	basis (investm		(other)		preciation		(4) 200.	, raide	-
1a	Land			5,659.				22	5,6	59.
	Buildings			5,307.		325,3	28.	3,13		
	Leasehold improvements								-	
	Equipment		1,47	6,704.		646,9	10.	82	9,7	94.
	Other			0,559.		396,9	75.	52:	3,50	84.
	Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	10c.)				4,71	9,0:	16.
							Schedule	D /Form	000)	2018

832052 10-29-18

OHIO

Schedule D (Form 990) 2018

	mplete if the organization answered "Yes" of	on Form 990, Part IV, li	ne 11b. See Form 990, Part X, line 12	
	of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	
Financial de	erivatives			
	l equity interests			
Other				
(A)				
(B)				
(C)			-	
(D)				
(E)				
(F)				
(G)				
(H)				
	ust equal Form 990, Part X, col. (B) line 12.)			
	vestments - Program Related.	5	and the Dee Form 200 Deet V line 10	
	mplete if the organization answered "Yes" of a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-vear market value
	a) Description of investment	(b) Dook value	(c) method of valuation. Cost	or one of your manace raido
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	ust equal Form 990, Part X, col. (B) line 13.)			
art IX Of	ther Assets.			
Co	mplete if the organization answered "Yes" of	on Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15	
	(a) [Description	the second se	(b) Book value
				(b) BOOK value
(1)				(b) BOOK value
(1) (2)				
(2)				
(2) (3)				
(2) (3) (4)				
(2) (3) (4) (5)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8) (9)				
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column	(b) must equal Form 990, Part X, col. (B) line			
(2) (3) (5) (6) (7) (8) (9) tal. (Column art X Ot	ther Liabilities.	9 15.)		
(2) (3) (5) (6) (7) (8) (9) tal. (Column art X Ot	ther Liabilities. omplete if the organization answered "Yes" of	9 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column art X Ot Co	ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	9 15.)	ne 11e or 11f. See Form 990, Part X, (b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column art X Of Co	ther Liabilities. omplete if the organization answered "Yes" of	9 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) (art X Of Co (1) Federal (2)	ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	9 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (9) tal. (Column (1) Federal (2) (3)	ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	9 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column art X Ot Co (1) Federal (2) (3) (4)	ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	9 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (9) tal. (Column (2) (1) Federal (2) (3) (4) (5)	ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	9 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column art X Ot Co (1) Federal (2) (3) (4) (5) (6)	ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	9 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4) (5) (6) (7)	ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	9 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4) (5) (6) (7) (8)	ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	9 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column art X Of Co (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	9 <i>15.)</i>		

Schedule D (Form 990) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 OHIO			34-	1446685 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.		_	
1	Total revenue, gains, and other support per audited financial statements			1	12,025,059.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	. 2a	-12,225.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)			-	
е	Add lines 2a through 2d			2e	-12,225.
3	Subtract line 2e from line 1			3	12,037,284.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,926.		
b	Other (Describe in Part XIII.)		-13,358.		
C	Add lines 4a and 4b			4c	-5,432.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,031,852.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses per	Retu	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		2	
1	Total expenses and losses per audited financial statements			1	12,074,478.
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				
C	Other losses				
d	Other (Describe in Part XIII.)		13,358.		
е	Add lines 2a through 2d			2e	13,358.
3	Subtract line 2e from line 1			3	12,061,120.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			11.28	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,926.		
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	7,926.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	12,069,046.
Pa	t 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:

FUNDS HELD BY BOTH THE SANDUSKY/ERIE COUNTY AND LORAIN COUNTY COMMUNITY

FOUNDATIONS ARE HELD FOR THE LONG-TERM BENEFIT OF THE FOOD BANK.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) AND IS CLASSIFIED AS AN ORGANIZATION THAT IS NOT A "PRIVATE

FOUNDATION" AS DEFINED IN SECTION 509(A) OF THE INTERNAL REVENUE CODE.

THE ORGANIZATION HAS ADOPTED THE ACCOUNTING PROVISIONS PERTAINING TO

UNCERTAIN TAX POSITIONS. THE ORGANIZATION DID NOT IDENTIFY ANY MATERIAL

UNRECOGNIZED TAX BENEFITS UPON EVALUATION OF TAX POSITIONS TAKEN.

832054 10-29-18

24

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	OHIO		 	34-1446685	Page 5
Part XIII Supplemental	nformation (cont	inued)			

THE ORGANIZATION EVALUATES AT EACH BALANCE SHEET DATE UNCERTAIN TAX POSITIONS TAKEN, IF ANY, TO DETERMINE THE NEED TO RECORD LIABILITIES FOR TAXES, PENALTIES, AND INTEREST. THE ORGANIZATION'S POLICY IS TO RECORD INTEREST AND PENALTIES ON UNCERTAIN TAX PROVISIONS AS INCOME TAX EXPENSE. AS OF JUNE 30, 2019 AND 2018, THE ORGANIZATION HAD NO ACCRUED TAXES, INTEREST, OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE ORGANIZATION ESTIMATES THE UNRECOGNIZED TAX BENEFIT WILL NOT CHANGE SIGNIFICANTLY WITHIN THE NEXT TWELVE MONTHS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GENEROUS HELPINGS DIRECT EXPENSES (LINE 8B)

-13,358.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GENEROUS HELPINGS DIRECT EXPENSES (LINE 8B)

13,358.

Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE G		ental Information Regardin	-				OMB No. 1545-0047
(Form 990 or 990-EZ)		ne organization answered "Yes" o organization entered more than \$				or 19, or if the	2018
Department of the Treasury		Attach to Form 99					Open to Public
Internal Revenue Service		to to www.irs.gov/Form990 for ins					Inspection
Name of the organization	OHIO	HARVEST FOODBANK				34-144	
	ing Activities complete this pa	S. Complete if the organization answ art.	vered "\	'es" o	n Form 990, Part IV,	line 17. Form 990-	EZ filers are not
a X Mail solicitati b X Internet and c X Phone solicit d X In-person sol 2 a Did the organizatio key employees liste	ons email solicitation ations icitations n have a written ed in Form 990, I highest paid ind	rs f X Solicit g X Specia or oral agreement with any individu Part VII) or entity in connection with lividuals or entities (fundraisers) pure	ation of ation of al fundra al (inclu profess	non-g gover alsing ding o ional 1	overnment grants rnment grants events fficers, directors, tru fundraising services?	stees, or	
(i) Name and address or entity (fund		(ii) Activity	have or cor	Did aiser ustody itrol of utions?	(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
RKD ALPHA DOG - 800)1 S 13TH	SOLICITATION AND DONOR	Yes	No			
STREET, LINCOLN, NE	68512	CULTIVATION THROUGH DIRECT		x	339,179.	127,449	. 221,730.
Total 3 List all states in which or licensing. OH	ch the organizati	on is registered or licensed to solici	t contrit	bution:	339 , 179 . s or has been notified	127 , 449 d it is exempt from	
HA For Paperwork Pe	duction Act No	tice, see the Instructions for Form	1 990 or	990-1	EZ. 9	Schedule & (Form	990 or 990-EZ) 2018
-		FOR CONTINUATIONS		330-			200 01 000-EEJ 2010

34-1446685 Page 2 Schedule G (Form 990 or 990-EZ) 2018 OHIO 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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events GENEROUS NONE (add col. (a) through HELPINGS -Ά col. (c)) (event type) (event type) (total number) Revenue 65,265. 65,265 1 Gross receipts 21,060 2 Less: Contributions 21,060. 44,205 44,205. **3** Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes 5 Direct Expenses Rent/facility costs 6 7 Food and beverages 8 Entertainment 13,358. Other direct expenses 13,358. 9 10 Direct expense summary. Add lines 4 through 9 in column (d) 13,358. 30,847. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No 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? b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2018 832082 10-03-18

Scł	hedule G (Form 990 or 990 EZ) 2018 OHIO	34 - 14	4668	5 Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	F	Yes	No
13	Indicate the percentage of gaming activity conducted in:	····· L	163	
	a The organization's facility	1	3a	%
	b An outside facility		3b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco			
	Name		·	
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue? \dots		Yes	□ No
	 b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: 	unt		
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
: 	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ▶ \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v) 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	in the	Yes	
sc	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS	:	
<u> </u>		68512 IRECT 1	MAIL	САМРА

832083 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) Part IV Supplemental Inform		HARVEST	FOO	DBANK	OF	NORTH	CENTRAL	34-	144	6685 _{Pag}
· · · · ·										
							Sch	edule	G (For	m 990 or 990
32084 04-01-18				29						
81216 758268 2766-0	01	2018.05	5010	SECON	DH	ARVEST	FOODBA	NK	OF	2766-0

SCHEDULE M

Noncash Contributions

	orm 990)			answered "Yes" o	n Form 990, Part IV, lines 2	9 or 30.	201	8
	tment of the Treasury al Revenue Service	Attach to Form 99		r instructions and	the latest information.		Open to Pe Inspection	
Nam	e of the organization				NORTH CENTRAL		identification	
Pa	rt I Types of P	roperty						
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determining ontribution amo	
1	Art - Works of art							_
2		ires						
3	Art - Fractional intere	sts						
4		ons						
5		old goods						
6		les						
7								
8								
9		raded						
10		eld stock						
11	Securities - Partnersh							
12		eous						
13	Qualified conservatio			1				
14		n contribution - Other			a contraction of the second se			
15		itial		1				
16	Real estate - Comme	rcial						
17								
18								
19				9,666,014	9,232,735.	MARKET V	ALUE PER	R 3RD
	Druge and modical a	unn line		5,000,014	5,252,155.			C JILL
20		upplies						
21								
22								
23		•••••						
24		is						
25)						
26)	-					
27	Other ()						
28	Other ()						
29		83 received by the organ		-				
		ation completed Form 8		-			Ye	es N
30 a					oorted in Part I, lines 1 throug which isn't required to be u			-
	exempt purposes for	the entire holding perio	d?				30a	X
b		arrangement in Part II.						
31	Does the organization	n have a gift acceptance	e policy that re	equires the review	of any nonstandard contribu	tions?	31	X
32 a	Does the organization	n hire or use third parties	s or related or	ganizations to soli	cit, process, or sell noncash			x
b	If "Yes," describe in F							

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.

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

Schedule M (Form 990) 2018

OMB No. 1545-0047

I

832141 10-18-18

SECOND	HARVEST	FOODBANK	\mathbf{OF}	NORTH	CENTRAL

chedule M (I		OHIO				34-144		age
Part II 📔	Supplemental	Information. Provid 1, column (b), the numb Iditional information.	de the information requer of contributions, th	uired by Part I, he number of ite	lines 30b, 32b, a ems received, or	and 33, and whether a combination of bot	the organization th. Also complete	e
					<u> </u>			
						· · ·		
			· · · · · · · · · · · · · · · · · ·					
				<u></u>				
2142 10-18-18						Schedu	ile M (Form 990)) 20
				31				
1216 '	758268 270	66-001	2018.05010	SECOND	HARVEST	FOODBANK O	F 2766-0	a n ·

OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ 18 Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. **Open to Public** Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for the latest information. SECOND HARVEST FOODBANK OF NORTH CENTRAL Employer identification number Name of the organization

34 - 1446685

FORM 990, PART VI, SECTION B, LINE 11B:

OHIO

THE FOOD BANK'S 990 IS PREPARED BY THIRD PARTY ACCOUNTANT BASED UPON

INFORMATION PROVIDED BY MANAGEMENT. THE 990 IS FIRST REVIEWED BY THE

BOOKKEEPER AND PRESIDENT/CEO FOR CLERICAL ERRORS AND CONSISTENCY OF

INFORMATION PROVIDED FOR PREPARATION OF THE 990 AND AUDIT. THE FOOD BANK'S

AUDITORS REVIEW THE AUDIT DRAFT WITH THE BOARD DURING A REGULARLY SCHEDULED

BOARD MEETING. THE 990 IS APPROVED BY THE BOARD SUBSEQUENT TO THE MEETING

AFTER ALL QUESTIONS HAVE BEEN RESOLVED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOOD BANK MONITORS CONFLICTS OF INTEREST BY REQUIRING ALL EMPLOYEES AND

BOARD MEMBERS TO COMPLETE A POLICY STATEMENT ANNUALLY DISCLOSING ALL

CONFLICTS OF INTEREST. FURTHERMORE, BOARD MEMBERS ARE REQUIRED TO DISCLOSE

ANY NEW CONFLICTS THAT ARISE IMMEDIATELY AT BOARD MEETING. THE

PRESIDENT/CEO IS RESPONSIBLE FOR MAINTAINING INFORMATION ON ALL CONFLICTS

AND RESOLVING ANY QUESTIONS RELATED TO POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

A WRITTEN REVIEW OF THE PRESIDENT/CEO IS COMPLETED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE REPORTS TO AND MAKES A RECOMMENDATION TO THE FULL BOARD WHO THEN DETERMINE COMPENSATION. COMPARABLE DATA INCLUDES 990'S OF SIMILARLY SIZED NON PROFIT ORGANIZATIONS. UPON APPROVAL OF THE FULL BOARD, THE BOARD MEETS WITH THE PRESIDENT/CEO.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOOD BANK'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211 10-10-18
 Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 9				Page 2
Name of the organization	SECOND HARVEST	FOODBANK	OF NORTH CENTRAL	Employer identification number
	OHIO			34-1446685
AUDITED FINAN	CIAL STATEMENTS	ARE MADE	AVAILABLE TO THE	PUBLIC UPON WRITTEN
REQUEST.				
	CIAL STATEMENTS	ARE MADE	AVAILABLE TO THE	PUBLIC UPON WRITTEN

FORM 990, PART XII, LINE 2C:

THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) (2018)

832212 10-10-18