

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public
Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization FEEDING PENNSYLVANIA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 20 ERFORD ROAD 115 City or town, state or province, country, and ZIP or foreign postal code LEMOYNE, PA 17043 F Name and address of principal officer: JULIE BANCROFT 20 ERFORD ROAD, STE 115, LEMOYNE, PA 17043	D Employer identification number 45-4793238 E Telephone number 717-724-3182 G Gross receipts \$ 54,708,895. H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		
J Website: WWW.FEEDINGPA.ORG		
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 2011
M State of legal domicile: PA		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: FEEDING PA IS THE PA PARTNER STATE ASSOCIATION OF FEEDING AMERICA FOOD BANKS.		
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	15
6	Total number of volunteers (estimate if necessary)	6	18
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	18,566,841.
9	Program service revenue (Part VIII, line 2g)	9	31,525,866.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	134,595.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	697,042.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	-5,524,492.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	13,574,194.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	24,991,437.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	10,658,632.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	18,424,952.
17	b Total fundraising expenses (Part IX, column (D), line 25)	17	0.
18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18	0.
19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19	1,145,604.
20	Revenue less expenses. Subtract line 18 from line 12	20	1,481,125.
21	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21	0.
22	Benefits paid to or for members (Part IX, column (A), line 4)	22	0.
23	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	23	1,145,604.
24	Professional fundraising fees (Part IX, column (A), line 11e)	24	1,481,125.
25	b Total fundraising expenses (Part IX, column (D), line 25)	25	0.
26	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	26	0.
27	Total expenses. Add lines 23-26 (must equal Part IX, column (A), line 25)	27	1,145,604.
28	Revenue less expenses. Subtract line 27 from line 20	28	1,481,125.
29	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29	0.
30	Benefits paid to or for members (Part IX, column (A), line 4)	30	0.
31	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31	1,145,604.
32	Professional fundraising fees (Part IX, column (A), line 11e)	32	1,481,125.
33	b Total fundraising expenses (Part IX, column (D), line 25)	33	0.
34	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	34	0.
35	Total expenses. Add lines 32-35 (must equal Part IX, column (A), line 25)	35	1,145,604.
36	Revenue less expenses. Subtract line 35 from line 20	36	1,481,125.
37	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37	0.
38	Benefits paid to or for members (Part IX, column (A), line 4)	38	0.
39	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	39	1,145,604.
40	Professional fundraising fees (Part IX, column (A), line 11e)	40	1,481,125.
41	b Total fundraising expenses (Part IX, column (D), line 25)	41	0.
42	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	42	0.
43	Total expenses. Add lines 40-43 (must equal Part IX, column (A), line 25)	43	1,145,604.
44	Revenue less expenses. Subtract line 43 from line 20	44	1,481,125.
45	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45	0.
46	Benefits paid to or for members (Part IX, column (A), line 4)	46	0.
47	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	47	1,145,604.
48	Professional fundraising fees (Part IX, column (A), line 11e)	48	1,481,125.
49	b Total fundraising expenses (Part IX, column (D), line 25)	49	0.
50	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	50	0.
51	Total expenses. Add lines 48-51 (must equal Part IX, column (A), line 25)	51	1,145,604.
52	Revenue less expenses. Subtract line 51 from line 20	52	1,481,125.
53	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	53	0.
54	Benefits paid to or for members (Part IX, column (A), line 4)	54	0.
55	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	55	1,145,604.
56	Professional fundraising fees (Part IX, column (A), line 11e)	56	1,481,125.
57	b Total fundraising expenses (Part IX, column (D), line 25)	57	0.
58	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	58	0.
59	Total expenses. Add lines 56-59 (must equal Part IX, column (A), line 25)	59	1,145,604.
60	Revenue less expenses. Subtract line 59 from line 20	60	1,481,125.
61	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	61	0.
62	Benefits paid to or for members (Part IX, column (A), line 4)	62	0.
63	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	63	1,145,604.
64	Professional fundraising fees (Part IX, column (A), line 11e)	64	1,481,125.
65	b Total fundraising expenses (Part IX, column (D), line 25)	65	0.
66	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	66	0.
67	Total expenses. Add lines 64-67 (must equal Part IX, column (A), line 25)	67	1,145,604.
68	Revenue less expenses. Subtract line 67 from line 20	68	1,481,125.
69	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	69	0.
70	Benefits paid to or for members (Part IX, column (A), line 4)	70	0.
71	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	71	1,145,604.
72	Professional fundraising fees (Part IX, column (A), line 11e)	72	1,481,125.
73	b Total fundraising expenses (Part IX, column (D), line 25)	73	0.
74	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	74	0.
75	Total expenses. Add lines 72-75 (must equal Part IX, column (A), line 25)	75	1,145,604.
76	Revenue less expenses. Subtract line 75 from line 20	76	1,481,125.
77	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	77	0.
78	Benefits paid to or for members (Part IX, column (A), line 4)	78	0.
79	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	79	1,145,604.
80	Professional fundraising fees (Part IX, column (A), line 11e)	80	1,481,125.
81	b Total fundraising expenses (Part IX, column (D), line 25)	81	0.
82	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	82	0.
83	Total expenses. Add lines 80-83 (must equal Part IX, column (A), line 25)	83	1,145,604.
84	Revenue less expenses. Subtract line 83 from line 20	84	1,481,125.
85	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	85	0.
86	Benefits paid to or for members (Part IX, column (A), line 4)	86	0.
87	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	87	1,145,604.
88	Professional fundraising fees (Part IX, column (A), line 11e)	88	1,481,125.
89	b Total fundraising expenses (Part IX, column (D), line 25)	89	0.
90	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	90	0.
91	Total expenses. Add lines 88-91 (must equal Part IX, column (A), line 25)	91	1,145,604.
92	Revenue less expenses. Subtract line 91 from line 20	92	1,481,125.
93	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	93	0.
94	Benefits paid to or for members (Part IX, column (A), line 4)	94	0.
95	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	95	1,145,604.
96	Professional fundraising fees (Part IX, column (A), line 11e)	96	1,481,125.
97	b Total fundraising expenses (Part IX, column (D), line 25)	97	0.
98	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	98	0.
99	Total expenses. Add lines 96-99 (must equal Part IX, column (A), line 25)	99	1,145,604.
100	Revenue less expenses. Subtract line 99 from line 20	100	1,481,125.

Part II Signature Block

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

Sign Here	Signature of officer SHEA S. SAMAN, CHIEF FINANCIAL OFFICER	Date	
Paid Preparer Use Only	Print/Type preparer's name ALYSSA N. IRISH	Preparer's signature ALYSSA N. IRISH	Date 05/02/25
	Firm's name MCKONLY & ASBURY, LLP	Firm's EIN 23-1909723	Check if self-employed ☐ PTIN P02389116
	Firm's address 415 FALLOWFIELD ROAD CAMP HILL, PA 17011	Phone no. 717-761-7910	

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

FEEDING PENNSYLVANIA IS THE PARTNER STATE ASSOCIATION OF FEEDING AMERICA FOOD BANKS. IT IS OUR MISSION TO PROMOTE AND AID OUR MEMBERS IN SECURING FOOD AND OTHER RESOURCES TO REDUCE HUNGER AND FOOD INSECURITY FOR THEIR COMMUNITIES AND ACROSS (CONTINUED ON SCHEDULE O)

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 19,638,009. including grants of \$ 14,354,150.) (Revenue \$ 125,019.)

INCREASE ACCESS TO HEALTHY FOOD: FEEDING PA WORKS WITH FARMERS AND PROCESSORS TO INCREASE ACCESS TO HEALTHY FOOD FOR OUR FOOD BANKS AND THE NEIGHBORS THEY SERVE THROUGH AGRICULTURAL PARTNERSHIPS. THE MID-ATLANTIC REGIONAL COOPERATIVE PARTNERS WITH FARMERS, WHOLESALERS AND IMPORTERS TO DISTRIBUTE FRESH PRODUCE TO FOOD BANKS ACROSS THE MID-ATLANTIC REGION. FILL A GLASS WITH HOPE IS A CHARITABLE FRESH MILK PROGRAM THAT RAISES MONEY FOR FOOD BANKS TO PURCHASE FRESH MILK FROM LOCAL DAIRIES. IN JULY 2020, FEEDING PA BECAME THE CONTRACTOR FOR THE PA AGRICULTURAL SURPLUS SYSTEM, WHICH INVESTS IN PA AGRICULTURE BY SUPPORTING LOCAL FARMS, REDUCING FOOD WASTE, AND CHANNELING NUTRITIOUS PENNSYLVANIA - GROWN AND PRODUCED FOOD THROUGH FOOD BANKS TO REACH PENNSYLVANIANS EXPERIENCING HUNGER AND FOOD INSECURITY.

4b (Code:) (Expenses \$ 723,096. including grants of \$ 18,887.) (Revenue \$)

NUTRITION EDUCATION: FEEDING PENNSYLVANIA CREATED A HEALTHY PANTRY INITIATIVE IN PARTNERSHIP WITH THE PENNSYLVANIA DEPARTMENT OF HEALTH. FEEDING PA'S REGISTERED DIETICIAN IS RESPONSIBLE FOR THE PROGRAM'S CURRICULUM AND WORKS IN PARTNERSHIP WITH FOOD PANTRIES TO INCREASE INVENTORY OF HEALTH FOODS, MAKE ENVIRONMENTAL CHANGES TO ENCOURAGE HEALTHY CONSUMPTION, AND PROVIDE NUTRITION INFORMATION, TIPS, AND RECIPES TO NEIGHBORS.

4c (Code:) (Expenses \$ 4,331,935. including grants of \$ 4,051,915.) (Revenue \$)

ADVOCACY: FEEDING PENNSYLVANIA IS A COLLECTIVE VOICE FOR HUNGER-RELIEF INITIATIVES ACROSS THE STATE. WE ADVOCATE FOR FEDERAL AND STATE POLICIES AND PROGRAMS THAT IMPROVE NEIGHBORS' ACCESS TO FOOD IN PENNSYLVANIA. FEEDING PENNSYLVANIA STRIVES TO RAISE AWARENESS OF THE IMPACT OF HUNGER AND FOOD INSECURITY IN PENNSYLVANIA AND THE CHARITABLE FOOD SYSTEM'S ROLE IN ITS RESPONSE.

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

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

4e Total program service expenses 24,693,040.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</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 "Yes," 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? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	11
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 15		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
JULIE BANCROFT - 717-724-3182
20 ERFORD ROAD, STE 115, LEMOYNE, PA 17043

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	23,227,033.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,298,833.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,778,318.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code	624210	125,000.	125,000.		
	b OTHER PROGRAM REVENUES		900099	19.	19.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			125,019.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			697,042.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		22,360,968.				
b Less: cost of goods sold	10b		29,717,458.				
c Net income or (loss) from sales of inventory			-7,356,490.	-7356490.			
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			24,991,437.	-7231471.	0.	697,042.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,424,952.	18,424,952.		
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	329,902.	292,515.	22,432.	14,955.
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	911,991.	802,206.	65,871.	43,914.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,014.	21,732.	769.	513.
9 Other employee benefits	123,758.	116,513.	4,347.	2,898.
10 Payroll taxes	92,460.	80,946.	6,908.	4,606.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,604.	2,213.	235.	156.
c Accounting	186,405.	158,410.	16,797.	11,198.
d Lobbying	115,501.	98,154.	10,408.	6,939.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	144,347.	122,668.	13,007.	8,672.
12 Advertising and promotion	14,921.	10,836.		4,085.
13 Office expenses	65,147.	39,235.	15,547.	10,365.
14 Information technology				
15 Royalties				
16 Occupancy	73,474.	71,359.	1,269.	846.
17 Travel	47,376.	35,988.	6,833.	4,555.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,215.	9,060.	3,093.	2,062.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,687.	11,903.	1,070.	714.
23 Insurance	5,945.	5,945.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER ASSISTANCE	3,430,562.	3,430,562.		
b SUBCONTRACTOR EXPENSES	865,367.	865,367.	0.	0.
c MISCELLANEOUS	104,122.	86,056.	10,840.	7,226.
d PROFESSIONAL DEVELOPMENT	9,280.	3,736.	3,326.	2,218.
e All other expenses	6,430.	2,684.	2,248.	1,498.
25 Total functional expenses. Add lines 1 through 24e	25,005,460.	24,693,040.	185,000.	127,420.
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)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,150,563.	1	6,147,003.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3,251,840.	3	2,563,532.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	203,999.	8	377,762.
	9 Prepaid expenses and deferred charges	10,685.	9	70,997.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,860.		
	b Less: accumulated depreciation	10b 626.	10c	2,234.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	14,510,610.	12	12,346,121.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	16,112.	14	47,175.
	15 Other assets. See Part IV, line 11	387,444.	15	330,489.
16 Total assets. Add lines 1 through 15 (must equal line 33)	23,532,695.	16	21,885,313.	
Liabilities	17 Accounts payable and accrued expenses	4,307,426.	17	5,155,990.
	18 Grants payable		18	
	19 Deferred revenue	11,874,062.	19	9,976,740.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		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	430,593.	25	378,563.
	26 Total liabilities. Add lines 17 through 25	16,612,081.	26	15,511,293.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,829,041.	27	5,542,763.
	28 Net assets with donor restrictions	2,091,573.	28	831,257.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,920,614.	32	6,374,020.
	33 Total liabilities and net assets/fund balances	23,532,695.	33	21,885,313.

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,991,437.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,005,460.
3	Revenue less expenses. Subtract line 2 from line 1	3	-14,023.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,920,614.
5	Net unrealized gains (losses) on investments	5	-532,571.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,374,020.

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2023)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2022. 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 - 2023. 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 - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1577982.	20441312.	13984027.	18566841.	31525866.	86096028.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1989034.	1400233.	31044795.	22699146.	22485987.	79619195.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3567016.	21841545.	45028822.	41265987.	54011853.	165715223
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	275,000.	2640488.	3201717.	1931803.	368,673.	8417681.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	275,000.	2640488.	3201717.	1931803.	368,673.	8417681.
8 Public support. (Subtract line 7c from line 6.)						157297542

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	3567016.	21841545.	45028822.	41265987.	54011853.	165715223
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	462.		2,457.	397,250.	697,042.	1097211.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	462.		2,457.	397,250.	697,042.	1097211.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	3567478.	21841545.	45031279.	41663237.	54708895.	166812434

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	94.30 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	92.39 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	.66 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	.35 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI

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

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

FEEDING PENNSYLVANIA

Employer identification number

45-4793238

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>208,347.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>37,279.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>61,989.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>97,388.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>112,923.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>31,983.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>106,637.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>70,989.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>12,963.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>59,854.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>14,044.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>297,281.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	 	\$ <u>6,597.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>14</u>	 	\$ <u>72,268.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>15</u>	 	\$ <u>57,607.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>16</u>	 	\$ <u>55,123.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>17</u>	 	\$ <u>494,767.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>18</u>	 	\$ <u>519,938.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 87,783.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
20		\$ 118,200.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
21		\$ 62,304.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
22		\$ 54,335.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
23		\$ 215,665.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
24		\$ 1,072,075.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 37,202.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
26		\$ 19,276.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
27		\$ 13,892.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
28		\$ 82,116.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
29		\$ 222,880.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
30		\$ 17,622.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 115,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
32		\$ 17,681.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
33		\$ 251,151.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
34		\$ 46,821.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
35		\$ 480,849.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
36		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 266,401.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
38		\$ 13,087.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
39		\$ 54,607.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
40		\$ 67,240.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
41		\$ 67,668.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
42		\$ 19,558.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>44</u>		\$ <u>25,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>45</u>		\$ <u>359,328.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>46</u>		\$ <u>14,716.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>47</u>		\$ <u>7,994.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>48</u>		\$ <u>18,952,232.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 3,546,715.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
50		\$ 422,983.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
51		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
52		\$ 305,103.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
53		\$ 12,766.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
54		\$ 241,464.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 47,671.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
56		\$ 163,169.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
57		\$ 38,106.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
58		\$ 70,920.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
59		\$ 23,491.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
60		\$ 356,023.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 20,468.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
62		\$ 53,734.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
63		\$ 64,966.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
64		\$ 176,769.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
65		\$ 30,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
66		\$ 69,851.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 93,835.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
68		\$ 10,054.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
69		\$ 49,840.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
70		\$ 24,396.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
71		\$ 380,602.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
72		\$ 75,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	FOOD DONATIONS	\$ <u>208,347.</u>	<u>06/30/24</u>
<u>2</u>	FOOD DONATIONS	\$ <u>37,279.</u>	<u>06/30/24</u>
<u>3</u>	FOOD DONATIONS	\$ <u>61,989.</u>	<u>06/30/24</u>
<u>4</u>	FOOD DONATIONS	\$ <u>97,388.</u>	<u>06/30/24</u>
<u>5</u>	FOOD DONATIONS	\$ <u>112,923.</u>	<u>06/30/24</u>
<u>6</u>	FOOD DONATIONS	\$ <u>31,983.</u>	<u>06/30/24</u>

Name of organization

Employer identification number

FEEDING PENNSYLVANIA**45-4793238****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	FOOD DONATIONS	\$ 106,637.	06/30/24
8	FOOD DONATIONS	\$ 70,989.	06/30/24
9	FOOD DONATIONS	\$ 12,963.	06/30/24
10	FOOD DONATIONS	\$ 59,854.	06/30/24
11	FOOD DONATIONS	\$ 14,044.	06/30/24
12	FOOD DONATIONS	\$ 297,281.	06/30/24

Name of organization

Employer identification number

FEEDING PENNSYLVANIA**45-4793238****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	FOOD DONATIONS	\$ 72,268.	06/30/24
15	FOOD DONATIONS	\$ 57,607.	06/30/24
16	FOOD DONATIONS	\$ 55,123.	06/30/24
17	FOOD DONATIONS	\$ 494,767.	06/30/24
18	FOOD DONATIONS	\$ 519,938.	06/30/24
19	FOOD DONATIONS	\$ 87,783.	06/30/24

Name of organization

Employer identification number

FEEDING PENNSYLVANIA**45-4793238****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
20	FOOD DONATIONS	\$ 118,200.	06/30/24
21	FOOD DONATIONS	\$ 62,304.	06/30/24
22	FOOD DONATIONS	\$ 54,335.	06/30/24
23	FOOD DONATIONS	\$ 215,665.	06/30/24
25	FOOD DONATIONS	\$ 37,202.	06/30/24
26	FOOD DONATIONS	\$ 19,276.	06/30/24

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
27	FOOD DONATIONS	\$ 13,892.	06/30/24
28	FOOD DONATIONS	\$ 82,116.	06/30/24
29	FOOD DONATIONS	\$ 222,880.	06/30/24
30	FOOD DONATIONS	\$ 17,622.	06/30/24
32	FOOD DONATIONS	\$ 17,681.	06/30/24
33	FOOD DONATIONS	\$ 251,151.	06/30/24

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
34	FOOD DONATIONS	\$ 46,821.	06/30/24
35	FOOD DONATIONS	\$ 480,849.	06/30/24
37	FOOD DONATIONS	\$ 266,401.	06/30/24
38	FOOD DONATIONS	\$ 13,087.	06/30/24
39	FOOD DONATIONS	\$ 54,607.	06/30/24
40	FOOD DONATIONS	\$ 67,240.	06/30/24

Name of organization

Employer identification number

FEEDING PENNSYLVANIA**45-4793238****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
41	FOOD DONATIONS	\$ 67,668.	06/30/24
42	FOOD DONATIONS	\$ 19,558.	06/30/24
45	FOOD DONATIONS	\$ 359,328.	06/30/24
46	FOOD DONATIONS	\$ 14,716.	06/30/24
53	FOOD DONATIONS	\$ 12,766.	06/30/24
54	FOOD DONATIONS	\$ 241,464.	06/30/24

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
56	FOOD DONATIONS	\$ 163,169.	06/30/24
57	FOOD DONATIONS	\$ 38,106.	06/30/24
58	FOOD DONATIONS	\$ 70,920.	06/30/24
60	FOOD DONATIONS	\$ 356,023.	06/30/24
61	FOOD DONATIONS	\$ 20,468.	06/30/24
62	FOOD DONATIONS	\$ 53,734.	06/30/24

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
63	FOOD DONATIONS	\$ 64,966.	06/30/24
64	FOOD DONATIONS	\$ 176,769.	06/30/24
66	FOOD DONATIONS	\$ 69,851.	06/30/24
67	FOOD DONATIONS	\$ 93,835.	06/30/24
69	FOOD DONATIONS	\$ 49,840.	06/30/24
70	FOOD DONATIONS	\$ 24,396.	06/30/24

Employer identification number

45-4793238

Part II

[illegible]

Name of organization	Employer identification number
FEEDING PENNSYLVANIA	45-4793238

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

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

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

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

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

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

Name of organization

FEEDING PENNSYLVANIA

Employer identification number

45-4793238

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$
- 3 Volunteer hours for political campaign activities

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

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

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

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

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

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

Schedule C (Form 990) 2023

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		116,687.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			116,687.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION SPENT APPROXIMATELY 16 HOURS, RESULTING IN \$1,187 OF

EXPENSES, MEETING WITH LEGISLATORS THROUGHOUT THE YEAR. IN ADDITION,

THE ORGANIZATION CONTRACTED WITH TWO PUBLIC AFFAIRS FIRMS TO ADVANCE

ITS LOBBYING EFFORTS AT THE FEDERAL AND STATE LEGISLATIVE LEVELS.

THESE CONTRACTS TOTALED \$115,500 FOR THE FISCAL YEAR ENDING JUNE 30,

2024.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

FEEDING PENNSYLVANIA

Employer identification number

45-4793238

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes	☐ No

Part II

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

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

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		2,860.	626.	2,234.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,234.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CHARLES SCHWAB - FPA - US		
(B) TREASURY BILLS	9,068,473.	END-OF-YEAR MARKET VALUE
(C) CHARLES SCHWAB - MARC -		
(D) US TREASURY BILLS	3,277,648.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	12,346,121.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MARC MEMBER FOOD BANK DEPOSITS	29,000.
(3) OPERATING LEASE OBLIGATION	349,563.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	378,563.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	54,176,324.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-532,571.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	29,717,458.
e	Add lines 2a through 2d	2e	29,184,887.
3	Subtract line 2e from line 1	3	24,991,437.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	24,991,437.

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

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

1	Total expenses and losses per audited financial statements	1	54,722,918.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	29,717,458.
e	Add lines 2a through 2d	2e	29,717,458.
3	Subtract line 2e from line 1	3	25,005,460.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	25,005,460.

Part XIII Supplemental Information

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

PART X, LINE 2:

FEEDING PENNSYLVANIA IS A NOT-FOR-PROFIT ENTITY AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM INCOME TAXES ON RELATED ACTIVITIES PURSUANT TO SECTION 509(A) OF THE INTERNAL REVENUE CODE. IN ADDITION, FEEDING PENNSYLVANIA WAS ORGANIZED UNDER THE PENNSYLVANIA NONPROFIT CORPORATION LAW AND IS EXEMPT FROM STATE INCOME TAXES.

FEEDING PENNSYLVANIA ADHERES TO THE PROVISIONS OF ASC 740, INCOME TAXES. ASC 740 ESTABLISHES RULES FOR RECOGNIZING AND MEASURING TAX POSITIONS TAKEN IN AN INCOME TAX RETURN, INCLUDING DISCLOSURES OF UNCERTAIN TAX POSITIONS (UTPS). ASC 740 MANDATES THAT COMPANIES EVALUATE ALL MATERIAL

Part XIII Supplemental Information (continued)

INCOME TAX POSITIONS FOR PERIODS THAT REMAIN OPEN UNDER APPLICABLE STATUTES OF LIMITATION, AS WELL AS POSITIONS EXPECTED TO BE TAKEN IN FUTURE RETURNS. THE UTP RULES THEN IMPOSE A RECOGNITION THRESHOLD ON EACH TAX POSITION.

AN ORGANIZATION CAN RECOGNIZE AN INCOME TAX BENEFIT ONLY IF THE POSITION HAS A "MORE LIKELY THAN NOT" (I.E., MORE THAN 50 PERCENT) CHANCE OF BEING SUSTAINED ON THE TECHNICAL MERITS. FOR THE YEARS ENDED JUNE 30, 2024 AND 2023, FEEDING PENNSYLVANIA HAS TAKEN NO MATERIAL TAX POSITIONS ON ITS APPLICABLE TAX FILINGS THAT DO NOT MEET THE MORE LIKELY THAN NOT THRESHOLD. AS A RESULT, NO AMOUNT FOR UNCERTAIN TAX POSITIONS HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.

FEEDING PENNSYLVANIA'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS ARE NO LONGER SUBJECT TO EXAMINATION BY THE APPROPRIATE TAXING AUTHORITIES FOR YEARS PRIOR TO 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED AGAINST REVENUES	29,717,458.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED AGAINST REVENUES	29,717,458.
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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

FEEDING PENNSYLVANIA

Employer identification number
45-4793238

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BLUE RIDGE AREA FOOD BANK 96 LAUREL HILL ROAD VERONA, VA 24482	52-1202644	501(C)(3)	0.	279,627.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
BUCKS COUNTY OPPORTUNITY COUNCIL 100 DOYLE STREET DOYLESTOWN, PA 18901	23-6406222	501(C)(3)	550,379.	0.			HUNGER RELIEF
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	52-1167581	501(C)(3)	0.	303,297.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(C)(3)	4,385,754.	311,573.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DR AUSTIN, TX 78744	74-2217350	501(C)(3)	0.	12,398.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
CHESTER COUNTY FOOD BANK 650 PENNSYLVANIA DRIVE EXTON, PA 19341-1127	27-0887311	501(C)(3)	803,547.	104,182.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF

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

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY HARVEST 6 EAST 32ND STREET NEW YORK, NY 10016	13-3170676	501(C)(3)	0.	1,080,293.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
COLLABORATIVE FOR FRESH PRODUCE PO BOX 262567 PLANO, TX 75026	82-4308154	501(C)(3)	0.	83,852.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
COMMUNITY FOOD BANK OF NEW JERSEY 31 EVANS TERMINAL HILLSIDE, NJ 07205	22-2423882	501(C)(3)	0.	657,638.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
CONNECTICUT FOODSHARE 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	22-2474771	501(C)(3)	0.	633,902.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
FACING HUNGER FOODBANK, WV 1327 SEVENTH AVE HUNTINGTON, WV 25701	55-0625915	501(C)(3)	0.	11,207.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
FAYETTE COUNTY COMMUNITY ACTION AGENCY, INC. - 108 NORTH BEESON BLVD. - UNIONTOWN, PA 15401	25-1180898	501(C)(3)	130,000.	0.			HUNGER RELIEF
FEEDING WEST CHESTER 200 CLEARBROOK ROAD ELMSFORD, NY 10523	13-3507988	501(C)(3)	0.	19,080.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
FEEDMORE 1415 RHOADMILLER ST. RICHMOND, VA 23220	54-1150923	501(C)(3)	0.	53,597.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
FOOD BANK OF ALBEMARLE 109 TIDEWATER DRIVE ELIZABETH CITY, NC 27906	23-2939247	501(C)(3)	0.	50,515.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF CENTRAL & EASTERN CAROLINA - 1924 CAPITAL BLVD. - RALEIGH, NC 27604	56-1283426	501(C)(3)	0.	33,357.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
FOOD BANK OF CENTRAL NY 7066 INTERSTATE ISLAND RD SYRACUSE, NY 13209	22-2816988	501(C)(3)	0.	18,969.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
FOOD BANK OF DELAWARE 222 LAKE DRIVE NEWARK, DE 19702	51-0258984	501(C)(3)	0.	5,243.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
FOOD BANK OF SOUTHEAST VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 23504	52-1219783	501(C)(3)	0.	282,771.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
FOOD BANK OF WESTERN MASSACHUSETTS 772 EAST MAIN ST CHICOPEE, MA 01020	04-2751023	501(C)(3)	0.	20,660.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
FOOD FOR FAMILIES 945 FRANKLIN ST JOHNSTOWN, PA 15905	25-1423020	501(C)(3)	120,919.	0.			HUNGER RELIEF
FOOD HELPERS 909 NATIONAL PIKE W BROWNSVILLE, PA 15417-9251	23-2939247	501(C)(3)	325,958.	0.			HUNGER RELIEF
FOODBANK FOR NEW YORK CITY 39 BROADWAY NEW YORK, NY 10038	13-3179546	501(C)(3)	0.	177,529.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
FREDERICKSBURG REGIONAL FOOD BANK 3631 LEE HILL DRIVE FREDERICKSBURG, VA 22408	54-1255013	501(C)(3)	0.	53,775.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FULFILL MONMOUTH AND OCEAN COUNTIES - 3300 ROUTE 66 - NEPTUNE, NJ 07753	22-2622522	501(C)(3)	0.	30,571.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
GOOD SHEPHERD FOOD BANK 3121 HOTEL ROAD AUBURN, ME 04210	22-2986809	501(C)(3)	0.	163,152.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 N. LINDEN STREET - DUQUESNE, PA 15110	25-1420599	501(C)(3)	3,607,150.	988,470.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
H&J WEINBERG N.E. REGIONAL FOOD BANK - PO BOX 1127 - WILKES-BARRE, PA 18703	23-1653093	501(C)(3)	0.	169,035.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
HELPING HARVEST 117 MORGAN DR READING, PA 19608	22-2456238	501(C)(3)	838,289.	19,520.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
ISLAND HARVEST 126 SPAGNOLI RD MELVILLE, NY 11714	11-3136350	501(C)(3)	0.	226,439.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
LONG ISLAND CARES 10 DAVIDS DR HAUPPAUGE, NY 11788	11-2524512	501(C)(3)	0.	13,396.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
MERCER COUNTY FOOD BANK 109A SOUTH SHARPSVILLE AVENUE SHARON, PA 16146	25-1446242	501(C)(3)	334,770.	0.			HUNGER RELIEF
MIDWEST FOOD HUB 7101 WINNETKA AVE N BROOKLYN PARK, MN 55428	23-7417654	501(C)(3)	0.	5,544.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAINEER FOOD BANK 484 ENTERPRISE DRIVE GASSAWAY, WV 26624-7888	55-0611100	501(C)(3)	0.	66,089.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
NEW HAMPSHIRE CATHOLIC CHARITIES NEW HAMPSHIRE FOOD BANK - 100 WILLIAM LOEB DR. UNIT 3 - MANCHESTER, NH 03109	02-0222163	501(C)(3)	0.	31,332.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
PHILABUNDANCE 3616 S GALLOWAY STREET PHILADELPHIA, PA 19148	23-2290505	501(C)(3)	2,247,545.	68,678.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
REGIONAL FOOD BANK OF NORTHEASTERN NY - 965 ALBANY-SHAKER RD - LATHAM, NY 12110	22-2470885	501(C)(3)	0.	26,042.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
RHODE ISLAND COMMUNITY FOOD BANK 200 NIANATIC AVE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	0.	20,580.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
SECOND HARVEST FOOD BANK OF METROLINA - 500-B SPRATT STREET - CHARLOTTE, NC 28206	56-1352593	501(C)(3)	0.	21,747.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
SECOND HARVEST FOOD BANK OF NORTHWEST PENNSYLVANIA - 1507 GRIMM DRIVE - ERIE, PA 16501	25-1405798	501(C)(3)	829,541.	71,712.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
SECOND HARVEST FOOD BANK OF THE LEHIGH VALLEY AND NORTHEAST PENNSYLVANIA - 1337 EAST FIFTH STREET - BETHLEHEM, PA 18015	23-1669589	501(C)(3)	1,232,068.	70,301.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
SHARE FOOD PROGRAM 2901 W. HUNTING PARK AVENUE PHILADELPHIA, PA 19129-1802	23-2360819	501(C)(3)	1,376,134.	0.			HUNGER RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERC SOUTHEAST REGIONAL COOPERATIVE - 3400 NORTH DESERT DRIVE - EAST POINT, GA 30344	82-2707649	501(C)(3)	0.	170,219.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
VIRGINIA PENINSULA FOOD BANK 2401 ALUMINUM AVENUE HAMPTON, VA 23661	54-1422298	501(C)(3)	0.	181,600.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
WEINBERG NORTHEAST REGIONAL FOOD BANK - PO BOX 1127 - WILKES-BARRE, PA 18702	APPLIED FOR	501(C)(3)	1,145,041.	0.			HUNGER RELIEF
WESTMORELAND COUNTY FOOD BANK 100 DEVONSHIRE DR DELMONT, PA 15626	25-1422682	501(C)(3)	439,566.	22,135.	WHOLESALE VALUE	DONATED PRODUCE	HUNGER RELIEF
YORK COUNTY FOOD BANK 254 W PRINCESS ST #3381 YORK, PA 17401	23-2452484	501(C)(3)	35,600.	0.			HUNGER RELIEF

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE ORGANIZATION PROVIDES GRANT FUNDING TO MEMBER FOOD BANKS TO BE USED IN
 ACCORDANCE WITHIN THE COLLECTIVE MISSION OF HUNGER RELIEF. IN ORDER TO
 MONITOR THE USE OF THESE FUNDS AND TO ENSURE THAT THEY ARE BEING USED TO
 RELIEVE HUNGER IN THEIR RESPECTIVE COMMUNITIES, ALL MEMBER FOOD BANKS
 RECEIVING GRANT FUNDS ARE ASKED TO SUBMIT A COPY OF THEIR 990 FOR REVIEW.
 THE ORGANIZATION ALSO PERIODICALLY RECEIVES PRODUCE DONATIONS, WHICH ARE
 REDISTRIBUTED TO MEMBER FOOD BANKS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

FEEDING PENNSYLVANIA

Employer identification number

45-4793238

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2023

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

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

FEEDING PENNSYLVANIA

Employer identification number

45-4793238

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (PRODUCE)	X	1,427	6,778,318.	PRODUCT VALUATION
26 Other ()				
27 Other ()				
28 Other ()				

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

29

1

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2023

Part II

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

SCHEDULE M, PART I, LINE 25

IN ACCORDANCE WITH THE ORGANIZATIONS RECORDKEEPING PRACTICES, THE TOTAL
AMOUNT OF WEIGHT RECEIVED FROM THE NONCASH FOOD CONTRIBUTIONS TOTALED
4,357,711 POUNDS. THE TOTAL VALUE OF THESE CONTRIBUTIONS WAS \$6,778,318
AND THERE WERE 1,427 CONTRIBUTIONS FOR FISCAL YEAR ENDING JUNE 30,
2024.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

FEEDING PENNSYLVANIA

Employer identification number
45-4793238

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PENNSYLVANIA, AND TO PROVIDE A SHARED VOICE ON THE ISSUES OF HUNGER AND
FOOD ACCESS WITHIN THE COMMONWEALTH OF PENNSYLVANIA. WORKING
COLLABORATIVELY AS A NETWORK, OUR FOOD BANKS ARE ABLE TO SHARE AND
DEVELOP BEST PRACTICES FOR THE COMMON GOOD OF THOSE STRUGGLING WITH
HUNGER IN THE COMMONWEALTH.

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

THE FORM 990 WILL BE REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER,
CHIEF FINANCIAL OFFICER, AND BOARD TREASURER. THE FORM 990 WILL THEN BE
REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

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

THE ORGANIZATION REQUIRES THAT ALL OFFICERS AND MEMBERS OF THE BOARD OF
DIRECTORS DISCLOSE ANY RELATIONSHIPS, ACTIVITIES, OR INTERESTS WHICH
CONFLICT WITH THE INTERESTS OF THE ORGANIZATION WHILE ACTING ON BEHALF OF
FEEDING PENNSYLVANIA. ANY POTENTIAL CONFLICTS ARE TO BE DISCLOSED TO THE
CHIEF EXECUTIVE OFFICER OR TO THE EXECUTIVE COMMITTEE OF THE BOARD OF
DIRECTORS TO ASSESS WHETHER THE CONFLICT INTERFERES WITH THE ACTIVITIES OF
THE ORGANIZATION.

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

THE EXECUTIVE COMMITTEE OF THE BOARD DIRECTS THE CHIEF EXECUTIVE OFFICER'S
COMPENSATION AND BENEFITS STRUCTURE, INCLUDING THE PERFORMANCE REVIEW AND
ANNUAL APPRAISAL PROCESSES.

Name of the organization

FEEDING PENNSYLVANIA

Employer identification number

45-4793238

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

FORM 990 XII 2C

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF ANY
AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION
OF INDEPENDENT ACCOUNTANTS.