

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: SECOND HARVEST FOODBANK OF SOUTHERN WI
D Employer identification number: 39-1490691
E Telephone number: 608-223-9121
G Gross receipts \$: 62,596,768.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.SECONDHARVESTMADISON.ORG
K Form of organization: Corporation
L Year of formation: 1986
M State of legal domicile: WI

Part I Summary

Table with 3 main columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature of officer: MICHELLE ORGE, EXECUTIVE DIRECTOR/PRESIDENT
Preparer's name: TROY E MARINE
Preparer's signature: TROY E MARINE
Date: 03/31/26
Firm's name: BAKER TILLY ADVISORY GROUP, LP
Firm's address: 790 N. WATER ST., SUITE 2000 MILWAUKEE, WI 53202

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SECOND HARVEST FOODBANK EXISTS TO END HUNGER IN SOUTHWESTERN WISCONSIN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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 [X] 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 \$ 50,139,550. including grants of \$ 43,730,496.) (Revenue \$ 3,483,439.) SINCE 1986, SECOND HARVEST FOODBANK OF SOUTHERN WISCONSIN HAS PARTNERED WITH HUNDREDS OF LOCAL AGENCIES AND ORGANIZATIONS ACROSS 16 COUNTIES. WE ARE SOUTHWESTERN WISCONSIN'S LARGEST HUNGER-RELIEF ORGANIZATION, DISTRIBUTING TENS OF MILLIONS OF POUNDS OF FOOD EACH YEAR. THROUGH FOOD ACQUISITION AND DISTRIBUTION, ADVOCACY, COMMUNITY PARTNERSHIPS, AND THE SUPPORT OF THOUSANDS OF VOLUNTEERS, WE ARE MAKING OUR VISION - A COMMUNITY WHERE EVERYONE HAS ENOUGH NUTRITIOUS FOOD TO THRIVE - A REALITY. EVERY DAY, WE PROVE THAT LIVES CAN BE CHANGED WITH FOOD. SECOND HARVEST RELIES ALMOST ENTIRELY ON PHILANTHROPIC GENEROSITY TO SUPPORT NEARLY 300 PARTNER AGENCIES AND PROGRAMS ACROSS SOUTHWESTERN

4b (Code:) (Expenses \$ 489,594. including grants of \$) (Revenue \$) FOOD SHARE OUTREACH - SHFB PROVIDES APPLICATION ASSISTANCE TO POTENTIALLY ELIGIBLE APPLICANTS.

4c (Code:) (Expenses \$ 95,514. including grants of \$) (Revenue \$) THE EMERGENCY FOOD ASSISTANCE PROGRAM IS A USDA PROGRAM THAT PURCHASES NUTRITIOUS FOODS AND PROVIDES THEM TO FOOD BANKS AND OTHER PARTNERS FOR DISTRIBUTION. THIS WAS THE FIRST YEAR SECOND HARVEST FOOD BANK OF SOUTHERN WISCONSIN PARTICIPATED AS A PASS-THROUGH AGENCY FOR TEFAP, DISTRIBUTING MORE THAN 1,500,000 POUNDS OF THESE COMMODITIES FOR THIS FISCAL YEAR.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 50,724,658.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WI
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.
[X] Own website [] Another's website [X] 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
MICHELLE ORGE - (608)216-7232
2802 DAIRY DRIVE, MADISON, WI 53718-6751

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE ORGE EXECUTIVE DIRECTOR/PRESIDENT	40.00			X			240,744.	0.	21,652.	
(2) JANET SIMON VP OF STRATEGY & DEVELOPMENT	40.00			X			169,659.	0.	26,199.	
(3) TRACEY CARADINE, VP OF EMPLOYEE ENGAGEMENT & EQUITY	40.00			X			160,377.	0.	17,634.	
(4) JEFF THOMPSON VP OF FINANCE	40.00			X			87,092.	0.	5,585.	
(5) CADRE MANDY VP OF OPERATIONS	40.00			X			20,752.	0.	852.	
(6) JESSIE STAUFFACHER CHAIR	2.00		X				0.	0.	0.	
(7) ELIZABETH NORMAN VICE-CHAIR	2.00		X				0.	0.	0.	
(8) ELIZABETH DETTMAN TREASURER	2.00		X				0.	0.	0.	
(9) JENNY CAMPBELL SECRETARY	2.00		X				0.	0.	0.	
(10) COURTNEY NATHAN MEMBER	1.00		X				0.	0.	0.	
(11) DAVID DE LEON MEMBER	1.00		X				0.	0.	0.	
(12) ELLEN CARLSON MEMBER	1.00		X				0.	0.	0.	
(13) JASON MYRICK MEMBER	1.00		X				0.	0.	0.	
(14) JEFF JOHNSON MEMBER	1.00		X				0.	0.	0.	
(15) JUDD SCHEMME MEMBER	1.00		X				0.	0.	0.	
(16) JUSTIN HART MEMBER	1.00		X				0.	0.	0.	
(17) NISHANT UPADHYAY MEMBER	1.00		X				0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICK SEARER MEMBER	1.00		X					0.	0.	0.
(19) SVERRE ROANG MEMBER	1.00		X					0.	0.	0.
1b Subtotal								678,624.	0.	71,922.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								678,624.	0.	71,922.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
POTTER LAWSON, INC., 749 UNIVERSITY ROW, STE.300, MADISON, WI 53705	DESIGN/PLANNING CONSULTING	723,576.
RKD GROUP, 2701 N. DALLAS PARKWAY, STE. 650, PLANO, TX 75093	DIRECT MAIL FUNDRAISING	372,805.

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 219,702.					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 4,070,035.					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 51,131,016.					
	g	Noncash contributions included in lines 1a-1f	1g \$ 34,864,658.					
	h	Total. Add lines 1a-1f						55,420,753.
Program Service Revenue	2 a	DIRECT AGENCY FOOD MAI	Business Code 900099	3,483,439.	3,483,439.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			3,483,439.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		318,467.			318,467.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	72,810.				
			(ii) Personal					
	b	Less: rental expenses ...	6b 37,162.					
	c	Rental income or (loss)	6c 35,648.					
	d	Net rental income or (loss)		35,648.			35,648.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	3,265,499.				
			(ii) Other	35,800.				
	b	Less: cost or other basis and sales expenses	7b 3,245,877.	28,990.				
	c	Gain or (loss)	7c 19,622.	6,810.				
d	Net gain or (loss)		26,432.			26,432.		
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							
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			59,284,739.	3,483,439.	0.	380,547.	

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 X

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 ...	43,730,496.	43,730,496.		
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	801,925.	511,818.	168,817.	121,290.
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	4,911,256.	3,132,969.	1,034,349.	743,938.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	90,228.	57,746.	18,948.	13,534.
9 Other employee benefits	867,195.	555,005.	182,111.	130,079.
10 Payroll taxes	422,372.	270,318.	88,698.	63,356.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	35,893.		35,893.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	426,438.			426,438.
f Investment management fees	37,617.		37,617.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	622,424.	317,789.	294,285.	10,350.
12 Advertising and promotion	117,321.	22,730.	82,788.	11,803.
13 Office expenses	516,338.	241,327.	92,156.	182,855.
14 Information technology				
15 Royalties				
16 Occupancy	572,173.	531,283.	28,431.	12,459.
17 Travel	189,835.	177,619.	12,216.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	68,783.	49,648.	19,135.	
20 Interest	22,871.	3,199.	19,672.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	431,609.	403,256.	18,904.	9,449.
23 Insurance	168,081.	133,362.	28,192.	6,527.
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 REPAIR AND MAINTENANCE	430,825.	238,223.	172,690.	19,912.
b TRUCK EXPENSE	310,558.	310,558.		
c CAPITAL CAMPAIGN	133,140.			133,140.
d BANK CHARGES	110,585.		724.	109,861.
e All other expenses	80,242.	37,312.	37,789.	5,141.
25 Total functional expenses. Add lines 1 through 24e	55,098,205.	50,724,658.	2,373,415.	2,000,132.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,811,273.	1	2,212,725.
	2 Savings and temporary cash investments	1,391,839.	2	1,450,900.
	3 Pledges and grants receivable, net	871,082.	3	3,988,580.
	4 Accounts receivable, net	548,749.	4	556,021.
	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	1,536,349.	8	2,075,152.
	9 Prepaid expenses and deferred charges	325,569.	9	160,867.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,044,471.		
	b Less: accumulated depreciation	10b 4,384,947.	7,530,051.	10c 7,659,524.
	11 Investments - publicly traded securities	7,209,570.	11	8,281,868.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	610,631.	15	594,115.
16 Total assets. Add lines 1 through 15 (must equal line 33)	22,835,113.	16	26,979,752.	
Liabilities	17 Accounts payable and accrued expenses	813,050.	17	859,793.
	18 Grants payable		18	
	19 Deferred revenue	69,400.	19	48,607.
	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	1,019,937.	25	633,744.
	26 Total liabilities. Add lines 17 through 25	1,902,387.	26	1,542,144.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	18,747,710.	27	18,668,253.
	28 Net assets with donor restrictions	2,185,016.	28	6,769,355.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	20,932,726.	32	25,437,608.
33 Total liabilities and net assets/fund balances	22,835,113.	33	26,979,752.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	59,284,739.
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,098,205.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,186,534.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,932,726.
5	Net unrealized gains (losses) on investments	5	318,348.
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	25,437,608.

Part XII Financial Statements and Reporting

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

- 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
- 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
- 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.
- 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62,041,695.	43,493,260.	46,543,704.	48,653,051.	55,420,753.	256,152,463.
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	62,041,695.	43,493,260.	46,543,704.	48,653,051.	55,420,753.	256,152,463.
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)						25,280,563.
6 Public support. Subtract line 5 from line 4.						230,871,900.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	62,041,695.	43,493,260.	46,543,704.	48,653,051.	55,420,753.	256,152,463.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	152,684.	183,048.	403,424.	642,422.	391,277.	1,772,855.
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						257,925,318.
12 Gross receipts from related activities, etc. (see instructions)					12	9,147,411.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	89.51 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.36 %
16a 33 1/3% support test - 2024. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 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... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 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... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

**Schedule B
(Form 990)**

(Rev. December 2024)
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

Name of the organization SECOND HARVEST FOODBANK OF SOUTHERN WI	Employer identification number 39-1490691
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization SECOND HARVEST FOODBANK OF SOUTHERN WI	Employer identification number 39-1490691
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 7,110,537.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 3,692,411.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 3,354,999.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 3,339,260.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 1,548,530.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 1,461,212.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SECOND HARVEST FOODBANK OF SOUTHERN WI	Employer identification number 39-1490691
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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
7	<hr/> <hr/> <hr/>	\$ 1,370,453.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,345,139.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,229,564.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 1,183,483.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SECOND HARVEST FOODBANK OF SOUTHERN WI	Employer identification number 39-1490691
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD DONATIONS _____ _____ _____	\$ 7,110,537.	06/30/25
3	FOOD DONATIONS _____ _____ _____	\$ 3,354,999.	06/30/25
4	FOOD DONATIONS _____ _____ _____	\$ 3,339,260.	06/30/25
5	FOOD DONATIONS _____ _____ _____	\$ 1,548,530.	06/30/25
6	FOOD DONATIONS _____ _____ _____	\$ 1,461,212.	06/30/25
7	FOOD DONATIONS _____ _____ _____	\$ 1,370,453.	06/30/25

Name of organization SECOND HARVEST FOODBANK OF SOUTHERN WI	Employer identification number 39-1490691
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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
8	FOOD DONATIONS _____ _____ _____	\$ 1,345,139.	06/30/25
9	FOOD DONATIONS _____ _____ _____	\$ 1,229,564.	06/30/25
10	FOOD DONATIONS _____ _____ _____	\$ 1,183,483.	06/30/25
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization SECOND HARVEST FOODBANK OF SOUTHERN WI	Employer identification number 39-1490691
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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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SECOND HARVEST FOODBANK OF SOUTHERN WI

Employer identification number

39-1490691

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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	2,382,083.	2,043,139.	1,765,641.	2,132,001.	1,708,594.
b Contributions	614,685.	85,204.	57,600.	35,226.	30,554.
c Net investment earnings, gains, and losses	278,127.	263,262.	226,496.	-401,586.	440,595.
d Grants or scholarships					
e Other expenditures for facilities and programs		9,522.	6,598.		47,742.
f Administrative expenses					
g End of year balance	3,274,895.	2,382,083.	2,043,139.	1,765,641.	2,132,001.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 94.0000 %
 - b Permanent endowment 6.0000 %
 - 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:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,858,118.		2,858,118.
b Buildings		6,227,594.	2,502,090.	3,725,504.
c Leasehold improvements				
d Equipment		2,958,759.	1,882,857.	1,075,902.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				7,659,524.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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) LEASE LIABILITY PAYABLE	633,744.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	633,744.

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	59,602,632.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a 318,348.		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	318,348.
3	Subtract line 2e from line 1		3	59,284,284.
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 37,617.		
	b Other (Describe in Part XIII.)	4b -37,162.		
	c Add lines 4a and 4b		4c	455.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	59,284,739.

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	55,097,750.
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 37,162.		
	e Add lines 2a through 2d		2e	37,162.
3	Subtract line 2e from line 1		3	55,060,588.
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 37,617.		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	37,617.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	55,098,205.

Part XIII Supplemental Information

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

PART V, LINE 4:

EARNINGS FROM THE ENDOWMENT ARE TO BE USED TO SUPPORT THE CHARITABLE MISSION OF THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING PROVISIONS OF WISCONSIN LAW, AND ACCORDINGLY, IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

THE ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH THE TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS, AND, ACCORDINGLY, THEY DID NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. FOR THE YEARS ENDED JUNE 30, 2025 AND 2024, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENT EXPENSES -37,162.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES 37,162.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RKD GROUP, LLC

(I) ADDRESS OF FUNDRAISER:

2701 N. DALLAS PARKWAY, STE. 650, PLANO, TX 75093

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization: SECOND HARVEST FOODBANK OF SOUTHERN WI
Employer identification number: 39-1490691

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
VERA COURT NEIGHBORHOOD CENTER 614 VERA COURT MADISON, WI 53704	39-1945609	501(C)(3)	8,642.	0.			KIDS CAFE PROGRAM
LUSSIER COMMUNITY EDUCATION CENTER 55 S. GAMMON ROAD MADISON, WI 53717	39-1938173	501(C)(3)	11,389.	0.			KIDS CAFE PROGRAM
KENNEDY HEIGHTS NEIGHBORHOOD ASSOCIATION - 199 KENNEDY HEIGHTS - MADISON, WI 53704	39-1519846	501(C)(3)	7,804.	0.			KIDS CAFE PROGRAM
BOYS AND GIRLS CLUB OF DANE COUNTY 1818 W. BELTLINE HWY. MADISON, WI 53713	39-1925617	501(C)(3)	21,931.	0.			KIDS CAFE PROGRAM
ALLIED FOOD PANTRY 4619 JENEWEIN RD MADISON, WI 53711	39-1490691	501(C)(3)	0.	282,467.			FOOD
GOODMAN COMMUNITY CENTER FOOD PANTRY - 149 WAUBESA ST - MADISON, WI 53704	39-1919172	501(C)(3)	0.	621,682.			FOOD

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: 161.
- 3 Enter total number of other organizations listed in the line 1 table: 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (Rev. 12-2024)**

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARABOO FOOD PANTRY 100 SOUTH BLVD BARABOO, WI 53913	39-1743827	501(C)(3)	0.	35,982.			FOOD
BAYVIEW FOUNDATION, INC. FOOD PANTRY - 103 LA MARIPOSA LANE - MADISON, WI 53715	39-6092644	501(C)(3)	0.	186,466.			FOOD
BETHEL LUTHERAN CHURCH FOOD PANTRY 312 WISCONSIN AVE. MADISON, WI 53703	39-1290715	501(C)(3)	0.	19,523.			FOOD
COULECAP - PRAIRIE DU CHIEN 200 E BLACKHAWK AVENUE PRAIRIE DU CHIEN, WI 53821	39-1077614	501(C)(3)	0.	68,227.			FOOD
CARITAS 2840 PRAIRIE AVE BELOIT, WI 53511	39-1304689	501(C)(3)	0.	498,699.			FOOD
CWCAC-ADAMS FP 134 S. SPRING ST. BEAVER DAM, WI 53934	39-1051779	501(C)(3)	0.	396,861.			FOOD
CWCAC-BEAVER DAM FP 1000 HWY 13 WISCONSIN DELLS, WI 53916	39-1051779	501(C)(3)	0.	172,870.			FOOD
CWCAC-WISCONSIN DELLS FOOD PANTRY 104 LINCOLN AVE RIO, WI 53965	39-1051779	501(C)(3)	0.	43,768.			FOOD
CWCAC-RIO AREA FOOD PANTRY 2230 CENTER AVE. JANESVILLE, WI 53960	39-1051779	501(C)(3)	0.	35,074.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CMC FOOD PANTRY 1862 BELD ST. MADISON, WI 53713	42-1342872	501(C)(3)	0.	57,344.			FOOD
COMMUNITY FOOD PANTRY 151 E. BOSSARD STREET SPRING GREEN, WI 53588	46-1313262	501(C)(3)	0.	297,330.			FOOD
COMMUNITY SHARING PANTRY 1 KENNEDY ST. MAUSTON, WI 53948	39-1966862	501(C)(3)	0.	327,912.			FOOD
DEERFIELD COMMUNITY CENTER FOOD PANTRY - 10 LIBERTY ST. - DEERFIELD, WI 53531	39-1899306	501(C)(3)	0.	401,410.			FOOD
EAST MADISON COMMUNITY CENTER FOOD PROGRAM - 8 STRAUBEL CT. - MADISON, WI 53704	39-1941839	501(C)(3)	0.	97,293.			FOOD
ECHO 65 S HIGH ST. JANESVILLE, WI 53545	39-1222279	501(C)(3)	0.	1,169,984.			FOOD
ELROY AREA FOOD PANTRY 226 ERICKSON STREET ELROY, WI 53929	46-3766712	501(C)(3)	0.	35,439.			FOOD
EVANSVILLE ECUMENICAL CARE CLOSET 206 S MADISON ST. EVANSVILLE, WI 53536	13-4256329	501(C)(3)	0.	35,674.			FOOD
GOOD SAMARITAN THRIFT STORE 128 MILL STREET HILLSBORO, WI 54634	81-1644623	501(C)(3)	0.	45,513.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE EPISCOPAL CHURCH FOOD PANTRY 116 W WASHINGTON AVE. MADISON, WI 53703	39-1823207	501(C)(3)	0.	8,693.			FOOD
GREEN COUNTY FOOD PANTRY INC. 1129 17TH. AVE. SUITE 1 MONROE, WI 53566	37-1573222	501(C)(3)	0.	283,605.			FOOD
KENNEDY HEIGHTS COMMUNITY CENTER FOOD PANTRY - 199 KENNEDY HEIGHTS - MADISON, WI 53704	13-1837418	501(C)(3)	0.	28,272.			FOOD
LANCASTER ASSOCIATION OF CHURCHES FOOD PANTRY - 802 E. ELM - LANCASTER, WI 53813	47-0936907	501(C)(3)	0.	46,309.			FOOD
LIVING FAITH FOOD PANTRY 209 SANDS ROAD VIROQUA, WI 54665	87-3370614	501(C)(3)	0.	515,001.			FOOD
OFF THE SQUARE CLUB 116 W WASHINGTON AVE MADISON, WI 53703	39-1490691	501(C)(3)	0.	19,980.			FOOD
MARSHALL/WATERLOO FOOD PANTRY 117 E MADISON ST. WATERLOO, WI 53594	06-1734331	501(C)(3)	0.	15,607.			FOOD
McFARLAND COMMUNITY FOOD PANTRY PO BOX 101 McFARLAND, WI 53558	36-4613663	501(C)(3)	0.	124,722.			FOOD
WAYFORWARD RESOURCES, INC. 3502 PARMENTER ST. MIDDLETON, WI 53562	39-1484945	501(C)(3)	0.	1,295,857.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILTON COMMUNITY ACTION FOOD PANTRY - 36 HILLTOP DRIVE - MILTON, WI 53563	39-1640238	501(C)(3)	0.	31,702.			FOOD
NECEDAH FOOD PANTRY 1000 FARNAM DRIVE NECEDAH, WI 54646	81-0607119	501(C)(3)	0.	44,840.			FOOD
NEIGHBORHOOD HOUSE CENTER FOOD PANTRY - 29 S MILLS STREET - MADISON, WI 53715	39-1930073	501(C)(3)	0.	182,715.			FOOD
NEW LISBON FOOD PANTRY 121 SOUTH ADAMS NEW LISBON, WI 53950	80-0557742	501(C)(3)	0.	31,757.			FOOD
COULECAP - SPARTA 217 N BLACK RIVER ST SPARTA, WI 54656	39-1077614	501(C)(3)	0.	126,840.			FOOD
OREGON AREA FOOD PANTRY 107 N ALPINE PKWY, OREGON, WI 53575	81-4012258	501(C)(3)	0.	79,675.			FOOD
BETHEL BUTIKK 341 BLACK RIVER AVE. WESTBY, WI 54667	39-1587036	501(C)(3)	0.	55,263.			FOOD
PORTAGE FOOD PANTRY 405 E. HOWARD STREET PORTAGE, WI 53901	39-1820865	501(C)(3)	0.	64,777.			FOOD
RICHLAND COMMUNITY FOOD PANTRY 345 S CAIRNS AVE. RICHLAND CENTER, WI 53581	39-1874509	501(C)(3)	0.	215,937.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCK VALLEY COMMUNITY PROGRAMS 203 W SUNNY LANE RD. JANESVILLE, WI 53546	39-1438843	501(C)(3)	0.	7,896.			FOOD
SALVATION ARMY BELOIT FOOD PANTRY 628 BROAD STREET BELOIT, WI 53511	39-0806889	501(C)(3)	0.	57,017.			FOOD
SALVATION ARMY JANESVILLE FOOD PANTRY - 514 SUTHERLAND AVE. - JANESVILLE, WI 53547	39-0806889	501(C)(3)	0.	474,487.			FOOD
SAUK PRAIRIE FOOD PANTRY 821 B INDUSTRY ROAD SAUK CITY, WI 53583	39-1608034	501(C)(3)	0.	120,747.			FOOD
SECOND HARVEST HEARTLAND 7101 WINNETKA BLVD N. BROOKLYN PARK, MN 55428	23-7417654	501(C)(3)	0.	99,102.			FOOD
SWCAP IOWA COUNTY FOOD PANTRY 138 S IOWA STREET DODGEVILLE, WI 53533	39-1828080	501(C)(3)	0.	351,523.			FOOD
ST. MARK'S FREE COMMUNITY MEAL 605 SPRUCE ST. MADISON, WI 53715	41-1568278	501(C)(3)	0.	11,425.			FOOD
ST. STEPHEN'S FOOD PANTRY 5700 PHEASANT HILL ROAD MONONA, WI 53716	39-1078320	501(C)(3)	0.	115,594.			FOOD
ST. VINCENT DE PAUL FOOD PANTRY - MADISON - 2033 FISH HATCHERY RD. - MADISON, WI 53713	39-0824876	501(C)(3)	0.	544,800.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STOUGHTON FOOD PANTRY 520 S. FOURTH ST STOUGHTON, WI 53589	92-3338706	501(C)(3)	0.	54,350.			FOOD
STOUGHTON UNITED METHODIST FOOD PANTRY - 525 LINCOLN AVE. - STOUGHTON, WI 53589	39-1213309	501(C)(3)	0.	260,112.			FOOD
SUN PRAIRIE EMERGENCY FOOD PANTRY 18 RICKEL ROAD SUN PRAIRIE, WI 53590	39-1774841	501(C)(3)	0.	1,500,050.			FOOD
BADGER PRAIRIE NEEDS NETWORK 1200 EAST VERONA AVE VERONA, WI 53593	45-1159288	501(C)(3)	0.	2,344,163.			FOOD
VIOLA-KICKAPOO AREA FOOD PANTRY 106 W WISCONSIN ST VIOLA, WI 54664	20-4179749	501(C)(3)	0.	19,498.			FOOD
WAUNAKEE FOOD PANTRY 710 SOUTH ST WAUNAKEE, WI 53597	46-1541830	501(C)(3)	0.	60,302.			FOOD
WISCONSIN BADGER CAMP 11815 MUNZ LANE PRAIRIE DU CHIEN, WI 53821	39-1097398	501(C)(3)	0.	25,236.			FOOD
EDGERTON COMMUNITY OUTREACH 106 S MAIN STREET EDGERTON, WI 53534	39-1618796	501(C)(3)	0.	29,465.			FOOD
NEW ZION BAPTIST CHURCH FOOD PANTRY - 1905 MOUND AVENUE - BELOIT, WI 53511	39-1344119	501(C)(3)	0.	274,903.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL ILLINOIS FOODBANK 2000 E. MOFFAT SPRINGFIELD, IL 62791	37-1106465	501(C)(3)	0.	56,213.			FOOD
END TIME MISSIONARY INT'L FOOD PANTRY - 15 ELLIS POTTER COURT - MADISON, WI 53711	56-2406195	501(C)(3)	0.	46,740.			FOOD
BLP FOOD PANTRY 1917 LAKEPOINT DRIVE MADISON, WI 53713	39-1945609	501(C)(3)	0.	10,076.			FOOD
JEFFERSON AREA FOOD PANTRY 164 W GARLAND ST. JEFFERSON, WI 53549	39-1639607	501(C)(3)	0.	370,855.			FOOD
GOOD SHEPHERD LUTHERAN CHURCH 5701 RAYMOND RD. MADISON, WI 53711	41-1568278	501(C)(3)	0.	34,253.			FOOD
THE RIVER FOOD PANTRY - MEAL SITE 2201 DARWIN RD. MADISON, WI 53704	20-4179749	501(C)(3)	0.	3,071,377.			FOOD
THE RIVER FOOD PANTRY 2201 DARWIN RD MADISON, WI 53704	20-4179749	501(C)(3)	0.	343,575.			FOOD
NEIGHBOR FOR NEIGHBOR PANTRY - TOMAH - 1118 W VETERANS ST - TOMAH, WI 54660	41-1666642	501(C)(3)	0.	719,669.			FOOD
ARC COMMUNITY SVCS-PATERSON 202 N PATERSON ST. MADISON, WI 53703	51-0163796	501(C)(3)	0.	5,601.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC COMMUNITY SERVICES - RESPECT 1458 E WASHINGTON AVE MADISON, WI 53703	51-0163796	501(C)(3)	0.	5,715.			FOOD
FENNIMORE FOOD DEPOT - DEPOT EXCHANGE INC - 1170 LINCOLN AVENUE - FENNIMORE, WI 53809	20-0404374	501(C)(3)	0.	16,294.			FOOD
SALVATION ARMY OF DANE COUNTY - SHELTER - 630 E. WASHINGTON AVENUE - MADISON, WI 53703	39-0806889	501(C)(3)	0.	39,256.			FOOD
SALVATION ARMY BELOIT MEAL SITE 628 BROAD STREET BELOIT, WI 53511	39-0806889	501(C)(3)	0.	12,228.			FOOD
ST. VINCENT DE PAUL-PORTAGE 1311 W WISCONSIN ST. PORTAGE, WI 53901	39-1201931	501(C)(3)	0.	79,171.			FOOD
LUSSIER CEC FOOD PANTRY 55 S. GAMMON RD. MADISON, WI 53717	39-1938173	501(C)(3)	0.	162,226.			FOOD
NEW LIFE ASSEMBLY OF GOD FOOD PANTRY - 2416 N WRIGHT RD. - JANESVILLE, WI 53546	39-1258325	501(C)(3)	0.	121,315.			FOOD
LANCASTER ASSOCIATION OF CHURCHES LIFE - 245 W ELM ST - LANCASTER, WI 53813	47-0936907	501(C)(3)	0.	47,694.			FOOD
LAKE MILLS FOOD PANTRY 720 E. LAKE STREET LAKE MILLS, WI 53551	39-1786689	501(C)(3)	0.	32,146.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORCHLIGHT - SAFE HAVEN 1704 THIERER RD MADISON, WI 53704	39-1579521	501(C)(3)	0.	5,721.			FOOD
VIVENT HEALTH - MADISON 600 WILLIAMSON ST. MADISON, WI 53703	39-1534049	501(C)(3)	0.	15,301.			FOOD
SWCAP LAFAYETTE COUNTY FOOD PANTRY 710 SPRING STREET DARLINGTON, WI 53530	39-1053511	501(C)(3)	0.	13,188.			FOOD
GREEN CARES FOOD PANTRY, INC. 422 S. GARFIELD STREET MONTICELLO, WI 53570	92-0669347	501(C)(3)	0.	141,364.			FOOD
CAMBRIDGE FOOD PANTRY AND RESOURCE CENTER - 211 SOUTH ST. - CAMBRIDGE, WI 53523	36-3235558	501(C)(3)	0.	13,266.			FOOD
MOUNT STERLING LUTHERAN - GAYS MILLS FOOD PANTRY - 120 SUNSET RIDGE - GAYS MILLS, WI 54631	36-4838781	501(C)(3)	0.	7,273.			FOOD
CASHTON CUPBOARD & CLOSET 199 FRONT ST CASHTON, WI 54619	27-5349464	501(C)(3)	0.	111,872.			FOOD
SWCAP SOUTHWESTERN FOOD PANTRY 2115 N MAIN ST. HAZEL GREEN, WI 53811	39-1053511	501(C)(3)	0.	26,535.			FOOD
SWCAP ARENA COMMUNITY FOOD PANTRY 314 WILLOW STREET ARENA, WI 53503	39-1053511	501(C)(3)	0.	6,232.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST TECH FOOD PANTRY 1800 BRONSON BOULEVARD FENIMORE, WI 53809	39-1828080	501(C)(3)	0.	6,732.			FOOD
FEED MY PEOPLE FOODBANK 2610 ALPINE ROAD EAU CLAIRE, WI 54703	36-1488941	501(C)(3)	0.	221,358.			FOOD
FORT ATKINSON FOOD PANTRY 715 JONES AVE FORT ATKINSON, WI 53538	39-1848794	501(C)(3)	0.	68,892.			FOOD
SECOND HARVEST FB OF CENTRAL FLORIDA - 411 MERCY DRIVE - ORLANDO, FL 32805	59-2142315	501(C)(3)	0.	43,223.			FOOD
PRAIRIE PRIDE FOOD PANTRY N6574 US HWY 51 PORTAGE, WI 53901	39-1086106	501(C)(3)	0.	34,495.			FOOD
FOX LAKE LIVING HOPE FOOD PANTRY 103 SPRING STREET FOX LAKE, WI 53933	81-3450246	501(C)(3)	0.	387,421.			FOOD
PEOPLES CHURCH - AGAPE FOOD PANTRY 340 W GRAND AVE BELOIT, WI 53511	02-0549093	501(C)(3)	0.	7,773.			FOOD
HOUSE OF HOPE FOOD PANTRY 34522 COUNTY LINE ROAD SPRING GREEN, WI 53588	41-2176740	501(C)(3)	0.	54,640.			FOOD
THE GATHERING SOURCE W7115 STATE ROAD 60-16 JUNEAU, WI 53039-9735	46-2956183	501(C)(3)	0.	212,211.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHANNEL ONE FOOD BANK 131 35TH STREET SE ROCHESTER, MN 55904	41-1379713	501(C)(3)	0.	53,447.			FOOD
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 44307	34-1369388	501(C)(3)	0.	24,018.			FOOD
BOYS & GIRLS CLUB TAFT COMMUNITY 2001 TAFT ST MADISON, WI 53713	39-1925617	501(C)(3)	0.	6,380.			FOOD
FRIENDS OF MSCR - MEADOWOOD NEIGHBORHOOD CENTER - 5740 RAYMOND ROAD - MADISON, WI 53711	46-5001898	501(C)(3)	0.	12,012.			FOOD
REACH OUT LODI - LODI COMMUNITY STORE - 601 CLARK ST - LODI, WI 53555	46-4107018	501(C)(3)	0.	17,220.			FOOD
BEYOND BLESSED PANTRY 1101 LAKE STREET BARABOO, WI 53913	83-1491544	501(C)(3)	0.	1,681,010.			FOOD
THE RIVER FOOD PANTRY - MUNCH 2201 DARWIN RD. MADISON, WI 53704	20-4179749	501(C)(3)	0.	140,682.			FOOD
NEW HEIGHTS LUTHERAN CHURCH - HEIGHTS UNLIMITED - 314 ANNE STREET - MAZOMANIE, WI 53515	20-5077434	501(C)(3)	0.	42,784.			FOOD
FOOD BANK OF IOWA 2220 E 17TH ST DES MOINES, IA 50316	42-1177880	501(C)(3)	0.	52,258.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAINFIELD GOSPEL LIGHTHOUSE W10919 COUNTY RD V LODI, WI 53555	39-1499976	501(C)(3)	0.	331,143.			FOOD
SVDP - PORTAGE HS MARKET 301 E COLLINS ST PORTAGE, WI 53901	39-1201931	501(C)(3)	0.	67,657.			FOOD
PIONEER PROVISIONS FOOD PANTRY 1255 GREENWOOD AVE PLATTEVILLE, WI 53818	39-6051705	501(C)(3)	0.	31,937.			FOOD
THE RIVER - EAST CAMPUS MALL UW OPEN SEAT - 333 E CAMPUS MALL - MADISON, WI 53715	20-4179749	501(C)(3)	0.	75,464.			FOOD
VIVENT HEALTH - BELOIT 136 W GRAND AVE, SUITE 290 BELOIT, WI 53511	39-1534049	501(C)(3)	0.	18,088.			FOOD
HARVESTERS COMMUNITY FOOD NETWORK 3801 TOPPING AVE. KANSAS CITY, MO 64129	43-1208665	501(C)(3)	0.	90,132.			FOOD
REGIONAL FOOD BANK OF OKLAHOMA 3355 S PURDUE OKLAHOMA CITY, OK 73137	73-1100380	501(C)(3)	0.	122,983.			FOOD
CATHOLIC CHARITIES - THE BEACON 10907 - 615 E. WASHINGTON AVE - MADISON, WI 53703	39-0806321	501(C)(3)	0.	48,878.			FOOD
THE MARKET 1501 BREW FARM RD WISCONSIN DELLS, WI 53965	46-2557793	501(C)(3)	0.	346,180.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NUESTRO MUNDO SCHOOL FOOD PANTRY 4201 BUCKEYE RD MADISON, WI 53716	03-0463659	501(C)(3)	0.	15,745.			FOOD
LUTHER MEMORIAL CHURCH - THE KEEP FOOD PANTRY - 1021 UNIVERSITY AVENUE - MADISON, WI 53715	39-0823468	501(C)(3)	0.	213,364.			FOOD
SIX RIVERS FOOD PANTRY INC. 222 W. AMELIA STREET CASSVILLE, WI 53806	99-0774556	501(C)(3)	0.	29,547.			FOOD
EXTENDED HANDS PANTRY INC 5603 CALICO DR. MADISON, WI 53718	83-4321269	501(C)(3)	0.	699,920.			FOOD
THE HMONG INSTITUTE, INC 4402 FEMRITE DRIVE MADISON, WI 53716	82-4232925	501(C)(3)	0.	20,311.			FOOD
NEIGHBORS HELPING NEIGHBORS, INC - MT HOREB - 102 E LINCOLN ST - MOUNT HOREB, WI 53572	84-2875274	501(C)(3)	0.	85,137.			FOOD
PREGNANCY RESOURCE CENTER 306 W COOK STREET PORTAGE, WI 53901	39-1780040	501(C)(3)	0.	24,683.			FOOD
HAPPY KIDS NETWORK 1501 BREW FARM RD WISCONSIN DELLS, WI 53965	46-2557793	501(C)(3)	0.	132,327.			FOOD
FOUNTAIN OF LIFE CHURCH 633 W BADGER RD. MADISON, WI 53713	39-1625686	501(C)(3)	0.	8,541.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN YOUTH COMPANY, INC. 1201 MCKENNA BLVD. MADISON, WI 53719	23-7401836	501(C)(3)	0.	58,242.			FOOD
SOUTHEAST ASIAN HEALING CENTER INC. - 2814 SYENE RD. - MADISON, WI 53714	83-2393889	501(C)(3)	0.	67,604.			FOOD
ARKANSAS FOODBANK 4301 W 65TH ST LITTLE ROCK, AR 72209	71-0596734	501(C)(3)	0.	166,011.			FOOD
THE RIVER - EAGLE HEIGHTS UW MADISON OPEN SEAT - EAGLE HTS COMMUNITY CENTER 611 EAGLE HEIGHTS DR - MADISON, WI 53705	20-4179749	501(C)(3)	0.	77,499.			FOOD
THE VINE STREET MARKET 520 RACE ST WISCONSIN DELLS, WI 53965	23-7094113	501(C)(3)	0.	15,221.			FOOD
REEDSBURG COMMUNITY HEROES 2155 E MAIN STREET REEDSBURG, WI 53959	39-2319229	501(C)(3)	0.	77,723.			FOOD
MISSION NUTRITION DEFOREST, INC. 691 S MAIN STREET DEFOREST, WI 53532	85-2205027	501(C)(3)	0.	105,754.			FOOD
SWCAP RIVERDALE AREA FOOD PANTRY 116 W BEECH ST MUSCODA, WI 53573	39-1053511	501(C)(3)	0.	16,211.			FOOD
ISLAMIC CENTER OF MADISON 21 N ORCHARD ST MADISON, WI 53715	39-1961661	501(C)(3)	0.	119,691.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUEGEL ELEMENTARY 2601 PRAIRIE RD MADISON, WI 53711	47-4687362	501(C)(3)	0.	16,393.			FOOD
ALLIED FRESH (JUST IN TIME) 4619 JENEWEIN RD MADISON, WI 53711	39-1490691	501(C)(3)	0.	147,241.			FOOD
SALVATION ARMY SHIELD OF HOPE 4502 MILWAUKEE ST MADISON, WI 53714	36-2167910	501(C)(3)	0.	18,143.			FOOD
MESSIAH LUTHERAN CHURCH FOOD PANTRY - 1531 TOWNLINE AVE - BELOIT, WI 53511	39-6283347	501(C)(3)	0.	10,285.			FOOD
GLEANERS FOOD BANK OF INDIANA, INC. - 3737 WALDEMERE AVE - INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	0.	99,843.			FOOD
RONALD MCDONALD HOUSE CHARITIES OF MADISON, INC. - 2716 MARSHALL CT. - MADISON, WI 53705	39-1655790	501(C)(3)	0.	8,533.			FOOD
SUNRISE REACH 121 S. MAIN STREET LAKE MILLS, WI 53551	86-2799294	501(C)(3)	0.	19,960.			FOOD
MACHKABBA GARDENS FOOD PROGRAM 3202 DAIRY DR. MADISON, WI 53718	45-5052677	501(C)(3)	0.	34,143.			FOOD
SVDP - JOHN MUIR ELEMENTARY 2600 WOODCREST DRIVE PORTAGE, WI 53901	39-1201931	501(C)(3)	0.	31,489.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEAVER DAM LOAVES AND FISHES N7602 EDGEWATER DRIVE BEAVER DAM, WI 53916	92-3814258	501(C)(3)	0.	41,863.			FOOD
LAKEVIEW LUTHERAN FOOD PANTRY 4001 MANDRAKE RD MADISON, WI 53704	39-6031033	501(C)(3)	0.	43,641.			FOOD
EL PASOANS FIGHTING HUNGER FOOD BANK - 9541 PLAZA CIR - EL PASO, TX 79927	45-2893839	501(C)(3)	0.	46,767.			FOOD
UNITED HMONG BAPTIST CHURCH FOOD PROGRAM - 3075 PROSPECT DR. - SUN PRAIRIE, WI 53590	41-1339056	501(C)(3)	0.	7,459.			FOOD
ST. MARK'S LUTHERAN CHURCH FOOD PANTRY - 605 SPRUCE ST. - MADISON, WI 53715	41-1568278	501(C)(3)	0.	8,088.			FOOD
PORCHLIGHT VETERANS' TRANSITIONAL HOUSING PROGRAM - 1102 SPRING ST - MADISON, WI 53715	39-1579521	501(C)(3)	0.	23,518.			FOOD
VERA COURT NEIGHBORHOOD CENTER FOOD PANTRY - 614 VERA COURT - MADISON, WI 53704	39-1945609	501(C)(3)	0.	5,958.			FOOD
COMMUNITY HARVEST COULECAP 200 W NORTH STREET NORWALK, WI 54648	85-1084863	501(C)(3)	0.	9,513.			FOOD
BETHEL LUTHERAN CHURCH HOMELESS MINISTRY - 312 WISCONSIN AVE. - MADISON, WI 53703	39-1290715	501(C)(3)	0.	8,590.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEAHC CAMBODIAN BUDDHIST TEMPLE 1848 CO RD MM FITZBURG, WI 53575	83-2393889	501(C)(3)	0.	40,177.			FOOD
LAVALLE ADVENT CHRISTIAN CHURCH PO BOX 50 LAVALLE, WI 53941	39-1415568	501(C)(3)	0.	25,190.			FOOD
FAMILY PROMISE COMMUNITY FOOD PANTRY - 405 E 9TH AVE - BRODHEAD, WI 53520	45-2074314	501(C)(3)	0.	55,906.			FOOD
SOCIAL JUSTICE CENTER FOOD PANTRY 1202 WILLIAMSON ST MADISON, WI 53703	39-1979881	501(C)(3)	0.	21,626.			FOOD
SVDP - ENDEAVOR MARKET 400 S. CHURCH ST. ENDEAVOR, WI 53930	39-1201931	501(C)(3)	0.	18,979.			FOOD
WAYFORWARD RESOURCES DELIVERS 3502 PARMENTER ST. MIDDLETON, WI 53562	39-1484945	501(C)(3)	0.	18,903.			FOOD
THE RIVER FOOD PANTRY - E PANTRY 2201 DARWIN RD. MADISON, WI 53704	20-4179749	501(C)(3)	0.	12,724.			FOOD
BREADBASKET ECUMENICAL FOOD PANTRY 116 N WATER ST SPARTA, WI 54656	39-1938113	501(C)(3)	0.	90,191.			FOOD
FOOD BANK OF DELAWARE 222 LAKE DRIVE NEWARK, DE 19702	51-0258984	501(C)(3)	0.	33,277.			FOOD

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT DE PAUL MAUSTON 925 W STATE ST. MAUSTON, WI 53948	45-4494215	501(C)(3)	0.	20,188.			FOOD
BARNEVELD AREA FOOD PANTRY 505 SWISS LANE BARNEVELD, WI 53507	41-1582780	501(C)(3)	0.	11,001.			FOOD

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.

FORM 990, PART I, LINE 2:
 KIDS CAFE PROGRAM; SECOND HARVEST PROVIDES AFTER SCHOOL MEALS AND
 NUTRITION EDUCATION TO YOUTH FACING SYSTEMIC BARRIERS OR
 MARGINALIZATION.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

Open to Public
Inspection

Name of the organization SECOND HARVEST FOODBANK OF SOUTHERN WI	Employer identification number 39-1490691
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Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHELLE ORGE EXECUTIVE DIRECTOR/PRESIDENT	(i)	240,744.	0.	12,037.	9,615.	262,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) JANET SIMON VP OF STRATEGY & DEVELOPMENT	(i)	169,659.	0.	8,483.	17,716.	195,858.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(3) TRACEY CARADINE, VP OF EMPLOYEE ENGAGEMENT & EQUITY	(i)	160,377.	0.	8,019.	9,615.	178,011.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SECOND HARVEST FOODBANK OF SOUTHERN WI	Employer identification number 39-1490691
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JESSIE STAUFFACHER	BOARD MEMBER	100,000.	CAPITAL CAM		X
(2) RICK SEARER	BOARD MEMBER	500,000.	CAPITAL CAM		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JESSIE STAUFFACHER

(D) DESCRIPTION OF TRANSACTION: CAPITAL CAMPAIGN CONTRIBUTION

(A) NAME OF PERSON: RICK SEARER

(D) DESCRIPTION OF TRANSACTION: CAPITAL CAMPAIGN CONTRIBUTION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **SECOND HARVEST FOODBANK OF SOUTHERN WI**
Employer identification number: **39-1490691**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1,403	34,864,658. NATL RATE PER POUND	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported on 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? **30a**

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

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

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

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

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

Schedule M (Form 990) 2024

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.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization SECOND HARVEST FOODBANK OF SOUTHERN WI	Employer identification number 39-1490691
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FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

TEFAP COMMODITY FOOD WAS ACCEPTED FOR THE FIRST TIME THIS FISCAL YEAR.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WISCONSIN. IN FY25, WE DISTRIBUTED 26.3 MILLION POUNDS OF FOOD -
SLIGHTLY LESS THAN FY24, WHICH SET A RECORD FOR THE MOST FOOD EVER
DISTRIBUTED IN OUR HISTORY. EACH YEAR, APPROXIMATELY 76 PERCENT OF THE
FOOD WE PROVIDE IS NUTRIENT-RICH, INCLUDING FRESH PRODUCE, MEAT, DAIRY,
AND MILK. BETWEEN JANUARY AND JUNE 2025, WE SOURCED MORE THAN 230,000
HALF-GALLONS OF MILK AND RESCUED 5.6 MILLION POUNDS OF SAFE, EDIBLE
FOOD FROM RETAIL PARTNERS THAT WOULD HAVE OTHERWISE GONE TO WASTE,
REDISTRIBUTING IT THROUGH OUR NETWORK OF FOOD PANTRY PARTNERS. OUR WORK
IS VITALLY IMPORTANT TO THE NEARLY 147,000 PEOPLE IN SOUTHWESTERN
WISCONSIN WHO EXPERIENCE FOOD INSECURITY - AND IT IS MADE POSSIBLE
THANKS TO THE GENEROSITY OF THOUSANDS OF BUSINESSES, DONORS, AND
VOLUNTEERS.

FORM 990, PART VI, SECTION A, LINE 1A:

EXECUTIVE COMMITTEE. THE BOARD OF DIRECTORS BY RESOLUTION MAY CREATE AN
EXECUTIVE COMMITTEE (THE "EXECUTIVE COMMITTEE"), WHICH SHALL CONSIST OF THE
CHAIR, THE VICE CHAIR, THE TREASURER, AND THE SECRETARY. A QUORUM OF THE
EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE, WHEN THE BOARD OF
DIRECTORS IS NOT IN SESSION, ALL OF THE POWERS OF THE BOARD OF DIRECTORS IN
THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION, EXCEPT FOR
ELECTING OFFICERS OR THE FILLING OF VACANCIES ON THE BOARD OF DIRECTORS OR
ON COMMITTEES CREATED UNDER THIS SECTION.

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

FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE OF THE BOARD OF
DIRECTORS PRIOR TO FILING. THE FULL BOARD THEN REVIEWS THE FORM 990.

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

THE CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL INCOMING BOARD MEMBERS
AS PART OF THE NEW MEMBER BOARD PACKET. IF CONFLICTS DO OCCUR, THEY ARE
REQUIRED TO BE REPORTED TO THE BOARD IMMEDIATELY.

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

THE EXECUTIVE COMMITTEE SETS THE COMPENSATION OF THE EXECUTIVE
DIRECTOR/PRESIDENT ANNUALLY BASED ON AN EVALUATION PROCESS AND COMPARABLE
SALARY DATA. THE EXECUTIVE DIRECTOR/PRESIDENT REVIEWS THE SALARY OF OTHER
OFFICERS AND KEY EMPLOYEES WITH THE ASSISTANCE OF THE DIRECTOR OF HUMAN
RESOURCES.

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

POLICIES ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24 & 25:

SECOND HARVEST FOODBANK OF SOUTHERN WISCONSIN INC. CALCULATES AN
EFFICIENCY RATIO BY DIVIDING LINE 25, COLUMN B (PROGRAM SERVICE
EXPENSES) BY LINE 25, COLUMN A (TOTAL EXPENSES). DONATED FOOD RECEIVED
AND DISTRIBUTED BY SECOND HARVEST IS COUNTED AS A PROGRAM SERVICE
EXPENSE IN COLUMN B AND INCLUDED ON LINE 24A (FOOD FOR DISTRIBUTION).

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization SECOND HARVEST FOODBANK OF SOUTHERN WI	Employer identification number 39-1490691
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TO VALUE DONATED FOOD, SECOND HARVEST USES A PRICE-PER-POUND RATE BASED UPON A NATIONAL STUDY DONE BY FEEDING AMERICA ANNUALLY. FOR FISCAL YEAR 2025, THE CALCULATED VALUE FOR DONATED FOOD WAS \$1.90 PER POUND. OF THE TOTAL SHOWN ON LINE 24A (\$43,672,752), \$34,864,658 IS THE VALUE OF DONATED FOOD (18,349,820 POUNDS X \$1.90 = \$34,864,658) AND THE REMAINDER IS THE COST OF FOOD THAT WAS PURCHASED FOR DISTRIBUTION.

FORM 990, PART XII, LINE 2C:
THE PROCESS FOR OVERSIGHT OF THE AUDIT HAS NOT CHANGED DURING THE YEAR.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. SECOND HARVEST FOODBANK OF SOUTHERN WI	Taxpayer identification number (TIN) 39-1490691
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2802 DAIRY DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MADISON, WI 53718-6751	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of MICHELLE ORGE
 2802 DAIRY DRIVE - MADISON, WI 53718-6751

Telephone No. (608)216-7232 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning JUL 1, 20 24, and ending JUN 30, 2025

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.