Form **990**

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 **2023** Open to Public

Inspection For the 2023 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Address change Rolling Harvest Food Rescue Doing business as 7-4630639 Name change Number and street (or P.O. box if mail is not delivered to street address) 3920 River Road Initial return 267-293-0085 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated G Gross receipts \$ 528,302 Amended return Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Elyse Yerrapathruni 3920 River Road H(b) Are all subordinates included? Lumberville 18933 If "No," attach a list. See instructions X 501(c)(3) Tax-exempt status: 501(c) () (insert no.) WWW.ROLLINGHARVEST.ORG H(c) Group exemption number Form of organization: Corporation Year of formation: 2010 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Increase access to fresh produce & other healthy foods to area hunger-Activities & Governance relief sites serving at-risk, food-insecure populations by providing local farmers & food producers free delivery & distribution of their surplus. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 6 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) 6 1143 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 457 770 477,567 Program service revenue (Part VIII, line 2g) 33 163 45, 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 899 38 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 491 832 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 160,043 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ,622 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 481,665 ,870 19 Revenue less expenses. Subtract line 18 from line 12 10,167 16, **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 730,905 798,080 21 Total liabilities (Part X, line 26) 545 22 Net assets or fund balances. Subtract line 21 from line 20 46, 901 360 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Elyse Yerrapathruni Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid Cynthia Bergvall, CPA Cynthia Bergvall, CPA Preparer Bergvall Co. 3-2749044 Use Only PO Box 754 Warrington, 18976-0754 215-343-2727 May the IRS discuss this return with the preparer shown above? See instructions Yes For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2023)

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

...., 2023, and ending ..., 20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2023, or fiscal year beginning Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

2023

Name of filer	EIN or SSN
Rolling Harvest Food Rescue	27-4630639
Name and title of officer or person subject to tax Elyse Yerrapathruni	1 = 1 2000000
Executive Director	
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, fr	om the return Form
8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you che	off the box on line 4 - 2-
3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was b	leck the box on line 1a, 2a,
3h 4h 5h 6h 7h 8h 9h or 10h whichever is applicable blank (do not enter 0.) By the second of the sec	lank, then leave line 1b, 2b,
3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the applicable line below. Do not complete more than one line in Part I.	return, then enter -0- on the
+ +	500
(A), line 12)	1b 528,30
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	2b
b Total tax (Form 1120-POL, line 22)	3b
b lax based on investment income (Form 990-PF, Part V, line 5	6) 4b
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
b Total tax (Form 990-1, Part III, line 4)	6b
b lotal tax (Form 4/20, Part III, line 1)	7b
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III,	line 22) 10b
Part II Declaration and Signature Authorization of Officer or Person Subject to	Гах
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject of entity) Rolling Harvest Food Rosque (CIN)	to tax with respect to (name
NOTITIO DAIVESI FOOD RESCUE (FIN) 27 1620620	I .
belief	th t
complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return intermediate service provider, transmitter, or electronic return originates (FDO) to the electronic return	. I consent to allow my
intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the date of any refund. If applicable, Lauthorize the U.S. Transmission, and its desired to the reason for any delay in processing the date of any refund. If applicable, Lauthorize the U.S. Transmission, and its desired to the reason for any delay in processing the date of any refund.	receive from the IRS (a) an
	applicable the consent to
	applicable, the consent to
PIN: check one box only	
X authorize <u>Bee, Bergvall & Co.</u> to enter my PIN	
FRO tirm name	as my signature ter five numbers, but
do	not enter all zeros
on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is agency(ies) regulating charities as part of the IRS Fod(State programs I let be indicated within this return that a copy of the return is	s being filed with a state
	RO to enter my PIN on the
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax filed return. If I have indicated within this return that a copy of the return is being filed with a state.	vear 2022 alastrania-III.
filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent errors.	s) regulating charities as part
Signature of officer and a school of the consent screen.	
Part III Certification and Authentication	1-15-2024
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	
Do not enter a Do not	Il zeros
the retain in accordance with the requirements of Pila 4163 Modernized of Eilo (MoE) Information for	d above. I confirm that I
Providers for Business Returns.	Additionized IK2 e-Tille
ERO's signature Cynthia Bergvall, CPA	15/24
Date	15/24
ERO Must Retain This Form — See Instructions	
Do Not Submit This Form to the IRS Unless Requested To Do	8-
	30

Form 990 (2023)

Form 990 (2023) Rolling Harvest Food Rescue

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11c reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11e the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 11f X Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12a X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12b 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 13 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 14a fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 14b X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 15 X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 16 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 17 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II DAA

Form 990 (2023) Rolling Harvest Food Rescue
Part IV Checklist of Required Schedules (continued)

	, and a contract (continued)			
2	sale in the strain to the strain to the assistance to or lor domestic individuals on		Y	es No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	2	2	X
2	to the title with the start with the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
2	employees? If "Yes," complete Schedule J	2	3	X
2.	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24		X
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24	b	
	to defease any tax-exempt bonds?			
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24		_
25	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24	d	_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25		17
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25	a	X
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	251		X
26	and any current	231	+	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
27	controlled entity or family member of any of these persons? If "Yes." complete Schedule I. Part II	26		X
27	assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with any of the first f	27		X
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	res, complete schedule L, Part IV			
b	of any individual described in line 28a? If "Yes " complete School to Describe to	28a		X
С	7. 30 % controlled entity of one or more individuals and/or organizations described in line 20.	28b	+-	X
29	res, somplete Scriedule L, Part IV			1,,
30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c	-	X
00	The series of th	29	+-	X
31	orializations: Il Tes. Complete Schedule M	30	1	V
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-32 /f "Yos." complete Sci. 10.1000 and 10.1000	32		X
34	was the digarization related to any tax-exempt or taxable entity? If "Voc." assert to 0	33		X
	1,			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
b	to the oba, did the organization receive any payment from an analysis of the organization receive any payment from	35a		X
36	with the meaning of section 512(b)(13)2 If "Voo" complete 0	254		
	(a) or garillations. Did tile organization make any transfers to	35b		
37	3	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	and provide of any provide explanations on Schodule Of a D 1144	37		X
	The second secon			
Pa	Statements Regarding Other IRS Filings and Tax Compliance	38	Χ	
	Check if Schedule O contains a response or note to any line in this Part V			
1a		······································	Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W 30 included a 18		168	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup with bedding rules for			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
DAA	a price minicio:	1c	Χ	
		Form	990	(2023)

P	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			Yes	No			
2a									
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	5						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?		2b	X				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over,						
	a financial account in a foreign country (such as a bank account, securities account, or other financia	acco	unt)?	4a		X			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e							
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or							
	gifts were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods							
	and services provided to the payor?			7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	S							
	required to file Form 8282?			7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 889	9 as required?	7 g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е						
9	sponsoring organization have excess business holdings at any time during the year?			8					
а	Sponsoring organizations maintaining donor advised funds.								
b	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b					
а	Initiation fees and capital contributions included on Part VIII, line 12	1							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		_					
11	Section 501(c)(12) organizations. Enter:	10b		_					
а	Cross income from a series of the series of	1							
b	Gross income from other sources. (Do not net amounts due or paid to other sources	11a							
	against amounts due or received from thom	445							
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		-					
b	It "Yes" enter the amount of tay avament interest as a sixty	12b		12a					
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		-					
a	Is the organization licensed to issue qualified health plans in more than one state?			120					
	Note: See the instructions for additional information the organization must report on Schedule O.			13a					
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified beauty	13b							
	Enter the amount of reserves on hand	13c							
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Χ			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0		14b		-21			
5	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera	ation or	•						
	excess parachute payment(s) during the year?			15		X			
6	If "Yes," see instructions and file Form 4720, Schedule N.								
	Is the organization an educational institution subject to the section 4968 excise tax on net investment in If "Yes," complete Form 4720, Schedule O.	ncome	?	16		X			
	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activiti	:							
	that would result in the imposition of an excise tax under coation 4051, 4052 at 40520								
	If "Yes," complete Form 6069.			17					
					I				

Form 990 (2023) Rolling Harvest Food Rescue

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

<u>s</u>	ection A. Governing Body and Management					
					Yes	s No
1	Enter the number of voting members of the governing body at the end of the tax year	1a	6			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
	b Enter the number of voting members included on line 1a, above, who are independent	1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			7		
	any other officer, director, trustee, or key employee?			2	X	1
3	Did the organization delegate control over management duties customarily performed by or under the direct				71	+
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4	+-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	+-	X
6	Did the organization have members or stockholders?			6	+	X
7a				0	+	1
	one or more members of the governing body?			7.		\ \v
k				7a	_	X
	stockholders, or persons other than the governing body?			76		V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	o following:	7b		Χ
а	The governing body?				V	
b	Each committee with authority to act on behalf of the governing body?			8a	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			8b	X	-
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					37
Se	ction B. Policies (This Section B requests information about policies not required by the Intern	al P	Nonuo C	9		X
		iai i ve	everiue Co	oue.)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
10a	of an industrial of the state o			10	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such the results of such that the continuities of such that			10a		X
	armiates, and branches to ensure their operations are consistent with the organization's exempt purposes?			101		
11a	has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the for		10b	3.7	
b	and the process, if any, used by the organization to review this Form 900	the for	m?	11a	Χ	::::::::
12a	Did the organization have a written conflict of interest policy? If "No " go to line 13				3.7	
b	were officers, directors, or trustees, and key employees required to disclose appually interests that as all a significants.	to	fi: -4 - 0	12a	X	
С	Together and consistently monitor and enforce compliance with the policy? If "Ves."	to con	IIICIS?	12b	X	
	describe on scriedule o now this was done					
13	Did the organization have a written whistleblower policy?			12c	X	
14	Did the organization have a written document retention and destruction policy?			13	\rightarrow	X
15	Did the process for determining compensation of the following persons include a review and approach to			14		Χ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and delibera					
a	organization's CEO, Executive Director, or top management official			45-	V	
b	Other officers or key employees of the organization			15a	X	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b	^	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
h	that a taxable entity during the year?			16a		V
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		*********	10a		X
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
500	organization's exempt status with respect to such arrangements?			16b		
17	T. D.			100		
18	List the states with which a copy of this Form 990 is required to be filed PA, NJ					
10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sect	ion 50	l(c)			
	Our publish of public inspection. Indicate now you made these available. Check all that apply.					
19	The result of the state of the					
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes	t policy	/ ,			
20	and maricial statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's books and records RY GORMAN					
	W HODE			100 1000		
	- Nope PA 18938		215-	- 480	-06	57

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

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

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

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

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

(A) Name and title	(B) Average hours per week	bo	x, unl	Pos check ess pe	erson	than dis both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Kevin Strouse	F 00									
Board Chair	5.00	X		X				0	0	0
(2) Evan Lide, JD								V	0	0
Director	5.00	X						0		
(3) Regina Mirkin		21						0	0	0
Director	5.00	Х						0	0	0
(4) Maria Nicolo, MS									0	0
Director	5.00	Х						0	0	
(5) Lynne Snyder, ME	Ed, CDM							0	0	0
Director	5.00	Х						0		
(6) Steve Finn, MBA,	MSOD, 1	1PH	II					0	0	0
Director	5.00	Х						0	0	0
(7) Jamie McKnight	20.00								0	0
Program Director	0.00			Х				39,000	0	0
(8) Cathy Snyder						\neg		33,000	0	0
Executive Director	20.00			Х				53,130	0	0
(9)							1	33,130	0	0
* * * * * * * * * * * * * * * * * * * *										
(10)		1	1		+	1	+			
* * * * * * * * * * * * * * * * * * * *										
(11)		+		+	+	\dashv	+			

										000

	art. File. Goodon A. Omcer.	1	T	C3, I	tey i	Lilip	loye	es, a	nd Highest Compensated	Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for					is bot	h an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
-		hours for related organizations below dotted line)	or director	nstitutional trustee	cer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(12)											
(13)											
(14)											
(15)		• • • • • • • • • • • • • • • • • • • •									
(16)											
(17)											
(18)											
(19)											
1b c d	Subtotal Total from continuation sheet Total (add lines 1b and 1c)	ts to Part VII, S	ectic	n A					92,130		
2	Total number of individuals (increportable compensation from the	luding but not lin	nited	to the	hose	liste	ed ab	ove)	92,130 who received more than \$	100,000 of	
3	Did the organization list any form employee on line 1a? If "Yes," of For any individual listed on line	mer officer, directions of the sum of the su	ctor,	trus	tee, l	key e	empl vidua	oyee	, or highest compensated		Yes No
5	organization and related organiz individual Did any person listed on line 1a for services rendered to the organization	receive or accru	nan s	150 mpe	,000 nsat	ion f	Yes,	" cor	mplete Schedule J for such		4 X
	on B. Independent Contractors	;									5 X
	Complete this table for your five compensation from the organiza	tion. Report con A) siness address	npen	satio	on fo	r the	cale	ntrac	year ending with or within	the organization's tax year	
	Name and bu	siness address					+		Description	of services	(C) Compensation
2	Total number of independent	atroptore (in al. 11									
AA	Total number of independent cor received more than \$100,000 of	compensation fr	om t	the o	rgan	nited	to th	iose	listed above) who	0	

27-4630639 Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (D) Total revenue Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 17,000 b Membership dues 1b c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e 49,405 All other contributions, gifts, grants, and similar amounts not included above 1f 411,162 g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f 477,567 Business Code Program Service Revenue Program Service Fees 624200 45,354 45,354 f All other program service revenue g Total. Add lines 2a-2f 45,354 Investment income (including dividends, interest, and other similar amounts) 5,381 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real 6a Gross rents b Less: rental expenses 6b c Rental inc. or (loss) 6c Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a Other Revenue b Less: cost or other basis and sales exps. c Gain or (loss) 7с d Net gain or (loss) 8a 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 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Miscellaneous **Business Code** 11a d All other revenue Total. Add lines 11a-11d

528,302

45,354

5,381

0

Total revenue. See instructions

Form 990 (2023) Rolling Harvest Food Rescue 27-4630639 Part IX Statement of Functional Expenses

	ction 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon	se or note to any line ir	this Part IX	mpiete column (A).	
	not include amounts reported on lines 6b, 7b, 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			g-10-21 - 0-10-00	expenses
	and domestic governments. See Part IV, line 21				
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	92,130	36,852	32,952	22,326
6	Compensation not included above to disqualified				22/52
	persons (as defined under section 4958(f)(1)) and		H ₀		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	91,447	82,302	9,145	
8	Pension plan accruals and contributions (include		-3/002	5/115	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	17,541	11,386	4,022	2,133
11	Fees for services (nonemployees):		11/000	1,022	2,133
а					
b	Legal	1			
C	Accounting	18,045		18,045	
d	Lobbying			10,045	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	14,643	1,310	13,333	
12	Advertising and promotion	14,643 3,515	2,043	13,333	1 470
13	Office expenses	7,469	2/043	7,469	1,472
14	Information technology	5,706	3,658	7,409	0.010
15	Royalties		3,030		2,048
16	Occupancy				
17	Traver	3,189	276	2,913	
18	Payments of travel or entertainment expenses	- / = 0 3	270	2,913	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,460	5,460		
20	Interest	7 2 0 0	3,400		
	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,663	29,663		
	Insurance	9,409	9,409		
24	Other expenses. Itemize expenses not covered		2,409		
	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.)				
а	BKO produce purchases	87,813	87,813		
b	Nutriton education	78,526	78,526		
C	Miscellaneous expenses	18,005	15,941	2,064	
d	Delivery expenses	15,597	15,597	2,001	
	All other expenses	13,712	10,166	3,546	
5	Total functional expenses. Add lines 1 through 24e	511,870	390,402	93,489	27,979
1	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if ollowing SOP 98-2 (ASC 958-720)			20/1402	21,319

_		Check if Schedule O contains a response or no	ote to any line i	in this Part X			
					(A) Beginning of year		(B) End of year
	1	men mereet bearing			93,156	1	55,522
	2	Savings and temporary cash investments			530,377	2	296,654
	3	Pleages and grants receivable, net			,	3	230/00
	4	Accounts receivable, net		7,435	4	61,329	
	5	Loans and other receivables from any current or form	er officer, direc	ctor,			01/02
		trustee, key employee, creator or founder, substantia	contributor, or	r 35%			
		controlled entity or family member of any of these per	sons	i		5	
	6	Loans and other receivables from other disqualified p		ined		3	
ts		under section 4958(f)(1)), and persons described in s	ection 4958(c)((3)(B)		6	
Assets	7	Notes and loans receivable, not				6	
As	8	Inventories for sale or use				7	
	9	Prepaid expenses and deferred charges				8	
	10a	a Land, buildings, and equipment: cost or other				9	9 , 978
		hasis Complete Port VI of Cabadula D	40-	265 220			
	b	Less: accumulated depresentian		365,332			
	11	Investments—publicly traded securities	10b	212,122	99,937	10c	153,210
	12	Investments—other securities. See Part IV, line 11				11	221,387
	13	Investments—program-related. See Part IV, line 11				12	
	14	Intensible secrets				13	
	15	Other assets. See Part IV, line 11				14	
	16					15	
\neg	17	Total assets. Add lines 1 through 15 (must equal line	33)			16	798,080
	18	Accounts payable and accrued expenses Grants payable			17,545	17	46,901
	19	Deferred revenue				18	
	20	Tax-exempt bond liabilities			19		
- 1	21					20	
	22	Escrow or custodial account liability. Complete Part IV	of Schedule D			21	
Lie	22	Loans and other payables to any current or former office	er, director,				
Liabilities		trustee, key employee, creator or founder, substantial of	contributor, or 3	35%			
E	23	controlled entity or family member of any of these pers	ons			22	
- 1	24	Secured mortgages and notes payable to unrelated this	d parties			23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
1	25	Other liabilities (including federal income tax, payables	to related third			-	
		parties, and other liabilities not included on lines 17-24)	. Complete Par	rt X			
1.	- 9	or scriedule D			١.	25	
+	26	Total habilities. Add lines 17 through 25			17 545	6	16 001
2		Organizations that follow FASB ASC 958, check her	e X		1,7010 2	.0	46,901
3		and complete lines 27, 28, 32, and 33.					
2 2	7 1	Net assets without donor restrictions			653,360 2	7	751 170
2	8 1	Net assets with donor restrictions			60,000 2		751,179
	(Organizations that do not follow FASB ASC 958, che	ck here		00,000 2	8	
-	ć	and complete lines 29 through 33.					
2	9 (Capital stock or trust principal, or current funds					
3	0 F	Paid-in or capital surplus, or land, building, or equipmen	t fund		2		
3	7 F	Retained earnings, endowment, accumulated income o	r other funds		3		
2 3 3 3 3	2 1	otal net assets or fund balances			712 260 2		
3	3 T	otal liabilities and net assets/fund balances			713,360 3 :730,905 3 :	_	751,179
					/30,905 3	3	798,080

For	m 990 (2023) Rolling Harvest Food Rescue 27-4630639				
P	art XI Reconciliation of Net Assets			F	Page 1
	Check if Schedule O contains a response or note to any line in this Part XI				
1	lotal revenue (must equal Part VIII, column (A), line 12)	T . T		<u> </u>	
2		1			,302
3		2			,870
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments	3			, 432
5	Net unrealized gains (losses) on investments				,360
6	Donated conjugation and transfer the	5		21	,387
7	Investment expenses	6		131	
8	Prior period adjustments	7			
9	Other changes in net assets or fund balances (explain on Schedule O)	8			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	9			
	32, column (B))				
Pa	art XII Financial Statements and Reporting	10		751,	179
	The state of the s				
	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 X Accrual Other			Yes	No
	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		2a	X	
	reviewed on a separate basis, consolidated basis, or both.				
	V				
b	Separate basis Consolidated basis Both consolidated and separate basis 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	**********	2b		X
	separate basis, consolidated basis, or both.				
С	Separate basis Consolidated basis Both consolidated and separate basis 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?				1
	If the organization changed either its oversight process or selection process during the tax year, explain on		2c	X	
	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				
	Simoni Suldance, 2 C.F.R. Part 200. Suppart F7				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	* * * * * * * * * * * * * * * * * * * *	3a		X
	required audit or audits, explain why on Schodule O 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

3b

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

Schedule A (Form 990) 2023

2023

Open to Public Inspection

Name of the organization Employer identification number Rolling Harvest Food Rescue 27-4630639 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990) 2023 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.)

Se	ection A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	,					
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support				•		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				,		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
2	Gross receipts from related activities, etc.	(see instructions)	·			T	
3	First 5 years. If the Form 990 is for the organization, check this box and story beautiful.	anization's first, se	cond third fourth	or fifth tax year o			
_	organization, check this box and stop here	4		, or militax year a	is a section 501(c)(3)	
Sec	tion C. Computation of Public Su	pport Percenta	age				
4	Public support percentage for 2023 (line 6, Public support percentage from 2022 Sche	column (f) divided	by line 11, column	ı (f))		14	
5							%
6a	33 1/3% support test — 2023. If the organization gualife	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more	heck this	%
	and stop here. The organization qualif	ies as a publiciv su	pported organizati	on			
b	33 1/3% support test — 2022. If the organithis box and stop here. The organization was	ization did not ched	ck a box on line 13	or 16a, and line	15 is 33 1/3% or mo	ore check	
	and stop here. The organization q	ualifies as a publicl	V supported organ	ization			
<i>i</i> a	10%-lacts-and-circumstances test — 202	If the organization	on did not check a	hoy on line 13 16	Sa, or 16b, and line	14 is	
	rozo or more, and it the organization meets	the facts-and-circu	imstances test ich	ack this how and a	ton hour Contain	• 50	
	the organization meets the fact	s-and-circumstance	es test. The organ	ization qualifies as	a publicly support	ed	
	organization						
b	10%-facts-and-circumstances test — 202	2. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and	l line	
	is 10% of more, and if the diganization in	neets the facts-and	-circumstances te	st check this how	and step have To	-1-1-	
	organization	icts-and-circumstai	nces test. The org	anization qualifies	as a publicly supp	orted	
	organization						
	Private foundation. If the organization did instructions						
	instructions						

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.)

Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees				(5) 2022	(0) 2020	(i) iotai
	received. (Do not include any "unusual grants.")	320,663	737,316	473,052	457,770	477,567	2,466,36
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		17,651	13,535	33,163	45,354	109,70
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	320,663	754,967	486,587	490,933	522,921	2,576,07
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					330,301	2,310,01
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sac	tion B. Total Support						2,576,073
	ndar year (or fiscal year beginning in)						
9	Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		320,663	754,967	486,587	490,933	522,921	2,576,071
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	100	246	770			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		240	779	899	5,381	7,305
С	Add lines 10a and 10b		246	779	899	5,381	7 205
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on				033	3,361	7,305
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11,						
	and 12.)	320,663	755,213	487,366	491,832	F20 200	
4	First 5 years. If the Form 990 is for the organization, check this box and stop here	anization's first, seco	ond, third, fourth, c	or fifth tax year as a	section 501(c)(3)	528,302	2,583,376
	Stop liefe				2 00011011 001(0)(0)		
r	ion C. Computation of Public Sup	port Percentag	е				
5	Public support percentage for 2023 (line 8, c	column (f), divided by	line 13, column ((f))		15	00 70 %
6 Octi	Public support percentage from 2022 Sched	ule A, Part III, line 1	5			16	99.72%
7	on D. Computation of Investmen	t Income Perce	ntage				99.92 78
, i	Investment income percentage for 2023 (line	e 10c, column (f), div	vided by line 13, co	olumn (f))		17	%
9a :	evestment income percentage from 2022 Sc	hedule A, Part III, lin	e 17				%
	33 1/3% support tests — 2023. If the organ	nization did not check	k the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line	
b :	33 1/3% support tests — 2022. If the organ	and stop here. The	organization qual	lifies as a publicly s	supported organiza	ation	X
	the rolls hot more than 33 1/3%, check this	box and stop here.	The organization	qualifies as a publi	oly oursement and		
0 1	Private foundation. If the organization did r	not check a box on li	ne 14, 19a, or 19b	o, check this box ar	nd see instructions		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

			res	S	No
1					
2	2				
	a				
3					

31	0	:::::	:::::		***********
30	2				**********
48					
41					
10		:::::	:::::	Ť	**********
40					:::::::::::::::::::::::::::::::::::::::
_		::::			
_ 5a				-	::::::::::
	1				
5b	+	_		+	
5c	+		:::::		
	-			1	
6	-	:::::	:::::		
7	-			_	
8					
9a					
9b		:::::	:::::	:::::	
9c			:::::		
10a					**********
10b					-
dule A	(F	orr	na	90)	2023

	art IV Supporting Organizations (continued)	000		Page
			Yes	No
11	and a september of contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	b A family member of a person described on line 11a above?	11b		+
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
-	provide detail in Part VI.	11c	1	
Sec	ction B. Type I Supporting Organizations	1110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	1	·····
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
000	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
1	Word a majority of the appariant and all		Yes	No
•	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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sect	tion D. All Type III Supporting Organizations	1		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	[::::::::::	Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	:::::::::::::::::::::::::::::::::::::::	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No " explain in Bort W			
	now the organization maintained a close and continuous working relationship with the supported organization (a)			
3	by reason of the relationship described on line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income of assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cast	_supported organizations played in this regard	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	:)		
a	The organization satisfied the Activities Test. Complete line 2 below.	7.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	I ne organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (accompanies)	uctions)		
2	rearrance real. Answer lines 2a and 2b below.	Γ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			140
	the supported organization(s) to which the organization was responsive? If "Yes " then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
b	that these activities constituted substantially all of its activities. Did the activities described on line 2s, above a set to the second of	2a		
~	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported experient in (a)			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its assessment of the organization is presented in the organization of the organization in the organization is presented in the organization or the organization of the organization is supported organization.			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
DAA	, and regard.	30		

	dule A (Form 990) 2023 Rolling Harvest Food Rescue	3	27-4630)639 Page			
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniz	ations				
1	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 mu	st cor	nplete Sections A through E				
Se	ction A – Adjusted Net Income	(A) Prior Year	(B) Current Year				
	•		(A) Filor Teal	(optional)			
1	The state of the s	1					
2	Recoveries of prior-year distributions	2					
3	g metalenene)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	production of concorton						
	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					
Sec	tion 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					
	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						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 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					
Sect	ion C – Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	-					
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally integrated Ty	vne III	supporting organization				
	(see instructions).	ype III	supporting organization				

Schedule A	A (Form 990) 2023 Rolling Harvest	Food Rescue	27-46	630)639 Pag		
	Type III Non-Functionally Integrated 509(a)(3) D - Distributions	Supporting Organiz	ations (continued)				
					Current Year		
1 An	nounts paid to supported organizations to accomplish exempt purp	oses		1			
2 An	nounts paid to perform activity that directly furthers exempt purpose	es of supported					
organizations, in excess of income from activity							
3 Administrative expenses paid to accomplish exempt purposes of supported organizations							
	nounts paid to acquire exempt-use assets			4			
5 Qu	alified set-aside amounts (prior IRS approval required—provide de	tails in Part VI)		5			
	her distributions (describe in Part VI). See instructions.			6			
	tal annual distributions. Add lines 1 through 6.			7			
8 Dis	stributions to attentive supported organizations to which the organiz	ation is responsive		8			
	ovide details in Part VI). See instructions.						
	tributable amount for 2022 from Section C, line 6			9			
10	e 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		
Section E	E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	s	Distributable		
			Pre-2023		Amount for 2023		
1 Dist	tributable amount for 2023 from Section C, line 6						
2 Und	derdistributions, if any, for years prior to 2023						
inst	asonable cause required-explain in Part VI). See required-explain in Part VI).						
	ess distributions carryover, if any, to 2023						
	m 2018						
	m 2019						
	m 2020						
d Fron							
e Fron	n 2022						
f Tota	al of lines 3a through 3e						
	lied to underdistributions of prior years						
h Appl	lied to 2023 distributable amount						
	yover from 2018 not applied (see instructions)						
j Rem	ainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4 Distr	ibutions for 2023 from						
	ion D, line 7:						
a Appli	ied to underdistributions of prior years						
b Appli	ed to 2023 distributable amount		***************************************				
c Rema	ainder. Subtract lines 4a and 4b from line 4						
5 Rema	aining underdistributions for years prior to 2023 if						
any. S	Subtract lines 3g and 4a from line 2. For result						
greate	er than zero, explain in Part VI. See instructions						
6 Rema	aining underdistributions for 2023. Subtract lines 3h						
and 4	b from line 1. For result greater than zero, explain in						
Part \	VI. See instructions.						
7 Exces	ss distributions carryover to 2024. Add lines 3j						
and 4	C.						
	down of line 7:						
	s from 2019						
	s from 2020						
	s from 2021 s from 2022		·				
	s from 2022 s from 2023						
	5 2020						

Schedule A (Fo	rm 990) 2023	Rolling	Harvest 1	Food Reso	1110	27-4630639	
Part VI	B, lines 1 and 2; F 3a, and 3b; Part \	f ormation. Provi /, Section A, lines Part IV, Section C /, line 1; Part V. S	de the explana 1, 2, 3b, 3c, 4 1, line 1; Part IV Section B. line	ations required 4b, 4c, 5a, 6, 9 V, Section D, I 1e: Part V, Se	I by Part II, line 10; la, 9b, 9c, 11a, 11b ines 2 and 3; Part	Part II, line 17a or 17 o, and 11c; Part IV, Se IV, Section E, lines 1c	ection
		•			mation: (Occ mati	uctions.)	

*							
						**************	* * * * * * * * * * * * * * * * * * * *

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	*********			• • • • • • • • • • • • • • • • • • • •			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No. 1545-0047

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

Open to Public Inspection

F	Rolling Harvest Food Rescue		27-4630639
P	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on		or Accounts
		(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 tha		
	funds are the organization's property, subject to the organization's excl		Yes
6	Did the organization inform all grantees, donors, and donor advisors in		[] Tes [] N
	only for charitable purposes and not for the benefit of the donor or dono		
P	art II Conservation Easements		Yes N
	Complete if the organization answered "Yes" on F	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 educ	ation) Preservation of a historica	ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser	rvation contribution in the form of a co	nservation
	easement on the last day of the tax year.		Held at the End of the Tax Ye
а	Total number of conservation easements		
b	Total agrange metriated by		
С	Number of conservation easements on a certified historic structure inclu	udad an line 2e	
d		luke 25 2000 I	2c
	on a historic structure listed in the National Position		
3	Number of conservation easements modified, transferred, released, ext	in and the desired	2d
	tax year	inguished, or terminated by the organi	ization during the
4	Number of states where property subject to conservation easement is lo		
5	Does the organization have a written policy assertion to	ocated	
	Does the organization have a written policy regarding the periodic monit	toring, inspection, handling of	
6	violations, and enforcement of the conservation easements it holds?		Yes No
Ū	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	itions, and enforcing conservation eas	ements during the year
	* *************************************		
	Does each conservation easement reported on line 2d above satisfy the and section 170(b)(4)(P)(ii)2	requirements of section 170(h)(4)(B)(i)
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation assessment		Yes No
	sheet, and include, if applicable, the text of the footnote to the organization organization's accounting for conservation easements.	on's financial statements that describe	es the
Pai	Organizations Maintaining Collections of Art J		
	Organizations Maintaining Collections of Art, H Complete if the organization answered "Yes" on Fo	distorical Treasures, or Other	r Similar Assets
1a	If the organization elected as permitted under EASP ASC 050 matter	om 990, Part IV, line 8.	
	If the organization elected, as permitted under FASB ASC 958, not to report of art, historical treasures, or other similar assets hold for public publications.	port in its revenue statement and balar	nce sheet works
	of art, historical treasures, or other similar assets held for public exhibition service, provide in Part XIII the text of the footnote to its financial statements.	n, education, or research in furtherand	ce of public
b	If the organization elected, as permitted under FASB ASC 958, to report	ents that describes these items.	
	art, historical treasures, or other similar assets held for public oxhibition	in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhibition, provide the following amounts relating to these items.	education, or research in furtherance	of public service,
	(i) Revenue included on Form 990 Part VIII line 1		-
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
	The state of the s		\$
	If the organization received or held works of art, historical treasures, or or following amounts required to be reported under FASE ASC ASS relation	tner similar assets for financial gain, p	rovide the
	following amounts required to be reported under FASB ASC 958 relating.	to these items.	
a			
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X aperwork Reduction Act Notice, see the Instructions for Form 990.		\$

	edule D (Form 990) 2023 Rolling					27-46					Page
P	art III Organizations Maintain	ing Collections of	of Art,	Historical [*]	Treasure	s, or Other	Simila	Asset	s (cor	ntinue	ed)
3		ession, and other recor	ds, che	ck any of the f	ollowing tha	at make signific	ant use o	f its	100.		
a	Scholarly research	d e	Loan of Other	or exchange pr							
4	 Preservation for future generations Provide a description of the organization's XIII. 	s collections and expla	in how t	they further the	e organizati	on's exempt pu	rpose in	Part			
5	During the year, did the organization solic assets to be sold to raise funds rather that	n to be maintained as								Yes	No
P:	Escrow and Custodial A Complete if the organizat 990, Part X, line 21.		s" on F	orm 990, P	art IV, lin	e 9, or repor	ted an	amount	on Fo	orm	
	Is the organization an agent, trustee, cust included on Form 990, Part X? If "Yes," explain the arrangement in Part >									Yes	☐ No
~	in 165, explain the arrangement in Falt 7	dir and complete the fo	ollowing	table.					Δ	- 1	
_	Beginning balance						-		Amo	ount	
							1				
u 0	Additions during the year						1				
f	Distributions during the year Ending balance										
		000 B-4V I					1	f			
h	Did the organization include an amount or	III. Chook here if the	e 21, fo	r escrow or cus	stodial acco	ount liability?			🔲	Yes	No
Ps	If "Yes," explain the arrangement in Part X Endowment Funds	III. Check here if the e	xpianat	ion has been p	provided on	Part XIII					
	Complete if the organizati	on answered "Vee	" on [000 D	t IV (- I'	4.0					
	complete if the organizati										
1a	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two	years back	(d) Three y	ears back	(e)	Four yea	ars back
b	Contributions		-								
	Contributions Net investment earnings, gains, and				-				-		
	losses										
	Grants or scholarships								+-		
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the		-								
a	Provide the estimated percentage of the cu		e (line 1	g, column (a))	held as:						
	Board designated or quasi-endowment Permanent endowment %										
	T										
20	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.									
Sa	Are there endowment funds not in the poss	ession of the organizat	tion that	are held and	administere	ed for the					
	organization by.									Yes	TNI
	(i) Unrelated organizations?								20/		No
	(ii) Related organizations?								3a(i		+
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as require	ed on S	chedule R?		**********			3a(ii	4—	-
	the interided uses of th	e organization's endov	vment f	unds.					3b		
Par	Land, Buildings, and Equ	ipment									
	Complete if the organization Description of property	n answered "Yes"	on Fo	rm 990. Par	t IV line	11a See Fo	rm 000	Dort V	lin -	40	
	Description of property	(a) Cost or other ba	sis	(b) Cost or ot	her basis	(c) Accumi		, rail X			
4		(investment)		(other		deprecia			(d) Boo	k value	
1a L	* * * * * * * * * * * * * * * * * * * *					,					
	Buildings										
c L	easehold improvements							_			
d F	Fauinment										

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII Investments – Other Securities			
Complete if the organization answered "Yes" on	Form 990, Part IV,	line 11b. See Fo	rm 990 Part X line 1
(L) Description of Security of Category	(b) Book value		(c) Method of valuation:
(including name of security)		Co	st or end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Column (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments – Program Related			
Complete if the organization answered "Yes" on I	Form 990, Part IV. I	ine 11c. See For	m 990 Part X line 13
(a) Description of investment	(b) Book value		(c) Method of valuation:
		Cos	or end-of-year market value
1)			
2)			-
3)			
4)			
5)			
6)			
7)			
3)		1	
tal. (Column (b) must equal Form 990, Part X, line 13, col. (B))			
tal. (Column (b) must equal Form 990, Part X, line 13, col. (B))			
tal. (Column (b) must equal Form 990, Part X, line 13, col. (B))	orm 990, Part IV. lii	ne 11d. See Form	1 990 Port V. line 45
tal. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on F	orm 990, Part IV, lii	ne 11d. See Form	
tal. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on F (a) Description	orm 990, Part IV, liı	ne 11d. See Form	
tal. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets Complete if the organization answered "Yes" on F (a) Description)	orm 990, Part IV, lii	ne 11d. See Form	
tal. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets Complete if the organization answered "Yes" on F (a) Description)	orm 990, Part IV, lii	ne 11d. See Form	
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Part XIII Supplemental Information (continued)	27-4630639	Page
Supplemental information (continued)		
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule O (Form 990) 2023

Department of the Treasury Internal Revenue Service Name of the organization

Rolling Harvest Food Rescue 27-4630639 Form 990 - Organization's Mission Mission Statement: Our goal is to increase access to donated fresh produce and other healthy foods to area hunger-relief sites that serve the at-risk, food-insecure population by providing local farmers and food producers with free, effective delivery and distribution of their surplus. Objectives: Increase healthier dietary sources through distribution of locally grown produce to hunger-relief sites and all socially disadvantaged communities. --Turn food pantries and other emergency feeding programs into free Farm Markets; --Engage recipients with effective Nutrition Education Outreach to ensure healthy eating for life; --Advocate on behalf of the food-insecure population throughout our region; --Continue to identify all food insecure organizations and communities within the Bucks County region and make the connection with our local farm surplus network; --Cultivate new volunteers and partnerships; --Model better environmental stewardship by making sure no healthy food goes to landfills; --Ensure the sustainability of RHFR; --Work with local Legislators on behalf of the food-insecure population for better food policies; --Expand our work within local schools and community groups to create the next generation of social justice advocates; --Continue mentoring organizations with similar missions to create their

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

Name of the organization Rolling Harvest Food Rescue	Employer identification number 27-4630639
own gleaning programs.	
Form 990, Part III, Line 4a - First Accomplishment	
Over the last eleven years, we have distributed nearl	y four and a half
million pounds of healthy food from 45 farm partners	to more than 80 hunger
relief sites, including food pantries, shelters, comm	unity kitchens, and
low-income senior centers. The distribution of nutrit	ious food benefits
more than 34,000 adults and children each month in ne	ed of assistance. With
the help of more than 1,000 volunteers dedicating 5,0	34 hours, we rescued
456,000 pounds (380,000 meals) of farm produce and he	althy proteins in
2023, efficiently distributing it to neighbors in need	d and keeping it out
of landfills.	
We continue to partner with several other nonprofit or	
further identify and alleviate hunger and nutrition in	
the region. We have increased our nutrition and culina	ary education outreach
program significantly to teach healthy eating for life	
serving 12,835 healthy samples at 93 events in 2023.	We remain committed
to keeping surplus healthy food out of landfills and s	haring it with our
morghbors in need.	
Form 990, Part VI, Line 2 - Related Party Information	D
Lynne Snyder Cathy Snyder	Among Officers
Director Exec. Dir.	
Siblings	
Form 990, Part VI, Line 11b - Organization's Process t	o Review Form 990
	Page 1 of 2

Schedule O (Form 990) 2023 Name of the organization	Page Employer identification number
Rolling Harvest Food Rescue	27-4630639
Complete Form 990 is available for review by any and all	board members.
*	
Form 990, Part VI, Line 12c - Enforcement of Conflicts P	olicy
Board members and officers are required to note all occu	rances of conficts
of interests as they arise.	
· ·····	
Form 990, Part VI, Line 15a - Compensation Process for T	op Official
The Organization looks at other similar nonprofits to en	sure they are
competitive and fair. Board approval is obtained for all	new hires and
their compensation. The board also approves any increase	in current
employee compensation.	
Form 990, Part VI, Line 15b - Compensation Process for O	fficers
The process used for the Top Offical is also used for Off	
Employees.	
Form 990, Part VI, Line 19 - Governing Documents Disclosu	re Explanation
Documents will be made available upon written request.	

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