

**COPY**

**2008**

Open to Public Inspection

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES</b>  Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>750 CURTNER AVENUE</b>  City or town, state or country, and ZIP + 4 <b>SAN JOSE, CA 95125-2118</b>  <b>F</b> Name and address of principal officer: <b>KATHY JACKSON</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number  <b>94-2614101</b>  <b>E</b> Telephone number <b>(408) 266-8866</b>  <b>G</b> Gross receipts \$ <b>65,836,993.</b>  <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ <b>WWW.2NDHARVEST.NET</b>	
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1979</b> <b>M</b> State of legal domicile: <b>CA</b>	

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>MISSION: PROVIDING FOOD FOR PEOPLE IN NEED IN OUR COMMUNITY.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of employees (Part V, line 2a)	5	114
	6	Total number of volunteers (estimate if necessary)	6	22233
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 49,957,513.	Current Year 61,908,344.
	9	Program service revenue (Part VIII, line 2g)	92,140.	133,844.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	827,483.	-268,562.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,525.	20,500.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,907,661.	61,794,126.
	Expenses	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)	5,757,092.	6,878,062.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	215,797.	257,566.
b		Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 1,607,144.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	44,410,964.	53,533,481.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,383,853.	60,700,521.
19		Revenue less expenses. Subtract line 18 from line 12	523,808.	1,093,605.
Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 25,234,290.	End of Year 25,205,620.
	21	Total liabilities (Part X, line 26)	1,362,676.	1,333,394.
	22	Net assets or fund balances. Subtract line 21 from line 20	23,871,614.	23,872,226.

**Part II Signature Block**

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

Sign Here

Signature of officer **KATHY JACKSON, CEO** Date \_\_\_\_\_  
Type or print name and title

Paid Preparer's Use Only

Preparer's signature **RANDY G. PETERSON, CPA** Date **11/12/09** Check if self-employed ☐ Preparer's identifying number (see instructions)  
Firm's name (or yours if self-employed), address, and ZIP + 4 **BERGER/LEWIS ACCOUNTANCY CORP.**  
**55 ALMADEN BLVD., STE 600** EIN ▶  
**SAN JOSE, CA 95113** Phone no. ▶ **(408) 494-1200**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

**SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES**

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**Part III Statement of Program Service Accomplishments** (see instructions)

1. Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
PROVIDE ENOUGH FOOD TO ENSURE THAT LOW-INCOME INDIVIDUALS DO NOT GO  
HUNGRY, PROVIDE HEALTHY FOODS TO ADDRESS THE NUTRITIONAL NEEDS OF  
LOW-INCOME POPULATIONS, PROVIDE ACCESS TO FOOD ASSISTANCE THAT IS BOTH  
DIGNIFIED AND CONVENIENT AND DRIVE ADVOCACY EFFORTS FORWARD FOR FOOD
2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes", describe these new services on Schedule O.
3. Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes", describe these changes on Schedule O.
4. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code: ) (Expenses \$ 30,083,626. including grants of \$ 31,412. ) (Revenue \$ 154,725. )

**FOOD ASSISTANCE PROGRAM:**

SECOND HARVEST PROCURES LARGE FOOD DONATIONS THROUGH CORPORATE FOOD  
DRIVES, FROM THE USDA AND FEMA, AND THROUGH MEMBERSHIP IN FEEDING  
AMERICA (FORMERLY AMERICA'S SECOND HARVEST). BUT SIMPLY DISTRIBUTING  
DONATED FOOD WOULD NOT PROVIDE NUTRITIOUS, NOR BALANCED, MEALS. THE  
AGENCY SPENT APPROXIMATELY \$8.1 MILLION PROCURING, PACKAGING, AND  
TRANSPORTING PROTEIN AND OTHER FOOD TO SUPPLEMENT DONATED ITEMS,  
ENSURING NUTRITIOUS MEALS TO AN AVERAGE OF 207,566 PEOPLE EACH MONTH.  
THIS IS A 17% INCREASE OVER LAST YEAR. THIS INVOLVED THE DISTRIBUTION  
OF 39.1 MILLION POUNDS OF FOOD, EQUIVALENT TO ABOUT 30.1 MILLION MEALS  
AND UP 13% OVER LAST YEAR. THIS MAKES THE AGENCY THE 5TH MOST EFFECTIVE  
FOOD BANK IN THE NATION BASED ON POUNDS DISTRIBUTED PER PERSON IN

4b (Code: ) (Expenses \$ 25,167,466. including grants of \$ ) (Revenue \$ )

**DIRECT SERVICE PROGRAM:**

- BROWN BAG - GROCERIES PROVIDED ON A WEEKLY BASIS TO AN AVERAGE OF  
14,608 PEOPLE, INCLUDING SENIORS AND DISABLED INDIVIDUALS ON FIXED  
INCOMES.  
- FAMILY HARVEST - GROCERIES PROVIDED MONTHLY TO LOW-INCOME FAMILIES  
WITH MINOR DEPENDENT CHILDREN SERVING AN AVERAGE OF 18,980 INDIVIDUALS  
PER MONTH, REPRESENTING 4,365 HOUSEHOLDS.  
- PARTNERS IN NEED - GROCERIES PROVIDED ON A WEEKLY BASIS FOR AN  
AVERAGE OF 579 LOW-INCOME FOOD BANK VOLUNTEERS.

APPROXIMATELY 34,167 INDIVIDUALS ARE SERVED PER MONTH.

4c (Code: ) (Expenses \$ 2,493,467. including grants of \$ ) (Revenue \$ )

**OTHER PROGRAMS:**

- FOOD CONNECTION - PHONE REFERRAL HOTLINE LINKS PEOPLE NEEDING FOOD  
WITH LOCAL FOOD ASSISTANCE PROGRAMS. IN THE PAST YEAR, FOOD CONNECTION  
PROVIDED 40,204 REFERRALS WHICH REPRESENTED A 44% INCREASE  
YEAR-OVER-YEAR AND 69% OF THE CALLERS SOUGHT FOOD ASSISTANCE FOR THE  
FIRST TIME.  
- COMMUNITY NUTRITION - OFFERS TRAINING, WORKSHOPS, AND TECHNICAL  
ASSISTANCE TO AGENCIES AND PROGRAM PARTICIPANTS IN THE AREAS OF  
NUTRITION EDUCATION, FOOD SAFETY, AND HANDLING PRACTICES.  
- FOOD STAMP OUTREACH - HELPS CLIENTS COMPLETE THE APPLICATION TO  
PUBLIC PROGRAMS SUCH AS FOOD STAMPS. ALSO HELPS INDIVIDUALS MAXIMIZE  
THE FOOD ASSISTANCE RESOURCES AVAILABLE TO THEM, THE AGENCY HAS

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

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

4e Total program service expenses \$ 57,744,559. (Must equal Part IX, Line 25, column (B).)

**SECOND HARVEST FOOD BANK OF SANTA CLARA  
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<b>N/A</b>	
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<b>X</b>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>X</b>	
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>

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**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>		<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>		<b>X</b>
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	<b>34</b>		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35</b>		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>		<b>X</b>

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**SECOND HARVEST FOOD BANK OF SANTA CLARA  
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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	23		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	114		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	N/A		
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
	N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	N/A		
10	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	N/A		
12b			

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**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	19	
1b Enter the number of voting members that are independent	19	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
9b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or 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 in Schedule O	11	X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

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

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

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SOPHIA JUAREZ - (408) 266-8866**  
**750 CURTNER AVENUE, SAN JOSE, CA 95125-2118**

**SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES**

Form 990 (2008)

94-2614101 Page 7

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
ANDREA BOSCOE BOARD MEMBER	1.00	X						0.	0.	0.
ARCHIE ROBOOSTOFF BOARD MEMBER	1.00	X						0.	0.	0.
CARL GUARDINO BOARD MEMBER	1.00	X						0.	0.	0.
DEB NELSON BOARD MEMBER	1.00	X						0.	0.	0.
DICK SVEC BOARD MEMBER	1.00	X						0.	0.	0.
JAY STRAUSS BOARD MEMBER	1.00	X						0.	0.	0.
JOE HAWAYEK BOARD MEMBER	1.00	X						0.	0.	0.
JOE PERT BOARD MEMBER	1.00	X						0.	0.	0.
JOHN KELM BOARD MEMBER	1.00	X						0.	0.	0.
KEVIN FORD BOARD MEMBER	1.00	X						0.	0.	0.
MARK HEYL BOARD MEMBER	1.00	X						0.	0.	0.
NORM TAFFE BOARD MEMBER	1.00	X						0.	0.	0.
RITA HOLIDAY BOARD MEMBER	1.00	X						0.	0.	0.
ROB DINAPOLI BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT MORGAN BOARD MEMBER	1.00	X						0.	0.	0.
VAN DANG BOARD MEMBER	1.00	X						0.	0.	0.
BARBARA AVERY SECRETARY/TREASURER	1.00	X		X				0.	0.	0.

**SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES**
**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
DONNA MORRIS VICE PRESIDENT	1.00	X		X				0.	0.	0.
LINDA ASBURY PRESIDENT	1.00	X		X				0.	0.	0.
CHARLES HUGGINS CEO	40.00			X				180,452.	0.	4,969.
KEITH FLAGLER INTERIM CEO	32.00			X				33,846.	0.	763.
SALLY PETERSEN CFO	40.00			X				127,105.	0.	23,774.
CINDY MCCOWN SR. DIR. PROGRAMS & SERV	40.00					X		122,189.	0.	24,010.
LAWRENCE DISKIN SR. DIR. HUMAN RESOURCES	40.00					X		112,909.	0.	7,956.
MICHELLE SKLAR SR. DIR. OF DEVELOPMENT	40.00					X		128,805.	0.	18,285.
SOPHIA JUAREZ DIR. OF FINANCE	40.00					X		105,486.	0.	12,526.
TAMI CARDENAS DIR. OF DEVELOPMENT	40.00					X		104,511.	0.	19,672.
<b>1b Total</b>								<b>915,303.</b>	<b>0.</b>	<b>111,955.</b>

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **8**

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

(A) Name and business address	(B) Description of services	(C) Compensation
DATA MARKETING INC. P.O.BOX 519, SANTA CLARA, CA 95052	PROFESSIONAL FUNDRAISER FOR DIREC	233,654.

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **1**



**SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES**

Form 990 (2008)

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<b>Part VIII Statement of Revenue</b>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b> 152,275.				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b> 28,617.				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b> 4325022.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 57402430.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$	41982356.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		61908344.			
<b>Program Service Revenue</b>	<b>2 a</b>	<b>SERVICE FEES</b>	<b>Business Code</b> 900099	133,844.	133,844.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		133,844.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		305,290.			305,290.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>		(i) Real	(ii) Personal			
	<b>7 a</b>		(i) Securities	(ii) Other			
	<b>8 a</b>	Gross income from fundraising events (not including \$ 28,617. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 20,580.				
	<b>b</b>	Less: direct expenses .....	<b>b</b> 20,961.				
	<b>c</b>	Net income or (loss) from fundraising events .....		-381.		-381.	
	<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>				
	<b>b</b>	Less: direct expenses .....	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities .....					
	<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>a</b>				
	<b>b</b>	Less: cost of goods sold .....	<b>b</b>				
	<b>c</b>	Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b>	<b>RECYCLING</b>	900099	15,331.	15,331.			
<b>b</b>	<b>REFUNDS AND REIMBURSEM</b>	900099	5,550.	5,550.			
<b>c</b>							
<b>d</b>	All other revenue .....						
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		20,881.				
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....		61794126.	154,725.		0.-268,943.	

**SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES**

Form 990 (2008)

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**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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21 .....	31,412.	31,412.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	357,713.	73,323.	260,252.	24,138.
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 .....	4,991,092.	3,824,217.	470,123.	696,752.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	188,047.	144,346.	15,109.	28,592.
9 Other employee benefits .....	909,699.	691,278.	81,347.	137,074.
10 Payroll taxes .....	431,511.	320,600.	53,771.	57,140.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	22,556.		10,832.	11,724.
c Accounting .....	44,000.		44,000.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....	257,566.			257,566.
f Investment management fees .....				
g Other .....	695,750.	586,424.	4,961.	104,365.
12 Advertising and promotion .....	296,158.	296,158.		
13 Office expenses .....	1,240,275.	908,371.	246,939.	84,965.
14 Information technology .....	120,265.	75,828.	10,242.	34,195.
15 Royalties .....				
16 Occupancy .....	409,423.	339,567.	27,977.	41,879.
17 Travel .....	20,180.	9,265.	2,615.	8,300.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	39,697.	18,550.	13,508.	7,639.
20 Interest .....	5,764.		5,764.	
21 Payments to affiliates .....	23,596.	16,096.		7,500.
22 Depreciation, depletion, and amortization .....	841,538.	693,076.	47,947.	100,515.
23 Insurance .....	177,970.	164,038.	11,527.	2,405.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>DONATED FOOD DISTRIBUTE</b> .....	41,497,193.	41,497,193.		
b <b>PURCHASED FOOD DISTRIBU</b> .....	7,605,173.	7,605,173.		
c <b>FLEET COSTS</b> .....	278,870.	277,777.	694.	399.
d <b>SUPPLIES &amp; SMALL EQUIPM</b> .....	112,504.	107,307.	3,601.	1,596.
e <b>REPAIRS</b> .....	51,135.	51,135.		
f All other expenses .....	51,434.	13,425.	37,609.	400.
<b>25 Total functional expenses.</b> Add lines 1 through 24f .....	60,700,521.	57,744,559.	1,348,818.	1,607,144.
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES**

Form 990 (2008)

94-2614101 Page **11**

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,159.	1	1,000.
	<b>2</b> Savings and temporary cash investments .....	3,579,933.	2	4,749,259.
	<b>3</b> Pledges and grants receivable, net .....	1,551,715.	3	1,326,909.
	<b>4</b> Accounts receivable, net .....	24,081.	4	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	<b>7</b> Notes and loans receivable, net .....		7	
	<b>8</b> Inventories for sale or use .....	2,050,079.	8	1,697,496.
	<b>9</b> Prepaid expenses and deferred charges .....	954,443.	9	552,597.
	<b>10a</b> Land, buildings, and equipment: cost basis ... <b>10a</b>	14,693,270.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D ... <b>10b</b>	7,079,575.		
		6,661,229.	<b>10c</b>	7,613,695.
	<b>11</b> Investments - publicly traded securities .....	10,411,651.	11	9,094,041.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13	
	<b>14</b> Intangible assets .....		14	
<b>15</b> Other assets. See Part IV, line 11 .....	0.	15	170,623.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	25,234,290.	16	25,205,620.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,283,838.	17	1,216,304.
	<b>18</b> Grants payable .....		18	
	<b>19</b> Deferred revenue .....	78,838.	19	117,090.
	<b>20</b> Tax-exempt bond liabilities .....		20	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D .....		21	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23	
	<b>24</b> Unsecured notes and loans payable .....		24	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,362,676.	26	1,333,394.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>X</b> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	22,684,291.	27	22,949,054.
	<b>28</b> Temporarily restricted net assets .....	1,187,323.	28	923,172.
	<b>29</b> Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32	
	<b>33</b> Total net assets or fund balances .....	23,871,614.	33	23,872,226.
<b>34</b> Total liabilities and net assets/fund balances .....	25,234,290.	34	25,205,620.	

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> <b>X</b> Accrual <input type="checkbox"/> Other		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to lines 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? .....	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? .....	<b>3b</b>	<b>X</b>

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

OMB No. 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization	SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES	Employer identification number	94-2614101
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The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An 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 the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	

h Provide the following information about the organizations the organization supports.

[illegible]

# SECOND HARVEST FOOD BANK OF SANTA CLARA

Schedule A (Form 990 or 990-EZ) 2008 AND SAN MATEO COUNTIES

94-2614101 Page 2

## 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.)

### Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	36366928.	40591238.	46416845.	49957513.	61908344.	235240868
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 - 3 .....	36366928.	40591238.	46416845.	49957513.	61908344.	235240868
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.						235240868

### Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 .....	36366928.	40591238.	46416845.	49957513.	61908344.	235240868
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	273,532.	287,773.	390,051.	442,916.	305,290.	1699562.
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 IV.) .....	25,379.	15,620.	27,119.	30,525.	18,731.	117,374.
11 Total support. Add lines 7 through 10						237057804
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,270,398.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						▶ <input type="checkbox"/>

### Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	14	99.23	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	15	99.22	%
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 IV 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 - 2007. 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 IV 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"/>

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 - 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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 .....

**Schedule B**

(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES

Employer identification number

94-2614101

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ .....

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions  
for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

## Name of organization

SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES

## Employer identification number

94-2614101

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 2,496,363.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Employer identification number

94-2614101

[illegible]

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization **SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES**

Employer identification number  
**94-2614101**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-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 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 in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ .....

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

☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ .....

(ii) Assets included in Form 990, Part X .....

▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ .....

b Assets included in Form 990, Part X .....

▶ \$ .....

**SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES**

Schedule D (Form 990) 2008

**94-2614101** Page **2**

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

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

- a ☐ Public exhibition                      d ☐ Loan or exchange programs  
b ☐ Scholarly research                      e ☐ Other \_\_\_\_\_  
c ☐ Preservation for future generations

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

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 Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to 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 XIV 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? ☐ Yes ☐ No

b. If "Yes," explain the arrangement in Part XIV.

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

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

2. Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %  
b Permanent endowment ☐ %  
c Term endowment ☐ %

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	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		838,453.		838,453.
b Buildings		8,715,804.	4,115,258.	4,600,546.
c Leasehold improvements				
d Equipment		5,139,013.	2,964,317.	2,174,696.
e Other				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				<b>7,613,695.</b>

Schedule D (Form 990) 2008

## Schedule D (Form 990) 2008

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

<b>Part VIII Investments - Program Related.</b> See Form 990, Part X, line 13.	
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**Total.** (Col (b) should equal Form 990, Part X, col (B) line 13.) ►

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 15.)

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 25.).....▶

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12 03 08

## Schedule D (Form 990) 2008

Part XI	Reconciliation of Change in Net Assets from Form 990 to Financial Statements
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Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	61,794,126.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	60,700,521.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,093,605.
4	Net unrealized gains (losses) on investments	4	-1,092,993.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-1,092,993.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	612.

Part XII		Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	
1	Total revenue, gains, and other support per audited financial statements	1	61,020,783.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,092,993.
b	Donated services and use of facilities	2b	319,650.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-773,343.
3	Subtract line 2e from line 1	3	61,794,126.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	61,794,126.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			1	61,020,171.
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	319,650.	
b	Prior year adjustments	2b		
c	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d	2e	319,650.	
3	Subtract line 2e from line 1	3	60,700,521.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	60,700,521.	

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Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

# 2008

## Open To Public Inspection

<b>Part I</b>	<b>Fundraising Activities.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
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a ☒ Mail solicitations

b ☒ Email solicitations

c ☐ Phone solicitations

d ☒ In-person solicitations

e ☒ Solicitation of non-government grants

f ☒ Solicitation of government grants

g ☒ Special fundraising events

☒ Yes ☐ No

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DATA MARKETING INC	CONSULTS & PROVIDE DATABASE CONSULTI		X	4,520,704.	233,654.	4,287,050.
RUSS REID CO.	CONSULTS & PROVIDE DATABASE CONSULTI		X	45,510.	23,912.	21,598.
Total				4,566,214.	257,566.	4,308,648.

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

CA

**SECOND HARVEST FOOD BANK OF SANTA CLARA**

Schedule G (Form 990 or 990-EZ) 2008 **AND SAN MATEO COUNTIES**

**94-2614101** Page **2**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 TURKEY SHOOT OUT GOLF TO (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts .....	49,197.			49,197.
	2 Less: Charitable contributions .....	28,617.			28,617.
	3 Gross revenue (line 1 minus line 2) .....	20,580.			20,580.
Direct Expenses	4 Cash prizes .....				
	5 Non-cash prizes .....				
	6 Rent/facility costs .....	18,287.			18,287.
	7 Other direct expenses .....	2,674.			2,674.
	8 Direct expense summary. Add lines 4 through 7 in column (d) .....				( 20,961.)
9 Net income summary. Combine lines 3 and 8 in column (d) .....					-381.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Non-cash 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. Combine lines 1 and 7 in column (d) .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? .....

b If "No," Explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

b If "Yes," Explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? .....

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
9a		
10a		
11		
12		

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:			
a The organization's facility .....	<b>13a</b>	%	
b An outside facility .....	<b>13b</b>	%	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ► .....			
Address ► .....			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....		<b>15a</b>	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....			
c If "Yes," enter name and address:			
Name ► .....			
Address ► .....			
<b>16</b> Gaming manager information:			
Name ► .....			
Gaming manager compensation ► \$ .....			
Description of services provided ► .....			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....		<b>17a</b>	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....			





(a) Type of grant or assistance

[illegible]

<b>Part IV</b>	<b>Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, and any other additional information.
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SCHEDULE I, PART I, LINE 2: THE AGENCIES APPLY TO THE FOOD BANK FOR THE EQUIPMENT AND EXPLAIN HOW THE EQUIPMENT REQUESTED IMPROVES THE FOOD DISTRIBUTION CAPACITY OF THE AGENCIES. THE FOOD BANK PURCHASED THE REQUESTED EQUIPMENT AND HAD IT DELIVERED TO THE AGENCIES.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.

Name of the organization **SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES**

Employer identification number  
**94-2614101**

**Part I Questions Regarding Compensation**

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

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

**a** Receive a severance payment or change of control payment? .....

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

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

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

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

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

**a** The organization? .....

**b** Any related organization? .....

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

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

**a** The organization? .....

**b** Any related organization? .....

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

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

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

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

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

Schedule J (Form 990) 2008

94-2614101

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable exclusion amount. The sum of columns (B)(i)-(iii) must equal the applicable exclusion amount.

[illegible]

SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES

Part III Supplemental Information

94-2614101

Page 3

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: IF AN EMPLOYEE JOINS A HEALTH CLUB, THE ORGANIZATION PAYS  
ANNUAL HEALTH CLUB DUES UP TO \$90 PER YEAR.

PART I, LINE 4A: CHARLES HUGGINS, CEO RECEIVED \$44,000.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**NonCash Contributions**

OMB No. 1545-0047

► To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

**2008**

Open to Public  
Inspection

Name of the organization **SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES**

Employer identification number  
**94-2614101**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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 .....	X	6	9,890.	BLUE BOOK FMV
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	42	290,167.	FMV-MERRILL LYNCH WEBS
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		41,224,003.	\$1.58/LB CALC BY FEEDI
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( <u>EQUIPMENT</u> ) .....	X	4	322,017.	FMV
26 Other ► ( <u>GIFT CERTIFIC</u> ) .....	X	50	78,408.	COST
27 Other ► ( <u>SUPPLIES &amp; MI</u> ) .....	X	60	57,871.	FMV
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 IV, Donee Acknowledgment ..... 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES

Schedule M (Form 990) 2008

94-2614101

Page 2

**Part II**

**Supplemental Information.**

Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  
Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): - CARS AND VEHICLES WERE BASED ON THE  
NUMBER OF ITEMS THAT WERE CONTRIBUTED.

- SECURITIES-PUBLICALLY TRADED WERE BASED ON THE NUMBER OF DONORS.

- FOOD INVENTORY POUNDAGE IS CAREFULLY TRACKED BUT NUMBER OF DONORS IS  
UNKNOWN.

- GIFT CERTIFICATES WERE BASED ON THE NUMBER OF DONORS.

- EQUIPMENT WERE BASED ON THE NUMBER OF DONORS.

- SUPPLIES & MINOR EQUIPMENT WERE BASED ON NUMBER OF DONORS

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES

Employer identification number  
94-2614101

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

ASSISTANCE, NUTRITION AND POVERTY - RELIEF PROGRAMS.

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

POVERTY AS REPORTED IN FEEDING AMERICA (FORMERLY AMERICA'S SECOND  
HARVEST) 2008 ANNUAL POUNDAGE REPORT (TABLE POU4).

THE AGENCY'S RECENT FOOD GAP ANALYSIS SHOWED THAT TREMENDOUS NEED FOR  
FOOD STILL EXISTS IN THE COMMUNITY. APPROXIMATELY HALF THE NEED IS  
BEING MET EVEN WHEN CONSIDERING ALL FOOD PROGRAMS, INCLUDING FOOD  
STAMPS. IN RESPONSE, SECOND HARVEST HAS EMBARKED ON AN EFFORT TO  
REPLACE ITS SMALLER EXISTING WAREHOUSE IN SAN MATEO COUNTY WITH A  
LARGER WAREHOUSE THAT WILL ENABLE IT TO DISTRIBUTE MORE FOOD TO PEOPLE  
AND AGENCIES THROUGHOUT BOTH SANTA CLARA AND SAN MATEO COUNTIES. THE  
AGENCY INTENDS TO HAVE A NEW FACILITY OPERATIONAL IN THE NEXT SEVERAL  
YEARS.

SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES AND  
SIMILAR SAFETY-NET ORGANIZATIONS ARE SEEING A "NEW FACE OF NEED."  
PEOPLE WITH STRONG WORK HISTORIES AND SOLID EDUCATIONAL BACKGROUNDS ARE  
SEEKING HELP FOR THE FIRST TIME IN THEIR LIVES. THESE PEOPLE HAVE BEEN  
PUSHED INTO SEEKING FOOD ASSISTANCE AFTER BEING CAUGHT UP IN A PERFECT  
STORM OF THE MORTGAGE CRISIS, JOB LOSS, HIRING FREEZES, LOSS OF MEDICAL  
BENEFITS AND A REDUCTION IN HOURS BY MANY LOCAL COMPANIES.

SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES' SUPPORT



**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0047

**2008**

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Name of the organization

SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES

Employer identification number  
94-2614101

- TO OPERATE ITS PROGRAMS, THE AGENCY DEPENDS ON STRONG DONOR AND VOLUNTEER SUPPORT. DURING THE FISCAL YEAR ENDED JUNE 30, 2009, INDIVIDUALS AND COMPANIES DONATED 41,283 GIFTS AND 3,101 COMPANIES AND INDIVIDUALS RAN FOOD DRIVES. DURING THE FISCAL YEAR, VOLUNTEERS WORKED 262,056 HOURS ON SECOND HARVEST'S BEHALF, THE EQUIVALENT OF 126 FULL TIME EMPLOYEES AND MORE MANPOWER THAN THE AGENCY EMPLOYS. THIS SAVED THE AGENCY OVER \$4.8 MILLION IN WAGES IN THE PAST YEAR.

SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES' PROGRAMS - SECOND HARVEST COLLABORATES WITH COMMUNITY BASED AGENCIES IN PROVIDING FOOD AT 834 DIFFERENT DISTRIBUTION SITES THAT FEED LOW-INCOME MEMBERS OF OUR COMMUNITY.

FOOD PROGRAMS INCLUDE:

- FOOD ASSISTANCE - PROVIDES FOOD TO NONPROFIT PARTNER AGENCIES INCLUDING SHELTER, PANTRIES, SOUP KITCHENS, CHILDREN'S PROGRAMS, SENIOR MEAL SITES AND RESIDENTIAL PROGRAMS.
- PRODUCE MOBILE - A REFRIGERATED TRUCK BRINGS HIGH QUALITY, FRESH FRUITS AND VEGETABLES TO COMMUNITIES FOR IMMEDIATE DISTRIBUTION TO LOW-INCOME RESIDENTS.
- KIDS NOW - (NUTRITION ON WEEKENDS) DISTRIBUTES WEEKLY BAGS OF CHILD FRIENDLY FOOD DISTRIBUTED THROUGH PARTNERING AGENCIES THAT ALREADY WORK WITH CHILDREN.
- MOBILE PANTRY - DELIVERS FOOD TO GEOGRAPHICALLY-ISOLATED COMMUNITIES AND THOSE WITH LIMITED SERVICES.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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94-2614101

APPROXIMATELY 173,399 INDIVIDUALS RECEIVED FOOD ASSISTANCE PER MONTH.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

PARTNERED WITH THE COUNTIES OF SANTA CLARA AND SAN MATEO TO INCREASE FOOD STAMP PARTICIPATION. FOOD STAMPS ARE ONE OF THE MOST READILY AVAILABLE YET UNDER UTILIZED AVENUES THROUGH WHICH LOW-INCOME FAMILIES, SENIORS, AND INDIVIDUALS CAN RECEIVE FOOD. SECOND HARVEST IS STREAMLINING THE APPLICATION PROCESS SO THAT THESE BENEFITS WILL BE DISTRIBUTED FASTER TO THOSE IN NEED, MANY OF WHOM ARE UNAWARE THAT THEY ARE ELIGIBLE TO RECEIVE ASSISTANCE.

FORM 990, PART VI, SECTION A, LINE 10: THE PROCESS THE ORGANIZATION USES TO REVIEW 990:

THE CFO REVIEWS THE DRAFT FORM 990 AND ADDRESSES ANY FOLLOW UP QUESTIONS WITH THE AUDITORS. THEN THE FORM 990 IS SUBMITTED TO THE FINANCE COMMITTEE FOR THEIR APPROVAL AND TO THE BOARD FOR THEIR INPUT. ANY IDENTIFIED ISSUES ARE RESOLVED AND THE FORM 990 IS FINALIZED.

FORM 990, PART VI, SECTION B, LINE 12C: MONITORING AND ENFORCING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY:

CONFLICT OF INTEREST STATEMENTS ARE COMPLETED AND SIGNED ANNUALLY BY EMPLOYEES AND BOARD MEMBERS (TYPICALLY IN THE FEBRUARY TIMEFRAME).

STATEMENTS ARE REVIEWED BY HR PRIOR TO INCLUSION IN PERSONNEL FOLDERS FOR EMPLOYEES AND FOR BOARD MEMBERS THE STATEMENTS ARE FILED WITH OTHER BOARD DOCUMENTS, IF POTENTIAL CONFLICTS ARE LISTED, THEY ARE RECORDED AND

COMMUNICATED TO THE CEO. CURRENTLY THERE ARE NO CONFLICTS OR POTENTIAL

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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CONFLICTS LISTED ON ANY STATEMENTS, SO NOTHING HAS BEEN RECORDED OR  
COMMUNICATED TO THE CEO.

FORM 990, PART VI, SECTION B, LINE 15: CEO, EXECUTIVE DIRECTOR OR TOP  
MANAGEMENT OFFICIAL:

BOARD EXECUTIVE COMPENSATION COMMITTEE WAS PROVIDED COMPARATIVE INFORMATION  
GATHERED FROM SEVERAL INDEPENDENT SALARY SURVEYS TO ASSIST THEM IN MAKING A  
SALARY OFFER TO THE NEW CEO. INFORMATION WAS GATHERED FROM:

- OPPORTUNITY KNOCKS (NON-PROFIT WEBSITE) ANNUAL COMPENSATION SURVEY
- CATHOLIC CHARITIES SURVEY OF 9 SAN JOSE AREA NON-PROFITS PLUS THE CITY OF  
SAN JOSE
- BAY AREA FOOD BANKS COMPENSATION SURVEY
- EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD) FOR SANTA CLARA COUNTY
- CENTER FOR NON-PROFIT MANAGEMENT, NORTHERN CALIFORNIA COMPENSATION SURVEY
- SALARY.COM
- KORN-FERRY INTERNATIONAL TALENT MANAGEMENT

THE COMMITTEE CONSIDERED NATIONAL AND LOCAL ORGANIZATIONS COMPARABLE TO  
SHFB IN SIZE AND COMPLEXITY IN BOTH THE NONPROFIT AND FOR PROFIT INDUSTRY  
LABOR MARKETS TO DETERMINE THE MARKET VALUES FOR THE CEO POSITION. SHFB  
GENERALLY MANAGES ITS EXECUTIVES' BASE SALARIES TO WITHIN 20% HIGHER OR  
LOWER THAN THE SURVEY AVERAGE FOR THAT POSITION, ASSUMING AVAILABLE SURVEY  
DATA IS COMPARABLE AND CREDIBLE.

OTHER BUSINESS JUDGMENT FACTORS SUCH AS COMPETITIVE MARKET FORCES, THE CEO

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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SECOND HARVEST FOOD BANK OF SANTA CLARA  
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94-2614101

CANDIDATE'S UNIQUE SKILLS, RESPONSIBILITIES AND EFFORTS, AND/OR THE CEO  
CANDIDATE'S MARKETPLACE STANDING, WERE ALSO CONSIDERED BY THE COMMITTEE  
DURING ITS DECISION MAKING PROCESS.

THE CFO'S SALARY:

AS WITH EVERY HIRE, THE DIRECTOR OF HR COLLECTED THREE TO FIVE SALARY  
SURVEYS IN ORDER TO DETERMINE COMPARABLES. THE DIRECTOR OF HR ALSO  
CONSIDERED THE SALARY PAID TO THE PREVIOUS CFO AND INQUIRED OF CANDIDATES  
THEIR SALARY REQUIREMENTS. AFTER CAREFUL CONSIDERATION OF ALL THE  
RELEVANT DATA, THE DIRECTOR OF HR RECOMMENDED A SALARY RANGE TO THE CEO.  
THE CEO OBTAINED FROM THE APPROPRIATE BOARD MEMBERS, INCLUDING THE BOARD  
CHAIR, APPROVAL OF THE SALARY RANGE AND APPROVAL TO EXTEND THE OFFER TO THE  
CFO.

FORM 990, PART VI, SECTION C, LINE 19: DESCRIPTION OF HOW THE ORGANIZATION  
MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL  
STATEMENTS AVAILABLE TO THE PUBLIC: THE GOVERNING DOCUMENTS, CONFLICT OF  
INTEREST POLICY AND FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATIONS  
WEBSITE.

FORM 990, PART XI, LINE 2C

FINANCIAL STATEMENTS & REPORTING:

THE PROCESS USED FOR THE PREPARATION OF THE ORGANIZATION'S FINANCIAL  
STATEMENTS HAS NOT CHANGED FROM PRIOR YEAR.