

Form **990**

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)

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 750 CURTNER AVENUE City or town, state or country, and ZIP + 4 SAN JOSE, CA 95125-2118 F Name and address of principal officer: KATHRYN G. JACKSON SAME AS C ABOVE	D Employer identification number 94-2614101 E Telephone number (408) 266-8866 G Gross receipts \$ 73,977,611. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.2NDHARVEST.NET	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1979 M State of legal domicile: CA	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: MISSION: PROVIDING FOOD FOR PEOPLE IN NEED IN OUR COMMUNITY.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of employees (Part V, line 2a)	5	124
6	Total number of volunteers (estimate if necessary)	6	143
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	61,908,344.	70,927,430.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	133,844.	
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-268,562.	444,308.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,500.	49,934.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	61,794,126.	71,421,672.
14	Benefits paid to or for members (Part IX, column (A), line 4)	31,412.	53,940,417.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)	6,878,062.	7,936,606.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,214,285.	257,566.	397,887.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	53,533,481.	5,273,325.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	60,700,521.	67,548,235.
19	Revenue less expenses. Subtract line 18 from line 12	1,093,605.	3,873,437.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	25,205,620.	30,357,386.
22	Net assets or fund balances. Subtract line 21 from line 20	1,333,394.	2,100,646.
		23,872,226.	28,256,740.

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 KATHRYN G. JACKSON, CEO Type or print name and title	Date		
Paid Preparer's Use Only	Preparer's signature ▶ RANDY G. PETERSON, CPA Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BERGER/LEWIS ACCOUNTANCY CORP. 55 ALMADEN BLVD., STE 600 SAN JOSE, CA 95113	Date 11/12/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (408) 494-1200

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

- 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 \$ 35,325,385. including grants of \$ 29,806,535.) (Revenue \$)
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 \$8.0 MILLION PROCURING, PACKAGING, AND
TRANSPORTING PROTEIN RICH ITEMS AND OTHER FOOD TO SUPPLEMENT DONATED
ITEMS, ENSURING NUTRITIOUS MEALS TO AN AVERAGE OF 231,311 PEOPLE EACH
MONTH. THIS IS A 11% INCREASE IN PEOPLE SERVED COMPARED TO THE PRIOR
YEAR. THIS INVOLVED THE DISTRIBUTION OF 45.5 MILLION POUNDS OF FOOD,
EQUIVALENT TO ABOUT 35.0 MILLION MEALS AND REPRESENTS A 16% INCREASE

- 4b (Code:) (Expenses \$ 27,184,446. including grants of \$ 24,133,882.) (Revenue \$)
DIRECT SERVICE PROGRAM:

- BROWN BAG - GROCERIES PROVIDED ON A WEEKLY BASIS TO AN AVERAGE OF
15,204 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 12,253 CHILDREN ON
AVERAGE PER MONTH, REPRESENTING 5,322 HOUSEHOLDS ON AVERAGE PER MONTH.
- PARTNERS IN NEED - GROCERIES PROVIDED ON A WEEKLY BASIS FOR AN
AVERAGE OF 606 LOW-INCOME FOOD BANK VOLUNTEERS.

APPROXIMATELY 39,054 INDIVIDUALS ARE SERVED PER MONTH.

- 4c (Code:) (Expenses \$ 1,461,937. including grants of \$) (Revenue \$ 24,082.)
OTHER PROGRAMS:

- FOOD CONNECTION - PHONE REFERRAL HOTLINE LINKS PEOPLE NEEDING FOOD
WITH LOCAL FOOD ASSISTANCE PROGRAMS. IN THE PAST YEAR, FOOD CONNECTION
PROVIDED 44,685 REFERRALS WHICH REPRESENTED A 12% INCREASE OVER THE
PRIOR YEAR.
- COMMUNITY NUTRITION - OFFERS TRAINING, WORKSHOPS, AND TECHNICAL
ASSISTANCE TO AGENCIES AND PROGRAM PARTICIPANTS IN THE AREAS OF
NUTRITION EDUCATION, FOOD SAFETY, AND HANDLING PRACTICES. HELPS CLIENTS
COMPLETE THE APPLICATION TO PUBLIC PROGRAMS SUCH AS FOOD STAMPS.
- FOOD STAMP OUTREACH - TO HELP INDIVIDUALS HOUSEHOLDS MAXIMIZE THE
FOOD ASSISTANCE RESOURCES AVAILABLE TO THEM, THE AGENCY HAS PARTNERED
WITH THE COUNTIES OF SANTA CLARA AND SAN MATEO TO INCREASE FOOD STAMP

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

4e Total program service expenses ► \$ 63,971,768.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes X	No X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 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? If "Yes," complete Schedule F, Part II		X
16 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? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Form 990 (2009)

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		24a X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		25a X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		25b X
26 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>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 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>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O.

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	17	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	124	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. 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
b	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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		
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?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
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	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form 990 (2009)

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

	Yes	No
1a Enter the number of voting members of the governing body	20	
b Enter the number of voting members that are independent	20	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b 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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b 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?		

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

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

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

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

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

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

(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			
LINDA ASBURY BOARD PRESIDENT	1.00	X		X				0.	0.	0.
DONNA MORRIS BOARD VICE PRESIDENT	1.00	X		X				0.	0.	0.
BARBARA AVERY SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
ANDREA BOSCOE BOARD MEMBER	1.00	X						0.	0.	0.
CAR CILKER BOARD MEMBER	1.00	X						0.	0.	0.
DAN COOPERMAN BOARD MEMBER	1.00	X						0.	0.	0.
VAN DANG BOARD MEMBER	1.00	X						0.	0.	0.
ROB DINAPOLI BOARD MEMBER	1.00	X						0.	0.	0.
KEVIN FORD BOARD MEMBER	1.00	X						0.	0.	0.
CARL GUARDINO BOARD MEMBER	1.00	X						0.	0.	0.
JOE HAWAYEK BOARD MEMBER	1.00	X						0.	0.	0.
MARK HEYL BOARD MEMBER	1.00	X						0.	0.	0.
JOHN KELM BOARD MEMBER	1.00	X						0.	0.	0.
DEB NELSON BOARD MEMBER	1.00	X						0.	0.	0.
JOE PERT BOARD MEMBER	1.00	X						0.	0.	0.
ARCHIE ROBOOSTOFF BOARD MEMBER	1.00	X						0.	0.	0.
JON SILVERMAN BOARD MEMBER	1.00	X						0.	0.	0.

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

Form 990 (2009)

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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			
DREW STARBIRD BOARD MEMBER	1.00	X						0.	0.	0.
JAY STRAUSS BOARD MEMBER	1.00	X						0.	0.	0.
NORM TAFFE BOARD MEMBER	1.00	X						0.	0.	0.
KEITH FLAGLER INTERIM CEO	32.00			X				102,708.	0.	0.
KATHRYN G. JACKSON CEO	40.00			X				77,867.	0.	44.
SALLY PETERSEN CFO	40.00			X				133,064.	0.	28,413.
CINDY MCCOWN SR. DIR. PROGRAMS & SERV	40.00					X		136,140.	0.	24,205.
LAWRENCE DISKIN SR. DIR. HUMAN RESOURCES	40.00					X		116,095.	0.	6,540.
MICHELLE SKLAR SR. DIR. OF DEVELOPMENT	40.00					X		132,253.	0.	17,950.
SOPHIA JUAREZ DIR. OF FINANCE	40.00					X		108,323.	0.	11,231.
1b Total								918,468.	0.	105,146.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 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	5	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	314,393.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2009)

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

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	145,282.				
	b Membership dues	1b					
	c Fundraising events	1c	6,400.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,874,294.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	62901454.				
	g Noncash contributions included in lines 1a-1f: \$		45568347.				
	h Total. Add lines 1a-1f			70927430.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			357,559.			357,559.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2609143.	23,135.				
	b Less: cost or other basis and sales expenses						
		2540418.	5,111.				
	c Gain or (loss)						
		68,725.	18,024.				
	d Net gain or (loss)			86,749.			86,749.
	8 a Gross income from fundraising events (not including \$ 6,400. of contributions reported on line 1c). See Part IV, line 18	a	36,262.				
	b Less: direct expenses	b	10,410.				
	c Net income or (loss) from fundraising events			25,852.			25,852.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a <u>RECYCLING</u>		900099	16,028.	16,028.			
b <u>REFUNDS AND REIMBURSEM</u>		900099	8,054.	8,054.			
c							
d All other revenue							
e Total. Add lines 11a-11d			24,082.				
12 Total revenue. See instructions.			71421672.	24,082.	0.	470,160.	

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Form **990** (2009)

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

Form 990 (2009)

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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	29,919,593.	29,919,593.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	24,020,824.	24,020,824.		
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	368,322.	93,126.	260,617.	14,579.
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	5,762,658.	4,350,324.	416,195.	996,139.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	238,129.	181,374.	17,348.	39,407.
9 Other employee benefits	1,086,186.	842,646.	86,980.	156,560.
10 Payroll taxes	481,311.	338,069.	51,646.	91,596.
11 Fees for services (non-employees):				
a Management				
b Legal	7,757.		1,664.	6,093.
c Accounting	44,000.		44,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	397,887.			397,887.
f Investment management fees	73,962.		73,962.	
g Other	680,853.	501,323.	1,944.	177,586.
12 Advertising and promotion	323,138.	323,138.		
13 Office expenses	961,963.	596,714.	250,504.	114,745.
14 Information technology	123,987.	89,885.	13,358.	20,744.
15 Royalties				
16 Occupancy	746,348.	628,586.	46,141.	71,621.
17 Travel	16,611.	10,338.	852.	5,421.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	39,250.	17,940.	11,054.	10,256.
20 Interest				
21 Payments to affiliates	20,548.	20,548.		
22 Depreciation, depletion, and amortization	979,239.	811,381.	65,750.	102,108.
23 Insurance	162,203.	142,331.	15,602.	4,270.
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 FREIGHT AND STORAGE	474,665.	474,665.		
b FLEET COSTS	310,121.	308,779.	886.	456.
c WAREHOUSE SUPPLY	228,005.	228,005.		
d GIFT CERTIFICATE DISTRI	55,024.	48,276.	3,501.	3,247.
e VOLUNTEER EXPENSES	18,088.	18,077.	11.	
f All other expenses	7,563.	5,826.	167.	1,570.
25 Total functional expenses. Add lines 1 through 24f	67,548,235.	63,971,768.	1,362,182.	2,214,285.
26 Joint costs. 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**

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,000.	1	1,037,683.
	2 Savings and temporary cash investments	4,749,259.	2	6,180,699.
	3 Pledges and grants receivable, net	1,326,909.	3	1,750,422.
	4 Accounts receivable, net		4	21,844.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,697,496.	8	2,230,362.
	9 Prepaid expenses and deferred charges	552,597.	9	491,931.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,892,103.		
	b Less: accumulated depreciation	10b 7,752,835.	10c	8,139,268.
	11 Investments - publicly traded securities	7,613,695.	11	10,335,626.
	12 Investments - other securities. See Part IV, line 11	9,094,041.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	170,623.	15	169,551.
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,205,620.	16	30,357,386.	
Liabilities	17 Accounts payable and accrued expenses	1,216,304.	17	1,993,841.
	18 Grants payable		18	
	19 Deferred revenue	117,090.	19	106,805.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,333,394.	26	2,100,646.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	22,949,054.	27	26,616,656.
	28 Temporarily restricted net assets	923,172.	28	1,640,084.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	23,872,226.	33	28,256,740.
34 Total liabilities and net assets/fund balances	25,205,620.	34	30,357,386.	

Form 990 (2009)

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

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a 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?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 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).**
- 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 Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box 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 supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

SECOND HARVEST FOOD BANK OF SANTA CLARA

Schedule A (Form 990 or 990-EZ) 2009 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40591238.	46416845.	49957513.	61908344.	70927430.	269801370
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	40591238.	46416845.	49957513.	61908344.	70927430.	269801370
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.						269801370

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	40591238.	46416845.	49957513.	61908344.	70927430.	269801370
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	287,773.	390,051.	442,916.	305,290.	357,559.	1783589.
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.)	15,620.	27,119.	30,525.	18,731.	24,082.	116,077.
11 Total support. Add lines 7 through 10						271701036
12 Gross receipts from related activities, etc. (see instructions)					12	978,790.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	99.30	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.23	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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, or 990-PF.

OMB No. 1545-0047

2009

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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does 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, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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		\$ 2,213,777.	Person <input checked="" 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.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

SECOND HARVEST FOOD BANK OF SANTA CLARA
AND SAN MATEO COUNTIES

Employer identification number

Part II Noncash Property (see instructions)[illegible]

Name of organization

Employer identification number

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

94-2614101

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public
Inspection

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES	Employer identification number	94-2614101
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2009

LHA

SECOND HARVEST FOOD BANK OF SANTA CLARA

Schedule C (Form 990 or 990-EZ) 2009

AND SAN MATEO COUNTIES

94-2614101 Page 2

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

- A** Check ☐ if the filing organization belongs to an affiliated group.
B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

SECOND HARVEST FOOD BANK OF SANTA CLARA

Schedule C (Form 990 or 990-EZ) 2009

AND SAN MATEO COUNTIES

94-2614101 Page 3

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		1,892.
e Publications, or published or broadcast statements?	X		
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		3,877.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		1,106.
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			6,875.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

DURING THE YEAR, THE ORGANIZATION ENGAGED IN THE FOLLOWING LOBBYING ACTIVITIES THROUGH A PAID EMPLOYEE:

(1) SENDING LETTERS TO GOVERNMENT OFFICIALS.

(2) MEETING WITH ELECTED OFFICIALS BOTH STATE AND FEDERAL;

Schedule C (Form 990 or 990-EZ) 2009

SECOND HARVEST FOOD BANK OF SANTA CLARA

Schedule C (Form 990 or 990-EZ) 2009 AND SAN MATEO COUNTIES

94-2614101 Page 4

Part IV Supplemental Information (continued)

(3) HOSTING EVENTS SUCH THE HUNGER ISSUES FORUMS OR PROVIDING RESOURCE
INFORMATION I.E. WEBSITE OF ORGANIZATIONS WORKING ON HUNGER RELIEF
ISSUES; (4) INFORMING SUPPORTERS ON THE IMPACTS OF CRITICAL LEGISLATIVE
BILLS.

THESE ACTIVITIES REPRESENT LESS THAN A SUBSTANTIAL PART OF THE
ORGANIZATION'S ACTIVITIES.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" 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 a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included 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 tax
year ▶

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
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	▶ \$

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

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

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

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 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 the 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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) Accumulated depreciation	(d) Book value
1a Land		838,453.		838,453.
b Buildings		8,758,740.	4,538,735.	4,220,005.
c Leasehold improvements				
d Equipment		6,294,910.	3,214,100.	3,080,810.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,139,268.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Part VII	Investments - Other Securities. See Form 990, Part X, line 12.
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Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►**Total.** (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

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

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

932053
02-01-10

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	71,421,672.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	67,548,235.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,873,437.
4	Net unrealized gains (losses) on investments	4	511,077.
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 through 8	9	511,077.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,384,514.

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	72,036,340.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	511,077.
b	Donated services and use of facilities	2b	177,553.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	688,630.
3	Subtract line 2e from line 1	3	71,347,710.
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	73,962.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	73,962.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	71,421,672.

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

1	Total expenses and losses per audited financial statements	1	67,651,826.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	177,553.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	177,553.
3	Subtract line 2e from line 1	3	67,474,273.
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	73,962.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	73,962.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	67,548,235.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open To Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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

Employer identification number
94-2614101

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☒ Internet and email solicitations
c ☐ Phone solicitations
d ☒ In-person solicitations
e ☒ Solicitation of non-government grants
f ☒ Solicitation of government grants
g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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	DIRECT MAIL & DATABASE CONSULTIN		X	4,674,004.	356,987.	4,317,017.
RUSS REID CO.	DIRECT MAIL & DATABASE CONSULTIN		X	66,777.	35,325.	31,452.
ALPHA DOG	DIRECT MAIL & DATABASE CONSULTIN		X	26,977.	5,575.	21,402.
Total				4,767,758.	397,887.	4,369,871.

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) 2009 **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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TURKEY SHOOTOUT GOL (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	42,662.			42,662.
	2 Less: Charitable contributions	6,400.			6,400.
	3 Gross income (line 1 minus line 2)	36,262.			36,262.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,255.			9,255.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,155.			1,155.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(10,410)
	11 Net income summary. Combine line 3, column (d), and line 10				25,852.

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				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
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 line 1, column (d), and line 7				

- 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		

13 Indicate the percentage of gaming activity operated in:

a The organization's facility **13a** %
b An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

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

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

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 General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY BASED FOOD DISTRIBUTION AGENCIES - ADDITIONAL INFORMATION AVAILABLE UPON REQUEST - VARIOUS CITIES, CA 99999		501(C)(3)	0.	29,919,593.	ACTUAL PURCHASE COST AND COST OF DONATED VALUE	FOOD	TO PREVENT HUNGER

2 Enter total number of section 501(c)(3) and government organizations ▶ **214.**

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) 2009

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

94-2614101

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BROWN BAG PROGRAM	15204	0.	15,808,393.	ACTUAL PURCHASE COST AND COST OF DONATED VALUE	FOOD
FAMILY HARVEST PROGRAM	23244	0.	8,041,111.	ACTUAL PURCHASE COST AND COST OF DONATED VALUE	FOOD
PARTNER-IN-NEED PROGRAM	606	0.	171,320.	ACTUAL PURCHASE COST AND COST OF DONATED VALUE	FOOD

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: FOOD SAFETY TRAINING IS MANDATED AND PROVIDED
ANNUALLY. COMPLIANCE IS TRACKED IN THE COMPUTERIZED INVENTORY DATABASE. A
DETAIL PRODUCT DISTRIBUTION REPORT BY PROGRAM AND SITE IS GENERATED AND
REVIEWED ON A MONTHLY BASIS. INDIVIDUAL MONITORS ARE CONDUCTED EVERY TWO
YEARS ON SITE (AS PER REQUIREMENTS FROM FEEDING AMERICA)

1. FILES ARE REVIEWED TO INSURE PROPER DOCUMENTS ARE INCLUDED

A. AGENCY APPLICATION

B. AGENCY AGREEMENT

C. 501(C)(3) DOCUMENTATION

Part IV Supplemental Information

D. PREVIOUS MONITOR FORM

2. ON SITE VISIT CONDUCTED

A. PROPER PAPERWORK ON FILE INCLUDING ORIGINAL CLIENT SIGN-IN SHEETS

B. PROPER FOOD STORAGE

C. PROPER FOOD HANDLING PRACTICES

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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

	Yes	No
1b	X	

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?

2	X	
----------	----------	--

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, with respect to the filing
organization or a related organization:

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

4a		X
-----------	--	----------

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

4b		X
-----------	--	----------

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

4c		X
-----------	--	----------

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

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

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?

5a		X
-----------	--	----------

b Any related organization?

5b		X
-----------	--	----------

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?

6a		X
-----------	--	----------

b Any related organization?

6b		X
-----------	--	----------

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

7		X
----------	--	----------

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

8		X
----------	--	----------

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

9		
----------	--	--

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

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

Page 2

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

Part III Supplemental Information

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.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

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	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
--------	---

[illegible]

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

Schedule J-2 (Form 990) 2009

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2009

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	25	83,415.	SALES PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	18	204,611.	SALES PRICE
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		45,186,505.	\$1.60/LB CALC BY FEE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>EQUIPMENT & S</u>)	X	75	66,685.	FMV
26 Other ► (<u>GIFT CERTIFIC</u>)	X	68	27,131.	COST
27 Other ► ()				
28 Other ► ()				

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

29

0

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?

	Yes	No
30a		X
31	X	
32a	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?

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

b If "Yes," describe in Part II.

33 If the organization 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) 2009

SECOND HARVEST FOOD BANK OF SANTA CLARA

Schedule M (Form 990) 2009

AND SAN MATEO COUNTIES

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, LINE 32B: SECOND HARVEST FOOD BANK UTILIZES A FINANCIAL
INSTITUTION TO LIQUIDATE GIFTS OF STOCK.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

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:

OVER LAST YEAR. THIS MAKES THE AGENCY THE 2ND MOST EFFECTIVE FOOD BANK
IN THE NATION BASED ON POUNDS DISTRIBUTED PER PERSON IN POVERTY AS
REPORTED IN FEEDING AMERICA'S 2009 ANNUAL POUNDAGE REPORT (TABLE
POU43).

IN 2009 THE AGENCY IN COLLABORATION WITH THE SANTA CLARA UNIVERSITY
LEAVEY SCHOOL OF BUSINESS CONDUCTED A FOOD GAP ANALYSIS. THE FOOD GAP
ANALYSIS SHOWED THAT TREMENDOUS NEED FOR FOOD STILL EXISTS IN THE
COMMUNITY. ONLY APPROXIMATELY 37% OF THE NEED IS BEING MET, EVEN WHEN
CONSIDERING ALL FOOD ASSISTANCE PROGRAMS, INCLUDING FOOD STAMPS. IN
RESPONSE, SECOND HARVEST HAS EMBARKED ON AN EFFORT TO SUPPLEMENT ITS
EXISTING DISTRIBUTION FACILITIES IN SANTA CLARA AND SAN MATEO COUNTIES
WITH ADDITIONAL WAREHOUSE SPACE THAT WILL ENABLE IT TO DISTRIBUTE MORE
FOOD TO PEOPLE AND AGENCIES THROUGHOUT BOTH COUNTIES. THE AGENCY
INTENDS TO HAVE A NEW FACILITY OPERATIONAL WITHIN THE NEXT TWELVE TO
EIGHTEEN MONTHS.

SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES AND
SIMILAR SAFETY NET ORGANIZATIONS ARE SEEING AN INCREASINGLY BROAD
POPULATION. AS UNEMPLOYMENT BENEFITS EXPIRE AND OTHER FEDERAL
"STIMULUS" EFFORTS END, PEOPLE WITH HISTORICALLY STRONG WORK HISTORIES
AND SOLID EDUCATIONAL BACKGROUNDS ARE SEEKING FOOD ASSISTANCE FOR THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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94-2614101

FIRST TIME IN THEIR LIVES. SOME HAVE BEEN IMPACTED BY THE MORTGAGE
CRISIS, JOB LOSS, LONG TERM UNEMPLOYMENT, LOSS OF MEDICAL BENEFITS OR A
REDUCTION IN HOURS BY MANY LOCAL COMPANIES. MANY VULNERABLE
POPULATIONS SUCH AS SENIORS AND CHILDREN HAVE SEEN ELIMINATION OF, OR
SIGNIFICANT CUTS IN, SERVICES.

SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES' SUPPORT
- TO OPERATE ITS PROGRAMS, THE AGENCY DEPENDS ON STRONG DONOR AND
VOLUNTEER SUPPORT, AS WELL AS SOME GOVERNMENT FUNDING. DURING THE
FISCAL YEAR ENDED JUNE 30, 2010, INDIVIDUALS AND COMPANIES DONATED
66,123 GIFTS AND 3,458 COMPANIES AND INDIVIDUALS RAN FOOD DRIVES.
DURING THE FISCAL YEAR, VOLUNTEERS WORKED 298,250 HOURS ON SECOND
HARVEST'S BEHALF, THE EQUIVALENT OF 143 FULL TIME EMPLOYEES AND MORE
MANPOWER THAN THE AGENCY EMPLOYS. THIS SAVED THE AGENCY OVER \$5.6
MILLION IN WAGES IN THE PAST YEAR. GOVERNMENT FUNDING IN THE PAST YEAR
TOTALLED \$4.1 MILLION, A SIGNIFICANT INCREASE OVER PRIOR YEARS
ATTRIBUTABLE TO THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009
(ARRA) EMERGENCY CONTINGENCY FUND. THESE ONE-TIME FEDERAL "STIMULUS"
FUNDS WERE DISTRIBUTED BY SANTA CLARA AND SAN MATEO COUNTIES FOR FOOD
PURCHASE AND DISTRIBUTION.

SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES'
PROGRAMS - SECOND HARVEST COLLABORATES WITH COMMUNITY BASED AGENCIES IN
PROVIDING FOOD AT 715 DIFFERENT DISTRIBUTION SITES THAT FEED LOW INCOME
MEMBERS OF OUR COMMUNITY.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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SECOND HARVEST FOOD BANK OF SANTA CLARA
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Employer identification number
94-2614101

FOOD PROGRAMS INCLUDE:

- FOOD ASSISTANCE - FOOD PROVIDED TO 326 NONPROFIT PARTNER AGENCIES

INCLUDING SHELTER, PANTRIES, SOUP KITCHENS, CHILDREN'S PROGRAMS, SENIOR
MEAL SITES AND RESIDENTIAL PROGRAMS.

- PRODUCE MOBILE - A REFRIGERATED TRUCK PROVIDES HIGH QUALITY, FRESH
FRUITS AND VEGETABLES TO COMMUNITIES FOR IMMEDIATE DISTRIBUTION TO
LOW-INCOME RESIDENTS.

- KIDS NOW (NUTRITION ON WEEKENDS)- WEEKLY BAGS OF CHILD FRIENDLY FOOD
DISTRIBUTED THROUGH PARTNERING AGENCIES THAT ALREADY WORK WITH
CHILDREN.

- MOBILE PANTRY - FOOD DELIVERED TO GEOGRAPHICALLY-ISOLATED COMMUNITIES
AND THOSE WITH LIMITED SERVICES.

APPROXIMATELY 192,276 INDIVIDUALS RECEIVED FOOD ASSISTANCE PER MONTH.

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

PARTICIPATION. FOOD STAMPS ARE ONE OF THE MOST READILY AVAILABLE YET
UNDERUTILIZED AVENUES THROUGH WHICH LOW INCOME FAMILIES, SENIORS, AND
INDIVIDUALS CAN RECEIVE FOOD. CALIFORNIA RANKS SECOND-TO-LAST AMONG
STATES NATIONALLY IN TERMS OF THE PERCENTAGE OF ELIGIBLE INDIVIDUALS
AND FAMILIES WHO ACTUALLY PARTICIPATE IN THIS PROGRAM. SECOND HARVEST
IS STREAMLINING THE SCREENING AND APPLICATION PROCESS AND TESTING PILOT
INITIATIVES SO THAT THESE BENEFITS CAN BE EXPEDITED TO THOSE IN NEED,
MANY OF WHOM ARE UNAWARE THAT THEY ARE ELIGIBLE TO RECEIVE ASSISTANCE.

FORM 990, PART VI, SECTION B, LINE 11: THE PROCESS THE ORGANIZATION USES

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009
Open to Public
Inspection

Name of the organization

SECOND HARVEST FOOD BANK OF SANTA CLARA
AND SAN MATEO COUNTIES

Employer identification number
94-2614101

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

FORM 990, PART VI, SECTION B, LINE 15: BOARD EXECUTIVE COMPENSATION
COMMITTEE WAS PROVIDED COMPARATIVE INFORMATION GATHERED FROM SEVERAL
INDEPENDENT SALARY SURVEYS TO ASSIST THEM IN MAKING COMPENSATION DECISIONS
FOR CEO AND CFO AND ORGANIZATION DIRECTORS.

COMPARABILITY DATA FOR SALARY AND BENEFITS INFORMATION WAS RESEARCHED AND
ANALYZED BY THE FOOD BANK'S SENIOR DIRECTOR OF HUMAN RESOURCES AND WAS
OBTAINED FROM THE FOLLOWING SOURCES:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

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SECOND HARVEST FOOD BANK OF SANTA CLARA
AND SAN MATEO COUNTIES

Employer identification number
94-2614101

- 1) 2010 NONPROFIT COMPENSATION ASSOCIATES OF NORTHERN CA SALARY SURVEY;
- 2) 2010 OPPORTUNITY KNOCKS COMPENSATION AND BENEFITS SURVEY;
- 3) 2009 ASSOCIATION OF FUND RAISING PROFESSIONALS COMPENSATION AND BENEFITS SURVEY;
- 4) 2009 EMPLOYMENT DEVELOPMENT DEPARTMENT OF SANTA CLARA COUNTY;
- 5) 2010 SALARY.COM SALARY SURVEY;
- 6) 2008 FEEDING AMERICA COMPENSATION AND BENEFITS SURVEY;
- 7) 2010 HOOD AND STRONG SURVEY OF FINANCE/ACCOUNTING POSITIONS (SF BAY AREA);
- 8) 2010 BAY AREA FOOD BANKS COMPENSATION AND BENEFITS SURVEY.

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 POSITIONS. SHFB GENERALLY MANAGES ITS EXECUTIVES' BASE SALARIES TO WITHIN 20% HIGHER OR LOWER THAN THE SURVEY AVERAGE FOR THE POSITION, ASSUMING AVAILABLE SURVEY DATA IS COMPARABLE AND CREDIBLE. OTHER BUSINESS JUDGMENT FACTORS SUCH AS COMPETITIVE MARKET FORCES, THE CEO CANDIDATE'S UNIQUE SKILLS, RESPONSIBILITIES AND EFFORTS, AND/OR THE EXECUTIVE'S MARKETPLACE STANDING, ARE ALSO CONSIDERED BY THE COMMITTEE DURING ITS DECISION MAKING PROCESS.

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 AND ALSO AVAILABLE UPON REQUEST.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
	BUILDING AND											
2	IMPROVEMENTS	VARIABLE		.000	16	8758740.			8758740.	4203096.		335,639.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					8758740.		0.	8758740.	4203096.	0.	335,639.
	MACHINERY &											
	EQUIPMENT											
3	EQUIPMENT	VARIABLE		.000	16	6294910.			6294910.	2570500.		643,600.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPM					6294910.		0.	6294910.	2570500.	0.	643,600.
	LAND											
1	LAND			.000	16	838,453.			838,453.			0.
	* 990 PAGE 10 TOTAL											
	LAND					838,453.		0.	838,453.	0.	0.	0.
	* GRAND TOTAL 990											
	PAGE 10 DEPR					15892103.		0.	15892103.	6773596.	0.	979,239.