

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2010**

Open to Public Inspection

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

**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

<b>B</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	<b>C</b> Name of organization <b>SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>750 CURTNER AVENUE</b> City or town, state or country, and ZIP + 4 <b>SAN JOSE, CA 95125-2118</b> <b>F</b> Name and address of principal officer: <b>KATHRYN G. JACKSON</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>94-2614101</b> <b>E</b> Telephone number <b>(408) 266-8866</b> <b>G</b> Gross receipts \$ <b>81,688,597.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.SHFB.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1979</b> <b>M</b> State of legal domicile: <b>CA</b>		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>MISSION: PROVIDING FOOD FOR PEOPLE IN NEED IN OUR COMMUNITY.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>137</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>142</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>70,927,430.</b>	<b>78,680,090.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>444,308.</b>	<b>428,249.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>49,934.</b>	<b>47,358.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>71,421,672.</b>	<b>79,155,697.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>53,940,417.</b>	<b>56,000,899.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>7,936,606.</b>	<b>8,634,113.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,450,541.</b>	<b>397,887.</b>	<b>446,049.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>5,273,325.</b>	<b>5,939,636.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>67,548,235.</b>	<b>71,020,697.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>3,873,437.</b>	<b>8,135,000.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>30,357,386.</b>	<b>43,203,349.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>2,100,646.</b>	<b>5,533,647.</b>
		<b>28,256,740.</b>	<b>37,669,702.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>KATHRYN G. JACKSON, CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RANDY G. PETERSON, CPA</b>	Preparer's signature <b>RANDY G. PETERSON,</b>
	Date <b>11/14/11</b>	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶ <b>BERGER LEWIS ACCOUNTANCY CORP.</b>	Firm's EIN ▶
	Firm's address ▶ <b>55 ALMADEN BLVD., STE 600 SAN JOSE, CA 95113</b>	Phone no. <b>(408) 494-1200</b>

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

SECOND HARVEST FOOD BANK OF SANTA CLARA  
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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☒

- 1 Briefly describe the organization's mission:  
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.
- 4a (Code: ) (Expenses \$ 37,731,879. including grants of \$ 32,056,077. ) (Revenue \$ )  
SECOND HARVEST PROCURES FOOD DONATIONS FROM A NUMBER OF CHANNELS INCLUDING LOCAL MANUFACTURERS, GROWERS AND RETAILERS; CORPORATE AND COMMUNITY FOOD DRIVES; GOVERNMENT FOOD PROGRAMS SUCH AS UNITED STATES DEPARTMENT OF AGRICULTURE (USDA); AND THE CALIFORNIA ASSOCIATION OF FOOD BANKS' FARM TO FAMILY PROGRAM, WHICH PROVIDES LARGE VOLUMES OF FRESH FRUITS AND VEGETABLES. IN THE MOST RECENT FISCAL YEAR, SECOND HARVEST SPENT APPROXIMATELY \$9 MILLION PROCURING, PACKAGING, AND TRANSPORTING FOOD TO SUPPLEMENT DONATED ITEMS, ENSURING NUTRITIOUS MEALS TO AN AVERAGE OF 240,549 PEOPLE EACH MONTH. OF THE OVER 45 MILLION POUNDS OF FOOD DISTRIBUTED, MORE THAN 40% OF THE FOOD WAS FRESH FRUITS AND VEGETABLES. THE AGENCY PROVIDES FOOD THROUGH ITS DIRECT DISTRIBUTION SITES AND BY SUPPLYING FOOD TO PARTNERING NONPROFIT
- 4b (Code: ) (Expenses \$ 27,591,678. including grants of \$ 23,944,822. ) (Revenue \$ )  
FOOD BANK DIRECT-SERVICE PROGRAMS:  
\* BROWN BAG PROVIDES FOOD ON A WEEKLY BASIS TO LOW-INCOME SENIORS.  
\* FAMILY HARVEST PROVIDES MONTHLY FOOD ASSISTANCE TO FAMILIES WITH DEPENDENT CHILDREN.  
\* PARTNERS IN NEED PROVIDES WEEKLY FOOD ASSISTANCE FOR LOW-INCOME FOOD BANK VOLUNTEER HOUSEHOLDS.  
\* PRODUCE MOBILE DELIVERS FRESH FRUITS AND VEGETABLES WITH A CUSTOMIZED REFRIGERATED TRUCK TO COMMUNITIES FOR IMMEDIATE DISTRIBUTION TO LOW-INCOME RESIDENTS.  
\* KIDS NOW (NUTRITION ON WEEKENDS) PROVIDES WEEKLY BAGS OF HEALTHY, KID-FRIENDLY FOOD TO TAKE HOME EVERY FRIDAY.
- 4c (Code: ) (Expenses \$ 1,810,271. including grants of \$ ) (Revenue \$ )  
SECOND HARVEST SERVICES:  
\* FOOD CONNECTION - TRI-LINGUAL REFERRAL HOTLINE LINKS PEOPLE NEEDING FOOD WITH LOCAL ASSISTANCE PROGRAMS. IN THE PAST YEAR, FOOD CONNECTION PROVIDED 41,950 REFERRALS.  
\* COMMUNITY NUTRITION - OFFERS TRAINING OPPORTUNITIES AND TECHNICAL ASSISTANCE TO PARTNER AGENCIES AND PROGRAM PARTICIPANTS ON HOW TO MAKE HEALTHIER FOOD CHOICES, NUTRITION, FOOD SAFETY, AND FOOD HANDLING PRACTICES.  
\* FOOD STAMP OUTREACH - IS AN IMPORTANT PART OF THE SAFETY NET, PROVIDING SUPPLEMENTAL FOOD TO THOSE WHO QUALIFY. FOOD STAMPS IS AN IMPORTANT GOVERNMENT PROGRAM THAT IS THE NUMBER ONE SOURCE OF FOOD ASSISTANCE IN SANTA CLARA AND SAN MATEO COUNTIES, YET NEARLY \$139
- 4d Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )
- 4e Total program service expenses ► 67,133,828.

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>N/A</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>X</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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

	Yes	No
<b>21</b> 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> .....	<b>21</b> <input checked="" type="checkbox"/>	
<b>22</b> 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> .....	<b>22</b> <input checked="" type="checkbox"/>	
<b>23</b> 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> .....	<b>23</b> <input checked="" type="checkbox"/>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	<b>24a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	<input checked="" type="checkbox"/>
<b>b</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> .....	<b>25b</b>	<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	<input checked="" type="checkbox"/>
<b>27</b> 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> .....	<b>27</b>	<input checked="" type="checkbox"/>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	<input checked="" type="checkbox"/>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> <input checked="" type="checkbox"/>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	<b>34</b>	<input checked="" type="checkbox"/>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....	<b>35</b>	<input checked="" type="checkbox"/>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> <input checked="" type="checkbox"/>	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	26	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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	137	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	N/A	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	N/A	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	N/A	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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**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.

Check if Schedule O contains a response to any question in this Part VI ☒ X

**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	21	
b Enter the number of voting members included in line 1a, above, who are independent	1b	21	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
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	9		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?	10a		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?	10b		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b 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	12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X	
13 Does the organization have a written whistleblower policy?	13	X	
14 Does the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	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?	16a		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?	16b		

**Section C. Disclosure**

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

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

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

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

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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.
CARL 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.
MARY HUMISTON BOARD MEMBER	1.00	X						0.	0.	0.
JOHN KELM BOARD MEMBER	1.00	X						0.	0.	0.
JOHN O'FARRELL 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.

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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 (describe hours for related organizations in Schedule O)	(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.
DICK SVEC BOARD MEMBER	1.00	X						0.	0.	0.
NORM TAFPE BOARD MEMBER	1.00	X						0.	0.	0.
KATHRYN G. JACKSON CEO	40.00			X				203,709.	0.	4,088.
SALLY PETERSEN CFO	40.00			X				135,230.	0.	31,649.
CINDY MCCOWN SR. DIR. PROGRAMS & SERVIC	40.00					X		135,793.	0.	35,347.
LAWRENCE DISKIN SR. DIR. HUMAN RESOURCES	40.00					X		121,082.	0.	6,528.
TAMI CARDENAS SR. DIR. OF DEVELOPMENT	40.00					X		117,248.	0.	17,887.
<b>1b Sub-total</b>								713,062.	0.	95,499.
<b>c Total from continuation sheets to Part VII, Section A</b>								329,825.	0.	46,750.
<b>d Total (add lines 1b and 1c)</b>								1,042,887.	0.	142,249.

**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 **8**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
DATA MARKETING INC. P.O.BOX 519, SANTA CLARA, CA 95052	PROFESSIONAL FUNDRAISER FOR DIREC	301,595.
COMMUNITY COUNSELING P.O. BOX 27462, NEW YORK, NY 10087-7462	CONSULTING & PROVIDE DATABASE CONSULTING	285,000.
RUSS REID, 14384 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	CONSULTING & PROVIDE DATABASE CONSULTING	117,108.

**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 **3**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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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			
SOPHIA JUAREZ DIR. OF FINANCE	40.00					X		111,456.	0.	13,593.
MICHAEL ENOS CHIEF TECHNOLOGY OFFICER	40.00					X		110,412.	0.	21,672.
PATRICK YBARRA DIR. OF DISTRIBUTION & LOGISTICS	40.00					X		107,957.	0.	11,485.
Total to Part VII, Section A, line 1c .....								329,825.		46,750.

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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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	157,264.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	22,700.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	6,081,594.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	72418532.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		49495234.				
	<b>h Total.</b> Add lines 1a-1f .....			78680090.			
<b>Program Service Revenue</b>			Business Code				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			359,686.			359,686.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross Rents .....	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....						
	<b>c</b> Gain or (loss) .....						
	<b>d</b> Net gain or (loss) .....			68,563.			68,563.
	<b>8 a</b> Gross income from fundraising events (not including \$ 22,700. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	21,863.				
	<b>b</b> Less: direct expenses .....	<b>b</b>	8,052.				
	<b>c</b> Net income or (loss) from fundraising events .....			13,811.			13,811.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>			Business Code				
<b>11 a</b> RECYCLING .....		900099	22,364.	22,364.			
<b>b</b> REFUNDS AND REIMBURSEM .....		900099	11,183.	11,183.			
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			33,547.				
<b>12 Total revenue.</b> See instructions. ....			79155697.	33,547.	0.	442,060.	

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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 .....	32,080,731.	32,080,731.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	23,920,168.	23,920,168.		
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 .....	366,274.	125,639.	215,919.	24,716.
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 .....	6,222,590.	4,747,643.	461,038.	1,013,909.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	254,065.	197,138.	16,870.	40,057.
9 Other employee benefits .....	1,286,908.	995,822.	93,798.	197,288.
10 Payroll taxes .....	504,276.	380,250.	46,459.	77,567.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	18,141.		4,426.	13,715.
c Accounting .....	77,850.		77,850.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....	446,049.			446,049.
f Investment management fees .....	80,730.		80,730.	
g Other .....	815,559.	511,219.	4,566.	299,774.
12 Advertising and promotion .....	375,278.	374,557.		721.
13 Office expenses .....	1,209,662.	758,086.	307,073.	144,503.
14 Information technology .....	33,290.	25,538.	2,143.	5,609.
15 Royalties .....				
16 Occupancy .....	581,629.	493,614.	33,714.	54,301.
17 Travel .....	18,241.	11,343.	977.	5,921.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	38,405.	24,386.	5,835.	8,184.
20 Interest .....	17,110.	17,110.		
21 Payments to affiliates .....	12,324.	12,324.		
22 Depreciation, depletion, and amortization .....	1,244,643.	1,068,673.	67,290.	108,680.
23 Insurance .....	166,320.	144,494.	14,752.	7,074.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>FREIGHT AND STORAGE</b> .....	530,196.	530,196.		
b <b>FLEET COSTS</b> .....	423,397.	421,602.	1,165.	630.
c <b>WAREHOUSE SUPPLY</b> .....	255,688.	255,633.	15.	40.
d <b>VOLUNTEER EXPENSES</b> .....	23,966.	22,967.	269.	730.
e <b>STAFF APPRECIATION GIFTS</b> .....	10,140.	10,140.		
f All other expenses .....	7,067.	4,555.	1,439.	1,073.
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	71,020,697.	67,133,828.	1,436,328.	2,450,541.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,037,683.	<b>1</b>	713,433.
	<b>2</b> Savings and temporary cash investments .....	6,180,699.	<b>2</b>	8,238,790.
	<b>3</b> Pledges and grants receivable, net .....	1,750,422.	<b>3</b>	4,759,797.
	<b>4</b> Accounts receivable, net .....	21,844.	<b>4</b>	2,363.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	2,230,362.	<b>8</b>	1,702,193.
	<b>9</b> Prepaid expenses and deferred charges .....	491,931.	<b>9</b>	505,198.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	23,492,037.		
	<b>b</b> Less: accumulated depreciation .....	8,533,290.		
	<b>11</b> Investments - publicly traded securities .....	8,139,268.	<b>10c</b>	14,958,747.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	10,335,626.	<b>11</b>	12,019,646.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	169,551.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	30,357,386.	<b>15</b>	303,182.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,993,841.	<b>16</b>	43,203,349.
	<b>18</b> Grants payable .....		<b>17</b>	1,671,581.
	<b>19</b> Deferred revenue .....	106,805.	<b>18</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	3,862,066.
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>24</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,100,646.	<b>25</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	26,616,656.	<b>26</b>	5,533,647.
	<b>28</b> Temporarily restricted net assets .....	1,640,084.	<b>27</b>	31,298,123.
	<b>29</b> Permanently restricted net assets .....		<b>28</b>	6,371,579.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>33</b> <b>Total net assets or fund balances</b> .....	28,256,740.	<b>32</b>	37,669,702.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	30,357,386.	<b>33</b>	43,203,349.	

Form **990** (2010)

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

Form 990 (2010)

94-2614101 Page **12**

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	79,155,697.
2	Total expenses (must equal Part IX, column (A), line 25)	2	71,020,697.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,135,000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,256,740.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,277,962.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	37,669,702.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐

<p>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.</p> <p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____</p> <p>b Were the organization's financial statements audited by an independent accountant? _____</p> <p>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.</p> <p>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 separate basis, consolidated basis, or both:  <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> <p>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? _____</p> <p>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. _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td align="center">2a</td> <td></td> <td align="center">X</td> </tr> <tr> <td align="center">2b</td> <td align="center">X</td> <td></td> </tr> <tr> <td align="center">2c</td> <td align="center">X</td> <td></td> </tr> <tr> <td align="center">3a</td> <td align="center">X</td> <td></td> </tr> <tr> <td align="center">3b</td> <td align="center">X</td> <td></td> </tr> </tbody> </table>		Yes	No	2a		X	2b	X		2c	X		3a	X		3b	X	
	Yes	No																	
2a		X																	
2b	X																		
2c	X																		
3a	X																		
3b	X																		

Form **990** (2010)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2010

**Open to Public  
Inspection**

Employer identification number  
94-2614101

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

- 1 ☐ A church, convention, conference, 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). \_\_\_\_\_

[illegible]

Schedule A (Form 990 or 990-EZ) 2010

**SECOND HARVEST FOOD BANK OF SANTA CLARA**

Schedule A (Form 990 or 990-EZ) 2010 **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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	46416845.	49957513.	61908344.	70927430.	78680090.	307890222
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 <b>Total.</b> Add lines 1 through 3 .....	46416845.	49957513.	61908344.	70927430.	78680090.	307890222
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 <b>Public support.</b> Subtract line 5 from line 4.						307890222

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	46416845.	49957513.	61908344.	70927430.	78680090.	307890222
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	390,051.	442,916.	305,290.	357,559.	359,686.	1855502.
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.) .....	27,119.	30,525.	18,731.	24,082.	33,547.	134,004.
11 <b>Total support.</b> Add lines 7 through 10 .....						309879728
12 Gross receipts from related activities, etc. (see instructions) .....					12	712,880.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						► <input type="checkbox"/>

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	99.36 %
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	99.30 %
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	►	<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	►	<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2010

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						

**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** ..... ☐

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>		%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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

**2010**

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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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		\$ 4,646,663.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES

94-2614101

**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

**2010**

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 V, line 46 (Political Campaign Activities), then

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

If the organization answered "Yes," 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), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization	<b>SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES</b>	Employer identification number	<b>94-2614101</b>
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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 the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

## SECOND HARVEST FOOD BANK OF SANTA CLARA

Schedule C (Form 990 or 990-EZ) 2010

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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f) .....															
h Subtract line 1g from line 1a. If zero or less, enter -0- .....															
i Subtract line 1f from line 1c. If zero or less, enter -0- .....															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<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) 2007	(b) 2008	(c) 2009	(d) 2010	(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) 2010

**SECOND HARVEST FOOD BANK OF SANTA CLARA**

Schedule C (Form 990 or 990-EZ) 2010

**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		1,904.
e Publications, or published or broadcast statements? .....	X		861.
f Grants to other organizations for lobbying purposes? .....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		2,285.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		5,069.
i Other activities? If "Yes," describe in Part IV .....	X		381.
j Total. Add lines 1c through 1i .....			10,500.
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) HUNGER ISSUES FORUM - GATHERING OF ORGANIZATIONS AT SANTA CLARA UNIVERSITY IN SEPTEMBER 2010. THE FOCUS IS TO EDUCATE AND RAISE**

Schedule C (Form 990 or 990-EZ) 2010

VISIBILITY ON HUNGER ISSUES. INCLUDE SPEAKERS AND TRAINING

OPPORTUNITIES. APPROX. \$1,000

(2) MEET WITH ELECTED OFFICERS AT THE STATE AND FEDERAL LEVEL.

(3) LETTERS TO ELECTED OFFICIALS ASKING FOR THEIR SUPPORT WITH FOOD  
RELATED LEGISLATION.

(4) LETTERS TO THE EDITOR OF THE MERCURY NEWS.

(5) AGENCY RELATIONS CONFERENCES HELD IN SPRING 2011, PROVIDED GENERAL  
INFORMATION ON LEGISLATION IMPACTING FOOD PROGRAMS.

(6) SIGN-ON LETTERS IN COLLABORATION WITH THE CALIFORNIA ASSOCIATION OF  
FOOD BANKS AND FEEDING AMERICA.

(7) OCCASIONAL TAKE ACTION ALERTS TO SUPPORTERS WHO HAVE EXPRESSED  
INTEREST IN ADVOCACY ACTIVITIES.

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

OTHER ACTIVITY INCLUDES LOBBYING ACTIVITY THROUGH THE ORGANIZATION'S  
WEBSITE.



**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

**2010**

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 education)	<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, and not on a historic structure listed in the National Register .....	2d

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items:

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

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

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

**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      d ☐ Loan or exchange programs  
b ☐ Scholarly research      e ☐ Other \_\_\_\_\_  
c ☐ Preservation for future generations

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the 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 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		3,865,858.		3,865,858.
b Buildings		12,406,879.	4,769,989.	7,636,890.
c Leasehold improvements				
d Equipment		4,359,787.	2,132,069.	2,227,718.
e Other		2,859,513.	1,631,232.	1,228,281.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,958,747.

Schedule D (Form 990) 2010

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

Schedule D (Form 990) 2010

94-2614101 Page **3**

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

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**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	79,155,697.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	71,020,697.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	8,135,000.
4	Net unrealized gains (losses) on investments	4	1,277,962.
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	1,277,962.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	9,412,962.

**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	80,466,335.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,277,962.
b	Donated services and use of facilities	2b	113,406.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,391,368.
3	Subtract line 2e from line 1	3	79,074,967.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	80,730.
c	Add lines 4a and 4b	4c	80,730.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	79,155,697.

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

1	Total expenses and losses per audited financial statements	1	71,053,373.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	113,406.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	113,406.
3	Subtract line 2e from line 1	3	70,939,967.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	80,730.
c	Add lines 4a and 4b	4c	80,730.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	71,020,697.

**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.

**PART X, LINE 2: UNCERTAINTY IN INCOME TAXES - ACCOUNTING PRINCIPLES**

GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE ACCOUNTING AND  
DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX  
RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX  
POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE AGENCY IN  
ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE  
MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION.

**Part XIV** Supplemental Information (continued)

THE AGENCY'S FEDERAL RETURNS FOR THE YEARS ENDED JUNE 30, 2010, 2009 AND 2008 COULD BE SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES, GENERALLY FOR 3 YEARS AFTER THEY ARE FILED. THE AGENCY'S STATE RETURNS FOR THE YEARS ENDED JUNE 30, 2010, 2009, 2008 AND 2007 COULD BE SUBJECT TO EXAMINATION BY STATE TAXING AUTHORITIES, GENERALLY FOR 4 YEARS AFTER THEY ARE FILED.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES 80,730.

## PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES 80,730.

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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.

OMB No. 1545-0047

**2010**

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

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 and address 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 - PO BOX 519, SANTA CLARA, CA 95052	DIRECT MAIL & DATABASE CONSULTING		X	4,249,479.	321,162.	3,928,317.
RUSS REID CO. - 14384 COLLECTIONS CENTER DRIVE,	DIRECT MAIL & DATABASE CONSULTING		X	347,910.	104,030.	243,880.
ALPHA DOG MARKETING INC - 25940 COLORETTI COURT	DIRECT MAIL & DATABASE CONSULTING		X	33,668.	16,311.	17,357.
<b>Total</b>				4,631,057.	441,503.	4,189,554.

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

CA

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

Schedule G (Form 990 or 990-EZ) 2010

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TURKEY SHOOTOUT GOL (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts .....	44,563.			44,563.
	2 Less: Charitable contributions .....	22,700.			22,700.
	3 Gross income (line 1 minus line 2) .....	21,863.			21,863.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	6,993.			6,993.
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	1,059.			1,059.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( 8,052 )
	11 Net income summary. Combine line 3, column (d), and line 10 .....				13,811.

**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? ☐ Yes ☐ No
- b If "No," explain: \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No
- b If "Yes," explain: \_\_\_\_\_

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

Schedule G (Form 990 or 990-EZ) 2010

94-2614101 Page 3

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

- 17** Mandatory distributions:

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

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

(I) NAME OF FUNDRAISER: RUSS REID CO.

(I) ADDRESS OF FUNDRAISER:

14384 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693

(I) NAME OF FUNDRAISER: ALPHA DOG MARKETING INC

(I) ADDRESS OF FUNDRAISER: 25940 COLORETTI COURT , VALENCIA, CA 91355



Name of the organization	Employer identification number
SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES	94-2614101

Part I	General Information on Grants and Assistance
--------	--

11 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. Part II can be duplicated if additional space is needed.

[illegible]

2	Enter total number of section 501(c)(3) and government organizations	275.
3	Enter total number of other organizations	

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

Schedule I (Form 990) (2010)

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

**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.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BROWN BAG PROGRAM	15024	0.	14,852,359.	ACTUAL PURCHASE COST AND FMV OF DONATED FOOD FOOD	
FAMILY HARVEST PROGRAM	23073	0.	9,027,856.	ACTUAL PURCHASE COST AND FMV OF DONATED FOOD FOOD	
PARTNER-IN-NEED PROGRAM	359	0.	39,953.	ACTUAL PURCHASE COST AND FMV OF DONATED FOOD 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). AUDIT REPORTS ARE OBTAINED FROM THE LARGEST AGENCIES AND A RANDOM SAMPLE OF OTHER AGENCIES. THE AUDIT REPORT IS REVIEWED TO IDENTIFY INTERNAL CONTROL ISSUES TO DISCUSS WITH THE AGENCY.

**Part IV** Supplemental Information

## 1. FILES ARE REVIEWED TO INSURE PROPER DOCUMENTS ARE INCLUDED

A. AGENCY APPLICATION

B. AGENCY AGREEMENT

C. 501(C)(3) DOCUMENTATION

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

**2010**

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

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

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" 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 from the organization or a related organization?

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

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

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

**Only section 501(c)(3) 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?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

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

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

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

**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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
<b>1 KATHRYN G. JACKSON</b>	(i) 188,557.	15,152.	0.	0.	4,088.	0.	207,797.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
<b>2 SALLY PETERSEN</b>	(i) 130,578.	4,652.	0.	0.	7,125.	24,524.	166,879.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
<b>3 CINDY MCCOWN</b>	(i) 123,141.	12,652.	0.	0.	7,216.	28,131.	171,140.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
<b>4</b>	(i)							
	(ii)							
<b>5</b>	(i)							
	(ii)							
<b>6</b>	(i)							
	(ii)							
<b>7</b>	(i)							
	(ii)							
<b>8</b>	(i)							
	(ii)							
<b>9</b>	(i)							
	(ii)							
<b>10</b>	(i)							
	(ii)							
<b>11</b>	(i)							
	(ii)							
<b>12</b>	(i)							
	(ii)							
<b>13</b>	(i)							
	(ii)							
<b>14</b>	(i)							
	(ii)							
<b>15</b>	(i)							
	(ii)							
<b>16</b>	(i)							
	(ii)							

SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES

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.

**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

**2010**

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....	X	23	91,256.	SALES PRICE
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	89	398,955.	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		47,896,785.	\$1.66/LB CALC BY FEE
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ► ( BUILDING STRU ) .....	X	3	557,061.	FMV
26	Other ► ( SMALL EQUIPME ) .....	X	63	361,002.	FMV
27	Other ► ( MACHINARY ) .....	X	5	180,848.	FMV
28	Other ► ( GIFT CERTIFIC ) .....	X	59	9,327.	COST

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 Acknowledgement .....

29

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	
33		

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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2010)

SECOND HARVEST FOOD BANK OF SANTA CLARA

Schedule M (Form 990) (2010) 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 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization	SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES	Employer identification number 94-2614101
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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:

AGENCIES AT OVER 650 DIFFERENT FOOD DISTRIBUTION SITES.

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

- TO OPERATE ITS PROGRAMS AND SERVICES, THE AGENCY DEPENDS ON STRONG

DONOR AND VOLUNTEER SUPPORT. DURING THE FISCAL YEAR ENDED JUNE 30,

2011, 43,843 INDIVIDUALS, FOUNDATIONS, ORGANIZATIONS AND COMPANIES

DONATED 72,945 GIFTS.

DURING THE FISCAL YEAR ENDED JUNE 30, 2011, VOLUNTEERS WORKED 295,735

HOURS ON SECOND HARVEST'S BEHALF, THE EQUIVALENT OF 142 FULL-TIME

EMPLOYEES AND MORE MANPOWER THAN THE AGENCY EMPLOYS. THIS SAVED THE

AGENCY AN ESTIMATED \$5.7 MILLION IN WAGES.

SECOND HARVEST, IN COLLABORATION WITH THE SANTA CLARA UNIVERSITY LEAVEY

SCHOOL OF BUSINESS AND THE FOOD AND AGRIBUSINESS INSTITUTE, DEVELOPED

THE HUNGER INDEX. THE HUNGER INDEX IS A MEAL GAP ANALYSIS THAT IS A

MEASURE OF MEALS NEEDED BY LOW-INCOME PEOPLE, MEALS BEING PROVIDED FROM

ALL SOURCES AND ESTIMATED MEALS REQUIRED TO END HUNGER. THE 2010 HUNGER

INDEX SHOWS THAT APPROXIMATELY 48.4% 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 INCREASE ITS

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

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

Employer identification number  
**94-2614101**

EFFICIENCY AND DISTRIBUTE MORE FOOD TO PEOPLE AND AGENCIES THROUGHOUT BOTH COUNTIES. THE AGENCY INTENDS TO HAVE A NEW FACILITY OPERATIONAL IN EARLY 2012.

SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES AND SIMILAR SAFETY-NET ORGANIZATIONS CONTINUE TO BE IMPACTED BY THE ECONOMIC DOWNTURN WHICH HAS HELPED DRIVE INCREASED DEMAND FOR SERVICES. WITH THE AREA'S HIGH COST OF LIVING MANY HOUSEHOLDS ARE STRUGGLING TO AFFORD ENOUGH TO EAT. VULNERABLE POPULATIONS SUCH AS SENIORS AND CHILDREN HAVE SEEN ELIMINATION OF, OR SIGNIFICANT CUTS IN, TRADITIONAL PROGRAMS AND SERVICES. THIS HAS PUT INCREASED RELIANCE ON THE NONPROFIT SERVICE ORGANIZATIONS SUCH AS SECOND HARVEST AND THEIR AGENCY PARTNERS.

SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES' PROGRAMS - SECOND HARVEST COLLABORATES WITH COMMUNITY BASED AGENCIES TO PROVIDE FOOD AT OVER 650 DIFFERENT DISTRIBUTION SITES THAT FEED LOW-INCOME MEMBERS OF OUR COMMUNITY. THEY DO THIS THROUGH AGENCY PARTNERS AND DIRECT-SERVICE PROGRAMS.

**AGENCY PARTNERS:**

FOOD ASSISTANCE IS THE AGENCY'S LARGEST PROGRAM. FOOD IS PROVIDED VIA 319 NONPROFIT PARTNER AGENCIES INCLUDING PANTRIES, SHELTERS, SOUP KITCHENS, AFTER SCHOOL CHILDREN'S PROGRAMS AND SENIOR MEAL SITES.

APPROXIMATELY 202,093 INDIVIDUALS RECEIVED FOOD ASSISTANCE PER MONTH.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

032212  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization	SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES	Employer identification number	94-2614101
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\* MOBILE PANTRY DELIVERS FOOD TO GEOGRAPHICALLY-ISOLATED COMMUNITIES  
AND THOSE WITH LIMITED SERVICES.

APPROXIMATELY 38,456 INDIVIDUALS ARE SERVED PER MONTH.

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

MILLION IN BENEFITS REMAIN UNUTILIZED ANNUALLY DUE TO LOW PARTICIPATION  
RATES. TO HELP HOUSEHOLDS MAXIMIZE THE FOOD ASSISTANCE RESOURCES  
AVAILABLE TO THEM, SECOND HARVEST HAS PARTNERED WITH THE COUNTIES OF  
SANTA CLARA AND SAN MATEO TO INCREASE FOOD STAMP PARTICIPATION. THIS  
PUBLIC-PRIVATE PARTNERSHIP IS ESSENTIAL TO ENDING LOCAL HUNGER.

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

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

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

CONFLICT OF INTEREST STATEMENTS ARE COMPLETED AND SIGNED ANNUALLY BY  
EMPLOYEES AND BOARD MEMBERS (TYPICALLY IN THE FEBRUARY TIMEFRAME).  
STATEMENTS ARE REVIEWED BY HR PRIOR TO INCLUSION IN PERSONNEL FOLDERS FOR  
EMPLOYEES AND FOR BOARD MEMBERS THE STATEMENTS ARE FILED WITH OTHER BOARD  
DOCUMENTS. IF POTENTIAL CONFLICTS ARE LISTED, THEY ARE RECORDED AND  
COMMUNICATED TO THE CEO. CURRENTLY THERE ARE NO CONFLICTS OR POTENTIAL  
CONFLICTS LISTED ON ANY STATEMENTS, SO NOTHING HAS BEEN RECORDED OR

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

Employer identification number  
**94-2614101**

COMMUNICATED TO THE CEO.

FORM 990, PART VI, SECTION B, LINE 15: IN ORDER TO REVIEW AND APPROVE THE RECOMMENDED SALARY INCREASES FOR MEMBERS OF THE LEADERSHIP TEAM AND THE CEO, THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWED COMPILED MARKET DATA PROVIDED BY VARIOUS SURVEY SOURCES FOR EACH POSITION THAT OUTLINED COMPARABLE POSITIONS IN NON PROFIT ORGANIZATIONS WITHIN THE LOCAL AND BROADER NATIONAL AREA.Ø IN ADDITION, THE COMMITTEE REVIEWED THE COMPENSATION OF EACH INDIVIDUAL BASED ON MARKET DATA, INPUT ON PERFORMANCE AND ACHIEVEMENTS, AND CONSIDERED THE PRIOR YEAR ADJUSTMENTS.Ø SPECIFIC TO THE CEO, THE COMMITTEE REVIEWED LOCAL MARKET DATA AND SPECIFIC PEER DATA ON CEO POSITIONS IN LARGE URBAN CENTERS THAT ACTIVELY PARTICIPATED WITH FEEDING AMERICA.Ø BASED ON THE REVIEW AND CONSIDERATION OF MARKET DATA AND PERFORMANCE INFORMATION FOR EACH LEADERSHIP POSITION, THE COMMITTEE FULLY SUPPORTED ALL BASE SALARY AND BONUS RECOMMENDATIONS, AND SIGNED APPROPRIATE DOCUMENTATION TO EFFECTUATE COMPENSATION CHANGE.

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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 1,277,962.

## 2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
2	BUILDINGS BUILDING AND IMPROVEMENTS * 990 PAGE 10 TOTAL	VARIABLES		.000	16	12406879.			12406879.	4415568.		354,421.
	BUILDINGS FURNITURE & FIXTURES OFFICE FURNITURE					12406879.		0.	12406879.	4415568.	0.	354,421.
6	AND * 990 PAGE 10 TOTAL	VARIABLES		.000	16	170,664.			170,664.	41,140.		6,430.
	FURNITURE & FIXTURES MACHINERY & EQUIPMENT					170,664.		0.	170,664.	41,140.	0.	6,430.
3	EQUIPMENT	VARIABLES		.000	16	1870424.			1870424.	623,696.		224,465.
5	VEHICLES * 990 PAGE 10 TOTAL	VARIABLES		.000	16	2489363.			2489363.	943,943.		339,965.
	MACHINERY & EQUIPMENT					4359787.		0.	4359787.	1567639.	0.	564,430.
1	LAND											
1	LAND	041195		.000	16	838,453.			838,453.			0.
4	LAND * 990 PAGE 10 TOTAL	040111		.000	16	3027405.			3027405.			0.
	LAND					3865858.		0.	3865858.	0.	0.	0.
	OTHER											
7	COMPUTER & SOFTWARE * 990 PAGE 10 TOTAL	VARIABLES		.000	16	2688849.			2688849.	1264300.		319,362.
	OTHER					2688849.		0.	2688849.	1264300.	0.	319,362.
	* GRAND TOTAL 990 PAGE 10 DEPR					23492037.		0.	23492037.	7288647.	0.	1244643.

028102  
05-01-10

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

44.1