

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2011**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012**

<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 Name of organization</b> <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 Name and address of principal officer: KATHRYN G. JACKSON</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> 94-2614101 <b>E Telephone number</b> (408) 266-8866 <b>G Gross receipts \$</b> 95,982,881. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <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 Website:</b> ▶ WWW.SHFB.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1979 <b>M State of legal domicile:</b> CA

**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)	3 20
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4 20
<b>5</b>	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 141
<b>6</b>	Total number of volunteers (estimate if necessary)	6 143
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	78,680,090. 92,091,876.
<b>9</b>	Program service revenue (Part VIII, line 2g)	0. 0.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	428,249. 345,551.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,358. 50,312.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,155,697. 92,487,739.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	56,000,899. 66,649,526.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,634,113. 9,334,568.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	446,049. 421,922.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,233,357.	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,939,636. 6,778,780.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	71,020,697. 83,184,796.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	8,135,000. 9,302,943.
<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 43,203,349. End of Year 52,131,037.
<b>21</b>	Total liabilities (Part X, line 26)	5,533,647. 5,119,441.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	37,669,702. 47,011,596.

**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, CPA</b>	Date <b>11/15/12</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01300203</b>
	Firm's name ▶ <b>BERGER LEWIS ACCOUNTANCY CORP.</b>	Firm's EIN ▶ <b>94-2763139</b>		
	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

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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 [X]

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 [X] 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? [X] Yes [ ] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 49,072,247. including grants of \$ 42,716,416. ) (Revenue \$ 50,312. ) 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 \$10 MILLION PROCURING, PACKAGING, AND TRANSPORTING FOOD TO SUPPLEMENT DONATED ITEMS, ENSURING NUTRITIOUS MEALS TO AN AVERAGE OF 243,177 PEOPLE EACH MONTH. OF THE 45 MILLION POUNDS OF FOOD DISTRIBUTED, 55% WAS FRESH FRUITS AND VEGETABLES. SECOND HARVEST PROVIDES FOOD THROUGH ITS DIRECT-DISTRIBUTION SITES AND BY SUPPLYING FOOD TO PARTNERING NONPROFIT AGENCIES AT MORE THAN 740

4b (Code: ) (Expenses \$ 27,787,301. including grants of \$ 23,933,110. ) (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 FOR CHILDREN TO TAKE HOME EVERY FRIDAY.

4c (Code: ) (Expenses \$ 2,385,039. including grants of \$ ) (Revenue \$ ) SECOND HARVEST SERVICES:

- \* FOOD CONNECTION IS A MULTI-LINGUAL REFERRAL HOTLINE THAT LINKS PEOPLE NEEDING FOOD WITH LOCAL ASSISTANCE PROGRAMS. IN THE PAST YEAR, FOOD CONNECTION PROVIDED 40,256 REFERRALS.
\* COMMUNITY NUTRITION OFFERS NUTRITION EDUCATION, FOOD SAFETY AND HANDLING TRAINING OPPORTUNITIES AS WELL AS TECHNICAL ASSISTANCE TO PARTNER AGENCIES AND PROGRAM PARTICIPANTS ON HOW TO MAKE HEALTHIER FOOD CHOICES, NUTRITION, FOOD SAFETY, AND FOOD HANDLING PRACTICES.
\* CALFRESH (FOOD STAMP) OUTREACH HELPS FAMILIES AND INDIVIDUALS IN NEED APPLY FOR THIS IMPORTANT FEDERAL GOVERNMENT FOOD ASSISTANCE PROGRAM. CALFRESH PROVIDES SUPPLEMENTAL FOOD BENEFITS TO THOSE WHO QUALIFY. IT

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

4e Total program service expenses 79,244,587.

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**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....		X
3	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> .....		X
4	<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> .....	X	
5	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> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	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.		
a	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> .....	X	
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> .....		X
c	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> .....		X
d	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> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
f	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> .....	X	
12a	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> .....	X	
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> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	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> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

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

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
24d			
25a	<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> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
25b			X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28b			X
c	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> .....		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
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> .....		X
35b			X
36	<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> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	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 .....	X	

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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		
	<b>1a</b> 48		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 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>1c</b>		
<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		
	<b>2a</b> 141		
<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>3b</b>		
<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>4a</b>		
<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>5c</b>		
<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>6b</b>		
<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>7d</b>		
<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>7h</b>		
<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?		N/A
	<b>8</b>		
<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>9a</b>		
	<b>9b</b>		
<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>10a</b>		
	<b>10b</b>		
<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>11a</b>		
	<b>11b</b>		
<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>12a</b>		
	<b>12b</b>		
<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>13b</b>		
	<b>13c</b>		
<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		
	<b>14a</b>		
	<b>14b</b>		

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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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	20	<b>1a</b>		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	20	<b>1b</b>		
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
<b>6</b> Did the organization have members or stockholders?	6			X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	8a		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b		X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a			X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X	
<b>13</b> Did the organization have a written whistleblower policy?	13		X	
<b>14</b> Did the organization have a written document retention and destruction policy?	14		X	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	15a		X	
<b>b</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).				
<b>16a</b> 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>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SOPHIA JUAREZ - (408) 266-8866**  
**750 CURTNER AVENUE, SAN JOSE, CA 95125-2118**

**SECOND HARVEST FOOD BANK OF SANTA CLARA  
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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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) DONNA MORRIS BOARD PRESIDENT	1.00	X		X			0.	0.	0.	
(2) NORM TAFFE BOARD VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(3) VAN DANG SECRETARY	1.00	X		X			0.	0.	0.	
(4) DAN COOPERMAN TREASURER	1.00	X		X			0.	0.	0.	
(5) LINDA ASBURY BOARD MEMBER	1.00	X					0.	0.	0.	
(6) ANDREA BOSCOE BOARD MEMBER	1.00	X					0.	0.	0.	
(7) CARL CILKER BOARD MEMBER	1.00	X					0.	0.	0.	
(8) ROB DINAPOLI BOARD MEMBER	1.00	X					0.	0.	0.	
(9) KEVIN FORD BOARD MEMBER	1.00	X					0.	0.	0.	
(10) JOE HAWAYEK BOARD MEMBER	1.00	X					0.	0.	0.	
(11) MARY HUMISTON BOARD MEMBER	1.00	X					0.	0.	0.	
(12) JOHN KELM BOARD MEMBER	1.00	X					0.	0.	0.	
(13) LOREN MAHON BOARD MEMBER	1.00	X					0.	0.	0.	
(14) JOHN MORIARTY BOARD MEMBER	1.00	X					0.	0.	0.	
(15) LORRAIN MORIARTY BOARD MEMBER	1.00	X					0.	0.	0.	
(16) DEB NELSON BOARD MEMBER	1.00	X					0.	0.	0.	
(17) JOHN O' FARRELL 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) ARCHIE ROBOOSTOFF BOARD MEMBER	1.00	X					0.	0.	0.	
(19) DREW STARBIRD BOARD MEMBER	1.00	X					0.	0.	0.	
(20) DICK SVEC BOARD MEMBER	1.00	X					0.	0.	0.	
(21) KATHRYN G. JACKSON CEO	40.00			X			204,915.	0.	26,884.	
(22) SALLY PETERSEN CFO	40.00			X			137,808.	0.	20,471.	
(23) CINDY MCCOWN SR. DIR. PROGRAMS & SERVIC	40.00				X		140,660.	0.	23,035.	
(24) LAWRENCE DISKIN SR. DIR. HUMAN RESOURCES	40.00				X		122,650.	0.	7,448.	
(25) TAMI CARDENAS SR. DIR. OF DEVELOPMENT	40.00				X		129,265.	0.	19,306.	
(26) MICHAEL ENOS CHIEF TECHNOLOGY OFFICER	40.00				X		116,937.	0.	24,317.	
<b>1b Sub-total</b> .....							852,235.	0.	121,461.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							112,528.	0.	12,900.	
<b>d Total (add lines 1b and 1c)</b> .....							964,763.	0.	134,361.	

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

	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DATA MARKETING INC. P.O. BOX 519, SANTA CLARA, CA 95052	DIRECT MAIL AND DATABASE CONSULTING	280,425.
RUSS REID, 14384 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	DIRECT MAIL AND DATABASE CONSULTING	277,436.
COMMUNITY COUNSELING P.O. BOX 27462, NEW YORK, NY 10087-7462	DATABASE CONSULTING	104,000.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 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			
(27) PATRICK YBARRA DIR. OF DISTRIBUTION & LOG	40.00					X		112,528.	0.	12,900.
Total to Part VII, Section A, line 1c .....								112,528.		12,900.

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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>	173,893.					
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	29,878.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	8,523,316.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	83364789.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		60,391,391.					
	<b>h Total.</b> Add lines 1a-1f			92091876.				
	<b>Program Service Revenue</b>			<b>Business Code</b>				
<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)			385,018.			385,018.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents		(i) Real					
		<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)			-39,467.			-39,467.
	<b>8 a</b> Gross income from fundraising events (not including \$ 29,878. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		6,924.				
		<b>b</b> Less: direct expenses	<b>b</b>	6,924.				
		<b>c</b> Net income or (loss) from fundraising events			0.			
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less: cost of goods sold	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b> REFUNDS AND REIMBURSEM		900099		29,831.	29,831.			
<b>b</b> RECYCLING		900099		20,481.	20,481.			
<b>c</b>								
<b>d</b> All other revenue								
<b>e Total.</b> Add lines 11a-11d				50,312.				
<b>12 Total revenue.</b> See instructions.				92487739.	50,312.	0.	345,551.	

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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).

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

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 United States. See Part IV, line 21	42,628,431.	42,628,431.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	24,021,095.	24,021,095.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	400,278.	122,706.	265,619.	11,953.
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	6,737,394.	5,041,161.	723,036.	973,197.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	280,593.	217,137.	18,500.	44,956.
9 Other employee benefits	1,349,916.	1,124,584.	60,977.	164,355.
10 Payroll taxes	566,387.	417,739.	46,885.	101,763.
11 Fees for services (non-employees):				
a Management				
b Legal	5,924.		3,010.	2,914.
c Accounting	54,600.		54,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	421,922.			421,922.
f Investment management fees	83,558.		83,558.	
g Other	876,579.	776,790.	21,562.	78,227.
12 Advertising and promotion	341,234.	336,659.		4,575.
13 Office expenses	1,199,548.	803,012.	258,744.	137,792.
14 Information technology	251,258.	152,141.	20,516.	78,601.
15 Royalties				
16 Occupancy	653,502.	569,719.	32,532.	51,251.
17 Travel	31,865.	23,037.	1,937.	6,891.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,294.	31,017.	7,204.	7,073.
20 Interest	59,997.	59,997.		
21 Payments to affiliates	16,348.	16,348.		
22 Depreciation, depletion, and amortization	1,462,302.	1,241,026.	84,818.	136,458.
23 Insurance	178,066.	151,379.	19,445.	7,242.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>FREIGHT AND STORAGE</b>	707,133.	707,133.		
b <b>FLEET COSTS</b>	564,512.	562,942.	1,386.	184.
c <b>WAREHOUSE SUPPLY</b>	209,980.	206,941.	1,165.	1,874.
d <b>VOLUNTEER EXPENSES</b>	22,829.	22,749.	76.	4.
e All other expenses	14,251.	10,844.	1,282.	2,125.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	83,184,796.	79,244,587.	1,706,852.	2,233,357.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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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 .....	713,433.	<b>1</b>	894,073.	
	<b>2</b> Savings and temporary cash investments .....	8,238,790.	<b>2</b>	8,121,398.	
	<b>3</b> Pledges and grants receivable, net .....	4,759,797.	<b>3</b>	5,352,025.	
	<b>4</b> Accounts receivable, net .....	2,363.	<b>4</b>	11,072.	
	<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 .....	1,702,193.	<b>8</b>	2,465,281.	
	<b>9</b> Prepaid expenses and deferred charges .....	505,198.	<b>9</b>	625,471.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	31,841,038.			
	<b>b</b> Less: accumulated depreciation .....	9,805,126.			
		14,958,747.	<b>10c</b>	22,035,912.	
	<b>11</b> Investments - publicly traded securities .....	12,019,646.	<b>11</b>	11,747,516.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
<b>15</b> Other assets. See Part IV, line 11 .....	303,182.	<b>15</b>	878,289.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	43,203,349.	<b>16</b>	52,131,037.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,671,581.	<b>17</b>	2,197,378.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</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>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	3,862,066.	<b>23</b>	2,922,063.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,533,647.	<b>26</b>	5,119,441.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	31,298,123.	<b>27</b>	41,504,843.	
	<b>28</b> Temporarily restricted net assets .....	6,371,579.	<b>28</b>	5,506,753.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	37,669,702.	<b>33</b>	47,011,596.		
<b>34</b> Total liabilities and net assets/fund balances .....	43,203,349.	<b>34</b>	52,131,037.		

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	92,487,739.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	83,184,796.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	9,302,943.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	37,669,702.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	38,950.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	47,011,595.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b>	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.	X	
<b>d</b>	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		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>3b</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.	X	

Form 990 (2011)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

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

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

**SECOND HARVEST FOOD BANK OF SANTA CLARA**

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	49957513.	61908344.	70927430.	78680090.	92091876.	353565253
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	49957513.	61908344.	70927430.	78680090.	92091876.	353565253
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						353565253

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....	49957513.	61908344.	70927430.	78680090.	92091876.	353565253
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	442,916.	305,290.	357,559.	359,686.	385,018.	1850469.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	30,525.	18,731.	24,082.	33,547.	50,312.	157,197.
<b>11 Total support.</b> Add lines 7 through 10						355572919
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	329,753.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.44	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	99.36	%
<b>16a 33 1/3% support test - 2011.</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 - 2010.</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"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</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 - 2010.</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"/>		
<b>18 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"/>		

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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 C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2011**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **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 35c (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) 2011

SECOND HARVEST FOOD BANK OF SANTA CLARA

**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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**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												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	14,280.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	5,604.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	19,884.													
<b>d</b>	Other exempt purpose expenditures .....	79,224,703.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	79,244,587.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount				1,000,000.	1,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000.
<b>c</b> Total lobbying expenditures				19,884.	19,884.
<b>d</b> Grassroots nontaxable amount				250,000.	250,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					375,000.
<b>f</b> Grassroots lobbying expenditures				14,280.	14,280.

SECOND HARVEST FOOD BANK OF SANTA CLARA

**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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

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

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

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**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

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).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

Schedule D (Form 990) 2011

94-2614101 Page 2

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  \_\_\_\_\_ %
  - c** Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |

**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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		3,865,858.		3,865,858.
<b>b</b> Buildings		20,255,138.	5,225,066.	15,030,072.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		4,697,166.	2,549,951.	2,147,215.
<b>e</b> Other		3,022,876.	2,030,109.	992,767.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				22,035,912.

Schedule D (Form 990) 2011

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

Schedule D (Form 990) 2011

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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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) .....	
<b>Total.</b> (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) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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).

132053  
01-23-12

**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	92,487,739.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	83,184,796.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	9,302,943.
4	Net unrealized gains (losses) on investments	4	-479,384.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	518,334.
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	38,950.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	9,341,893.

**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	92,079,358.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-479,384.
b	Donated services and use of facilities	2b	154,561.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	-324,823.
3	Subtract line 2e from line 1	3	92,404,181.
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	83,558.
c	Add lines 4a and 4b	4c	83,558.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	92,487,739.

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

1	Total expenses and losses per audited financial statements	1	83,255,799.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	154,561.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	154,561.
3	Subtract line 2e from line 1	3	83,101,238.
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	83,558.
c	Add lines 4a and 4b	4c	83,558.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	83,184,796.

**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 FOOD BANK IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION.

SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES

Schedule D (Form 990) 2011

94-2614101 Page 5

**Part XIV** Supplemental Information (continued)

THE AGENCY'S FEDERAL RETURNS FOR THE YEARS ENDED JUNE 30, 2011, 2010 AND 2009 COULD BE SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES, GENERALLY FOR 3 YEARS AFTER THEY ARE FILED. THE FOOD BANK'S STATE RETURNS FOR THE YEARS ENDED JUNE 30, 2011, 2010, 2009 AND 2008 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 83,558.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES 83,558.

PART XI LINE 7 PRIOR YEAR ADJUSTMENTS

DURING THE YEAR ENDED JUNE 30, 2012, SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES REVISED ITS METHODOLOGY FOR VALUING ITS UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) FOOD COMMODITIES RECEIVED. THE REVISED METHODOLOGY IS BASED ON AN ANNUAL COST STUDY CONDUCTED FOR FEEDING AMERICA TO DETERMINE THE FAIR MARKET VALUE OF DONATED FOOD. THIS FAIR VALUE METHODOLOGY IS THE SAME METHODOLOGY THAT THE FOOD BANK HAS CONSISTENTLY USED FOR MORE THAN TEN YEARS IN VALUING ITS DONATED NON-GOVERNMENT FOOD RECEIVED. THE COST STUDY VALUED DONATED FOOD AT \$1.66 PER POUND FOR THE YEARS ENDED JUNE 30, 2012 AND 2011. DURING THE YEAR ENDED JUNE 30, 2011, SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES HAD PREVIOUSLY VALUED USDA FOOD COMMODITIES BASED ON PUBLISHED USDA FAIR VALUES. MANAGEMENT BELIEVES THE USE OF A SINGLE VALUATION SOURCE IN VALUING BOTH ITS DONATED NON-GOVERNMENT FOOD AND DONATED GOVERNMENT



SECOND HARVEST FOOD BANK OF SANTA CLARA  
AND SAN MATEO COUNTIES

**Part XIV** Supplemental Information (continued)

FOOD WILL STREAMLINE ITS REPORTING PROCESS AS WELL AS IMPROVE  
STANDARDIZATION IN REPORTING AMONG FOOD BANKS. THE USDA INDICATED ITS  
APPROVAL OF THIS FAIR MARKET METHOD FOR VALUING ITS COMMODITIES IN A FOOD  
DISTRIBUTION NATIONAL POLICY MEMORANDUM DATED FEBRUARY 18, 2010.

THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2011 HAVE BEEN  
RESTATED TO REFLECT THE REVISED FAIR VALUE METHODOLOGY USED IN THE  
VALUATION OF USDA FOOD COMMODITIES.

THE IMPACT OF THE CHANGE IN THE FAIR VALUE METHODOLOGY USED FOR USDA FOOD  
COMMODITIES TO FINANCIAL STATEMENTS RESULTED IN CUMULATIVE ADJUSTMENT IN  
ENDING INVENTORY IN THE AMOUNT OF \$518,334.



SECOND HARVEST FOOD BANK OF SANTA CLARA

**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		NONE	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	36,802.			36,802.
	<b>2</b> Less: Charitable contributions .....	29,878.			29,878.
	<b>3</b> Gross income (line 1 minus line 2) .....	6,924.			6,924.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	400.			400.
	<b>6</b> Rent/facility costs .....	3,430.			3,430.
	<b>7</b> Food and beverages .....	1,699.			1,699.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	1,395.			1,395.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 6,924 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				0.

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> 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

- 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:
 

<b>13a</b>		%
<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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

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

Employer identification number  
**94-2614101**

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY BASED FOOD DISTRIBUTION AGENCIES - ADDITIONAL INFORMATION AVAILABLE UPON REQUEST - VARIOUS CITIES, CA 99999		501(C)(3)	0.	42,628,431.	ACTUAL PURCHASE COST AND FMV OF DONATED FOOD	FOOD	TO PREVENT HUNGER

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **383.**

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**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	15431	0.	14,034,036.	ACTUAL PURCHASE COST AND FMV OF DONATED FOOD	FOOD
FAMILY HARVEST PROGRAM	22904	0.	9,956,626.	ACTUAL PURCHASE COST AND FMV OF DONATED FOOD	FOOD
PARTNER-IN-NEED PROGRAM	232	0.	30,433.	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 MONITORINGS 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)**

**Compensation Information**

OMB No. 1545-0047

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

**2011**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

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

Employer identification number  
**94-2614101**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> 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 .....	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2011



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

Schedule J (Form 990) 2011

94-2614101

Page 2

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KATHRYN G. JACKSON	(i)	188,782.	15,101.	1,032.	10,680.	16,204.	231,799.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 SALLY PETERSEN	(i)	132,028.	4,101.	1,679.	7,061.	13,410.	158,279.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 CINDY MCCOWN	(i)	130,007.	10,101.	552.	7,371.	15,664.	163,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7: THE ORGANIZATION PROVIDED BONUSES TO KEY STAFF BASED  
ON THEIR CONTRIBUTIONS DURING THE YEAR THAT CONTRIBUTED TO A HIGHLY  
SUCCESSFUL YEAR.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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	28	228,730.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	89	904,921.	FAIR MARKET VALUE
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		58,273,093.	FEEDING AMERICA VALU
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( BUILDING STRU )	X	1	827,526.	FMV
26 Other ▶ ( SMALL EQUIPME )	X	93	123,930.	FMV
27 Other ▶ ( MACHINARY )	X	6	21,867.	FMV
28 Other ▶ ( GIFT CERTIFIC )	X	69	11,324.	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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization did not report 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) (2011)

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

Multiple horizontal lines for supplemental information.

**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

**2011**

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 3, CHANGES IN PROGRAM SERVICES:

1. EXPANDED CAL FRESH (FOOD STAMP) OUTREACH VIA THE INNOVATION GRANT TO  
FOCUSED POPULATION IN SANTA CLARA COUNTY
2. PROVIDED INFRASTRUCTURE GRANTS TO A NUMBER OF AGENCIES

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

DIFFERENT FOOD DISTRIBUTION SITES. IN ADDITION, LOCAL HOUSEHOLDS  
SIGNED UP BY SECOND HARVEST FOR CALFRESH (FOOD STAMPS) BENEFITS WERE  
ABLE TO OBTAIN APPROXIMATELY 4 MILLION ADDITIONAL POUNDS OF FOOD BY  
VIRTUE OF THAT SUCCESSFUL OUTREACH EFFORT. THE INCREMENTAL FOOD  
PROVIDED VIA SECOND HARVEST EFFORTS - BOTH VIA DIRECT DISTRIBUTION AND  
CALFRESH OUTREACH TOTALED APPROXIMATELY 49 MILLION POUNDS.

SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES' SUPPORT  
- TO OPERATE ITS PROGRAMS AND SERVICES, THE FOOD BANK DEPENDS ON STRONG  
DONOR AND VOLUNTEER SUPPORT. DURING THE FISCAL YEAR THAT ENDED ON JUNE  
30, 2012, 48,588 INDIVIDUALS, FOUNDATIONS, ORGANIZATIONS AND COMPANIES  
DONATED 86,001 GIFTS. DURING THAT SAME FISCAL YEAR, VOLUNTEERS WORKED  
297,479 HOURS ON SECOND HARVEST'S BEHALF, THE EQUIVALENT OF 143  
FULL-TIME EMPLOYEES, MORE THAN THE FOOD BANK EMPLOYS. THIS SAVED  
SECOND HARVEST AN ESTIMATED \$5.9 MILLION IN WAGES.

SECOND HARVEST DEVELOPED THE HUNGER INDEX IN COLLABORATION WITH THE

Name of the organization SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES	Employer identification number 94-2614101
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SANTA CLARA UNIVERSITY LEAVEY SCHOOL OF BUSINESS AND THE FOOD AND AGRIBUSINESS INSTITUTE. THE HUNGER INDEX IS A MEAL GAP ANALYSIS THAT IS AN ANNUAL MEASUREMENT 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 CALFRESH (FOOD STAMPS). IN RESPONSE, SECOND HARVEST OPENED A NEW FACILITY ON NORTH FIRST STREET IN SAN JOSE. THE NEW FACILITY NEARLY DOUBLES THE FOOD BANK'S OVERALL SPACE AND WILL INCREASE ITS FOOD DISTRIBUTION CAPACITY BY AT LEAST 50% OVER THE NEXT FOUR YEARS. THIS EQUATES TO GOING FROM 49 MILLION POUNDS OF FOOD TO NEARLY 75 MILLION POUNDS TRANSLATING TO APPROXIMATELY 20 MILLION ADDITIONAL MEALS PROVIDED TO THE COMMUNITY. IN ADDITION TO ENABLING FRESH PRODUCE WAREHOUSING AND DISTRIBUTION, THE BUILDING HAS BECOME THE FOOD BANK'S NEW SANTA CLARA COUNTY VOLUNTEER SERVICES HUB. THE NEW SITE PROVIDES THE FOOD BANK WITH A PRESENCE IN THE HEART OF SILICON VALLEY, CENTRALLY LOCATED BETWEEN ITS CURTNER CENTER IN SAN JOSE AND ITS SAN MATEO COUNTY SITE ON BING STREET IN SAN CARLOS.

SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES AND SIMILAR SAFETYNET ORGANIZATIONS CONTINUE TO BE IMPACTED BY THE ECONOMIC DOWNTURN, WHICH HAS DRIVEN SHARP INCREASES IN 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.

Name of the organization	SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES	Employer identification number	94-2614101
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SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES'  
PROGRAMS - SECOND HARVEST COLLABORATES WITH COMMUNITY-BASED AGENCIES TO  
PROVIDE FOOD AT MORE THAN 740 DIFFERENT DISTRIBUTION SITES THAT FEED  
LOW-INCOME MEMBERS OF OUR COMMUNITY. THE FOOD BANK DOES THIS THROUGH  
AGENCY PARTNERS AND DIRECT-SERVICE PROGRAMS.

AGENCY PARTNERS:

FOOD ASSISTANCE PROGRAM IS THE SECOND HARVEST'S LARGEST PROGRAM. FOOD  
IS PROVIDED VIA 324 NONPROFIT PARTNER AGENCIES INCLUDING PANTRIES,  
SHELTERS, SOUP KITCHENS, CHILDREN'S AFTERSCHOOL PROGRAMS AND SENIOR  
MEAL SITES.

APPROXIMATELY 204,610 INDIVIDUALS RECEIVED FOOD ASSISTANCE PER MONTH.

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

\* MOBILE PANTRY DELIVERS FOOD TO GEOGRAPHICALLY-ISOLATED COMMUNITIES  
AND THOSE WITH LIMITED SERVICES.

APPROXIMATELY 38,567 INDIVIDUALS ARE SERVED PER MONTH.

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

IS THE NUMBER ONE SOURCE OF FOOD ASSISTANCE IN SANTA CLARA AND SAN  
MATEO COUNTIES, YET DUE TO LOW PARTICIPATION RATES, OVER \$300 MILLION  
IN ADDITIONAL ECONOMIC ACTIVITY IS LOST ANNUALLY IN SANTA CLARA AND SAN  
MATEO COUNTIES. TO HELP HOUSEHOLDS MAXIMIZE THE FOOD ASSISTANCE  
RESOURCES AVAILABLE TO THEM, SECOND HARVEST HAS PARTNERED WITH THE

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

Employer identification number  
**94-2614101**

COUNTIES OF SANTA CLARA AND SAN MATEO TO INCREASE CALFRESH

PARTICIPATION. THIS PUBLIC-PRIVATE PARTNERSHIP IS ESSENTIAL TO ENDING  
LOCAL HUNGER.

TOTAL OF 72,450 INDIVIDUALS ARE SERVED DURING THE YEAR.

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  
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



Name of the organization	SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES	Employer identification number	94-2614101
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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. 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. 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. 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. THIS IS AN ANNUAL PROCESS. THE PROCESS WAS LAST COMPLETED IN AUGUST 2011 AND AUGUST 2012.

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 LOSSES ON INVESTMENTS:	-479,384.
PRIOR PERIOD ADJUSTMENTS:	518,334.
TOTAL TO FORM 990, PART XI, LINE 5	38,950.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
2	BUILDING AND IMPROVEMENTS	VARIABLES		.000	16	20255138.			20255138.	4769989.		455,077.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					20255138.		0.	20255138.	4769989.	0.	455,077.
	FURNITURE & FIXTURES											
	OFFICE FURNITURE											
6	AND SMALL TOOLS	VARIABLES		.000	16	186,747.			186,747.	47,570.		28,847.
	* 990 PAGE 10 TOTAL											
	FURNITURE & FIXTURES					186,747.		0.	186,747.	47,570.	0.	28,847.
	MACHINERY & EQUIPMENT											
3	EQUIPMENT	VARIABLES		.000	16	2042493.			2042493.	809,383.		221,017.
5	VEHICLES	VARIABLES		.000	16	2654673.			2654673.	1132219.		387,332.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPMENT					4697166.		0.	4697166.	1941602.	0.	608,349.
	LAND											
1	LAND	041195		.000	16	838,453.			838,453.			0.
4	LAND	040111		.000	16	3027405.			3027405.			0.
	* 990 PAGE 10 TOTAL											
	LAND					3865858.		0.	3865858.	0.	0.	0.
	OTHER											
7	COMPUTER & SOFTWARE	VARIABLES		.000	16	2836129.			2836129.	1583663.		370,029.
	* 990 PAGE 10 TOTAL											
	OTHER					2836129.		0.	2836129.	1583663.	0.	370,029.
	* GRAND TOTAL 990											
	PAGE 10 DEPR					31841038.		0.	31841038.	8342824.	0.	1462302.